ANNUAL REPORT
2017-18

eHealth
Saskatchewan

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LETTER OF TRANSMITTAL

Max Hendricks
INTERIM CHIEF
EXECUTIVE OFFICER

Regina, Saskatchewan

The Honourable Jim Reiter
Minister of Health—as of March 31, 2018

Honourable Jim Reiter:

I have the honour of submitting eHealth Saskatchewan's Annual Report for the fiscal year ending March 31, 2018.

On behalf of the new Board and eHealth's Executive team, I am pleased to present our annual report, which highlights our progress and achievements in the 2017-18 fiscal year, as we continue our ongoing efforts to empower patients and enable care.

I take responsibility for public accountability seriously and, as Interim CEO at eHealth, have made every effort to ensure the accuracy of this report.

Max Hendricks
Interim Chief Executive Officer
eHealth Saskatchewan

MESSAGE FROM THE INTERIM CEO

Saskatchewan's health care system reached a significant milestone in the 2017-18 fiscal year. All 12 health regions were transitioned into the largest organization in the province—the Saskatchewan Health Authority (SHA). Health care organizations across the province worked together throughout the year to plan and prepare for the SHA's official launch on December 4, 2017.

eHealth Saskatchewan (eHealth) was pleased to be one of the organizations who made this transition work a priority. Our Information Technology (IT) team was mandated by the Province to lead the consolidation of all IT services provided by former Regional Health Authorities, the Saskatchewan Cancer Agency and 3sHealth into a single service. eHealth took a provincially managed, locally delivered approach in setting up a single provincial IT service that supports the delivery of health care throughout Saskatchewan. Establishing common IT practices, policies and infrastructure will reduce duplication and ensure that IT services are consistent, coordinated and efficient—ultimately leading to improved patient care in the province.

Employees were also busy this fiscal year renewing health cards for all eligible residents in Saskatchewan and maintaining all of our regular programs and services. Our teams are dedicated to improving health care in Saskatchewan and work hard every day to support health care providers, patients and the general public.

Moving forward, eHealth will remain committed to working collaboratively with our dedicated partners and stakeholders. We will need their help as we work together to complete the transition of IT services throughout the health care sector and tackle the other projects and priorities that surface in the months and years ahead. As we keep the needs of patients and health care providers at the heart of everything we do, I am confident that the organization will continue to move forward in the right direction.

Max Hendricks
Interim Chief Executive Officer
eHealth Saskatchewan

MESSAGE FROM THE BOARD CHAIR

Tyler Bragg
BOARD CHAIR

The 2017-18 fiscal year was marked by change as the province embarked on the largest amalgamation project in the province's history. Organizations across Saskatchewan joined forces to help unify all 12 former health regions into one provincial health authority. eHealth was proud to play a unique role in the creation of the Saskatchewan Health Authority (SHA).

The Health Minister asked eHealth to lead the consolidation of IT services currently provided by former Regional Health Authorities, the Saskatchewan Cancer Agency and 3sHealth into a single service. This massive undertaking required all hands on deck to meet the project's timelines and ambitious goals. Thanks to the hard work, dedication, expertise and commitment of employees across the organization, many significant milestones were reached in the lead up to the official launch of the SHA on December 4, 2017.

When I became eHealth's new Board Chair in January 2018, the SHA was in its infancy and many priority projects were already underway. It was an exciting time to join the organization responsible for leading the widespread IT transition. Several other new members were also appointed to eHealth's Board of Directors in January, including:

- Twyla Meredith (Vice Chair)
- Bill Elliott
- Richard Anderson
- Brent Banda
- Catherine Gryba
- Dr. Milo Fink (returning Board member)

eHealth's Board of Directors brings strength in performance and financial management, board governance, marketing and knowledge of the health sector. I look forward to working with the new board to further eHealth's vision to empower patients and enable care.

The previous board saw many changes in the past year, with some terms expiring and two former board members taking on new opportunities, so it was a perfect time to assemble new members.

I would like to take this opportunity to thank the previous board chair and members for leading and supporting eHealth for the past several years— Gerald Fiske (former Board Chair), David Fan, Scott Livingstone, Duane Mombourquette, Kimberly Kratzig, Velma Geddes, Marian Zerr and Dr. Milo Fink, who was reappointed for another three-year term.

In March, our new board completed a full day orientation. eHealth's Executive team presented overviews on the history of the organization, the services they provide and the IT transition. We also received a tour of the Network Operation Centre

and the vault, and met with Minister of Health Jim Reiter, as well as Minister Responsible for Rural and Remote Health, Greg Ottenbreit.

Following the orientation, we held our first official board meeting where we decided to begin recruiting a permanent CEO for eHealth and to hold a strategic planning session in April 2018 that will determine eHealth's priorities going forward. Improving patient care will remain at the heart of those discussions. eHealth's plans and projects are constantly changing, but the organization's commitment to patients and health care providers remains steadfast.

The accomplishments throughout the year would not have been possible without the support of our partners and stakeholders across the health system. Thank you for all you do to help further eHealth's ongoing mission to improve the health experience for patients and providers through useful, safe and secure electronic information and services.

It's an exciting time for eHealth. Once our board hires a new CEO, we expect that the assembly of

a permanent executive team will follow. The new leadership will be supported by dedicated and capable employees, who have proven valuable in moving strategic priorities and projects forward.

eHealth is well-positioned for new growth, new beginnings and new opportunities that all share one common goal—improving patient care. Our new board is looking forward to doing our part to support patients and families in Saskatchewan.

Tyler Bragg
Board Chair
eHealth Saskatchewan

Minister of Health Jim Reiter appointed a new Board of Directors for eHealth in January 2018. Since then, the board members have completed an orientation, initiated a search for a new CEO for eHealth and set a strategic planning session for April 2018.

eHealth's Board of Directors brings strength in performance and financial management, board governance, marketing and knowledge of the health sector.

Tyler Bragg
BOARD CHAIR

Tyler Bragg is the current President and CEO of Pinnacle Financial Services. His health care-related experience includes being the Director of Finance of the former Rolling Hills Health District and the Chief Financial Officer of the former Cypress Health Region. Most recently, Tyler served as Chair of the former Cypress Health Region from 2008–2015. During his time as Chair, Tyler held many provincial positions including, but not limited to, vice-chair of Governing Council and board member of Saskatchewan Association of Health Organizations (SAHO). Tyler also served as a member of both the Health Information Technology Steering committee and the Network Architecture and Security committee. He became eHealth's Board Chair in January 2018.

Twyla Meredith
VICE CHAIR

Twyla Meredith was the President and CEO of SaskGaming for seven years, until she recently retired. She is a Chartered Professional Accountant and has more than 30 years of experience in executive management, financial administration and board governance. Twyla became the Vice Chair of eHealth's Board in January 2018.

Dr. Milo Fink

Dr. Milo Fink is a practicing physician, specializing in physical medicine and rehabilitation. He currently works as Regina Area Lead for the Saskatchewan Health Authority Department of Medicine. In the past, he served as President of the Saskatchewan Medical Association (SMA) and currently serves on several SMA committees including those related to health information. Dr. Fink has served on the eHealth Board since its inception. He was reappointed for another three-year term in January 2018.

Bill Elliott

Bill Elliott, CPA-CMA, is the President of Moose Jaw Physical Rehab and Hillcrest Health Centre, a multi-disciplinary health centre. Bill is a founding member and director for Commutron Industries, a high-tech electronics manufacturing company in Saskatchewan. He also sits on the board of SGI Superannuates. Bill is a certified accountant in the Moose Jaw area. He has completed 27 marathons, including Boston and New York. Bill joined eHealth's Board in January 2018.

Richard Anderson

Richard Anderson is a small business owner in Kerrobert, Saskatchewan. He was the Board Chair of the former Heartland Health Region from 2009–2017. Richard is the past Chair of the Governing Council and KLD Wellness Foundation. He joined eHealth's Board in January 2018.

Brent Banda

Brent Banda, ICD.D, MBA, is the President of Banda Marketing Group responsible for providing strategic marketing advice to companies during periods of change. Typical situations include launching new products, entering new markets, or adjusting to an evolving competitive environment. Brent joined eHealth's Board in January 2018.

Catherine Gryba

Catherine Gryba is the current Board Chair of Saskatchewan Blue Cross and the former Board Chair of United Way of Saskatoon and area. She is the owner of CRG Strategies, a Saskatchewan-based company that provides government relations services. Catherine is also the former General Manager of Corporate Performance in Saskatoon. She joined eHealth's Board in January 2018.

ALIGNING WITH THE GOVERNMENT OF SASKATCHEWAN'S DIRECTION

The provincial government's vision for Saskatchewan is to be the best place in Canada to live, work, start a business, get an education, raise a family and build a life. This high quality of life would not be attainable without the health and safety of its people.

Health care providers, such as doctors, nurses and pharmacists, are relied on every day to give patients the best possible care and to help keep everyone healthy. Front-line professionals, as well as their patients, benefit from the support of corporations like eHealth.

eHealth plays a key role in making important electronic health information readily available to health care teams across the province. When providers can quickly and easily access their patients' important clinical information, such as diagnostic imaging, prescriptions, lab tests and hospital visit history, they are able to deliver more timely care and treatment to their patients. eHealth's commitment to improving the quality of health care in the province aligns with the government's vision and goal to secure a better quality of life for all Saskatchewan people.

The 2017-18 annual report supports the government's commitment to keeping Saskatchewan on track by spending wisely, supporting economic growth and ensuring services are sustainable. eHealth is committed to working with government officials, the newly-created Saskatchewan Health Authority (SHA), stakeholders, partners, health care providers and patients year-round to help make Saskatchewan the best place in the country to receive high quality health care.

GOVERNMENT'S GOALS

Sustaining growth and opportunities for Saskatchewan people.

Meeting the challenges of growth.

Securing a better quality of life for all Saskatchewan people.

Delivering responsive and responsible government.

KEY ROLES OF eHEALTH SASKATCHEWAN

- To lead Saskatchewan's electronic health record (EHR) planning and strategy.

- To procure, implement, own, operate and manage the Saskatchewan EHR, including the associated provincial components and infrastructure to facilitate improved health provider and patient access and use of electronic health information.

- To procure, implement, own, operate and manage other health information technology, such as hospital and radiology systems.

- To deliver an electronic health record for Saskatchewan citizens.

- To establish the provincial eHealth information and technology standards necessary to access the Saskatchewan EHR and the associated provincial components and infrastructure.

- To provide data stewardship for the EHR and, where appropriate, of health information systems, including the following:

- To administer the rules for EHR data collection, use and disclosure.

- To establish and administer provincial standards to protect the quality, confidentiality and security of EHR data.

- To protect EHR data as a strategic resource.

- To act as trustee and information manager for the Saskatchewan EHR databases and services.

- To facilitate improved health provider and patient access and use of electronic health information, thus enhancing the delivery of health care services in the province.

- To work and cooperate with regional health authorities, other health care organizations, providers, other organizations providing related services as agents, contractors or partners in health information systems and the public in the development and delivery of the Saskatchewan EHR and other health information systems.

- To pursue consistent funding for the Saskatchewan EHR, and other health information systems, from all available sources, including Canada Health Infoway and to be accountable for the spending of such funds.

- To manage and operate Health Registries, Vital Statistics Registry, Change of Name Registry and all associated services.

GOVERNMENT OF SASKATCHEWAN'S VISION

"
To be the best place in Canada—to live, to work, to start a business, to get an education, to raise a family and to build a life.
"

CORPORATE VISION, MISSION + VALUES

VISION

Empowering Patients.
Enabling Care.

MISSION

Making patient information available electronically to patients and their health care team.

VALUES

Respect, Engagement, Excellence, Transparency, Accountability.

IN FOCUS

Advisory Panel

The Government of Saskatchewan announced in August 2016 that the provincial health care system was under review by a newly appointed Advisory Panel. The Advisory Panel was created to provide advice on the future structure of the health system.

The Panel released its report in January 2017, which recommended one provincial health authority. One health authority would support a standardized approach to a range of health system support services, including information technology, procurement, supply chain, human resource management, financial services, payroll services and health provider recruitment.

Transitioning Information Technology (IT)

As part of Saskatchewan's transition to one provincial health authority, eHealth Saskatchewan was asked to lead the process of transitioning all Information Technology (IT) services provided by former Regional Health Authorities (RHAs), the Saskatchewan Cancer Agency (SCA) and 3sHealth, into a single service.

Establishing common IT processes, policies and infrastructure will reduce duplication and ensure that IT services are consistent, coordinated and efficient, which will ultimately lead to improved patient care.

Some examples include:

- Three different service desks across Saskatchewan were transitioned to one (with service desk staff located across the province). All health care providers and employees of the Saskatchewan Health Authority (SHA), now only have one number to call regardless of their IT support needs. A single service desk will also lead to a more consistent and efficient approach to problem solving.

- IT security services are being transitioned across the health system, which means a single approach to security and trusted connections across health organizations.

Throughout the transition process, eHealth and the newly created SHA remained committed to making IT changes as smooth and seamless as possible for all employees.

Maintaining privacy and security has always been one of eHealth's top priorities and it continues to be throughout this transition period and beyond. Our commitment to security includes files and access, ensuring that only the right people have the right access at the right time.

IT transition work continued after the official launch date of the SHA on December 4, 2017. Further changes and enhancements are being introduced more gradually. More information on upcoming changes is available on eHealthSask.ca/support.

Official Launch

The new SHA officially launched on December 4, 2017. That's when the employees and operations of the 12 former RHAs officially transferred to the new organization. No changes were made to health care programs, services, facilities or phone numbers as a result of transition. Residents and patients continued to access front-line care the same way they always have.

eHealth assembled a number of task teams with help from our health system partners, who identified and collected information, made recommendations on consolidation activities and ensured that work was prioritized properly to best support the new SHA.

IT Transition Benefits

IT transition paves the way for a more effective and robust provincial health system. Here are some of the benefits of transitioning the SHA's IT services:

More Effective Service Delivery

- Provincial approach to planning and delivering services and the ability to put resources where they are needed.

- Easier collaboration and sharing of resources across geographic boundaries.

- Standard policies and aligned/integrated programs improves the consistency of care across the province.

Strong Accountability

- Data gathering and reporting is more consistent when information and data can be easily shared.

- Enhanced issues and trend identification ensures appropriate and impactful resource allocation.

- System performance measurement is improved, with the needs of patients being a priority.

More Streamlined, Efficient and Affordable Health Care System

- Better provincial coordination of services.

- More consistent and dependable user experience.

- Increased efficiencies and the elimination of duplication, which leads to improved patient care.

- Reduced computer and server operating costs.

LOOKING AHEAD

Following the launch of the SHA, several technologies and features will be introduced to help employees and physicians save time and improve patient care.

Some upcoming changes, include:

- Province-wide transition of the clinical and administrative desktop environment, while retaining service area/local support and improving efficiency.

- Standardizing the provider experience as it relates to technology (how they log-on, systems they access and support), regardless of which service area or facility they are working in.

- Transition of IT security services across the health system, which means a single approach to security and trusted connections across health organizations.

- Joint procurement of IT hardware and software, which could result in significant cost savings.

- Consolidated approach to technology, including telephone systems, email, SharePoint services and other network systems, which could result in significant licensing savings and reduction of waste and duplication.

- Consolidated health system data to reduce duplication across the system, ensure data security and redundancy and reduce costs.

- Provincial approach to data analytics, ensuring the right data is collected, analyzed and available to help improve health system management and results.

PROGRAMS
PROGRESS
IN 2017-18

eHEALTH SASKATCHEWAN PROGRAMS DIVISION

eHealth Saskatchewan's Programs Division is comprised of many different clinical program areas that all work together to support health care providers and teams across the province in delivering the best possible care to patients.

Programs range from primary care to acute care and also include laboratories, pharmaceuticals and diagnostics. Additional systems that also support patient care and information, include Telehealth, the Citizen Health Information Portal and the provincial Electronic Health Record.

The Programs Division also collaborates with stakeholders across the province to ensure that health care providers and teams have access to the latest solutions for improving patient care.

INTEGRATED EHR SERVICE LINE

The Integrated Electronic Health Record (iEHR) Program leads a highly technical, business and clinical strategy that requires significant engagement with stakeholders. The key driver of this strategy is to give front-line health care providers quick access to clinical patient information regardless of where the information originated, or where the patient went for care.

What is Interoperability?

Interoperability is the ability of computer systems or software to exchange and make use of health information within and across organizational boundaries in order to advance the effective delivery of health care for individuals and communities. It allows providers to share pertinent patient information across their various medical records systems.

EHR & Interoperability

One of eHealth's mandates is to lead, deliver, and manage the Provincial Electronic Health Record (EHR). The EHR is a patient record that brings together health care information from multiple point-of-care systems in hospitals, community-based clinics, and the Saskatchewan Health Authority, into a single view for providers.

The EHR contains clinical information, including, but not limited to:

- Laboratory results (more than 94 per cent of lab results in the province)
- Medical Imaging reports
- Community dispensed medications (100 per cent of community pharmacies)
- Hospital visits (physicians can now see if their patients have received care in a hospital)
- Immunization history
- Various clinical documents, including discharge summaries, progress notes and operative reports
- Chronic Disease Management Quality Improvement Program (CDM-QIP)

A secure provider portal is used to access this patient record— better known as the Electronic Health Record Viewer (eHR Viewer). The eHR Viewer gives health care providers access to a patient's clinical information, regardless of where care was delivered. Access to this information directly benefits the patient because it leads to faster diagnosis and treatment, less duplication of tests, reduced medication errors and, potentially,

less costly travel and time off work.

EMR Interoperability

A number of clinical systems are currently available to health care providers that support patient care. As providers become more familiar with these systems, there has been an increased need for greater interoperability to support the continuity and timeliness of patient information flow.

eHealth continues to build its interoperability roadmap for both the Electronic Medical Record (EMR) and EHR. The EMR is the point-of-care system for community-based clinics containing localized patient information. The EHR is a patient-centered record that brings together patient health information from multiple point-of-care systems across the province.

The EMR Interoperability initiative looks specifically at improving the flow of patient information from community EMRs to the provincial EHR and vice versa.

What is the difference between the eHR Viewer and an Electronic Medical Record (EMR)?

The eHR Viewer contains Saskatchewan-wide patient information and includes patient profiles regardless of where they received care or treatment in the province.

The EMR only contains patient information that is locally entered within a specific health care facility or clinical practice. That information includes appointments, referrals and consultations.

HIGHLIGHTS

EHR & Interoperability

- Expanded sources of laboratory results, clinical transcribed documents and medical imaging report information.

- Based on provider feedback obtained during a provincial optimization workshop, eHealth enhanced the eHR Viewer to make it more user-friendly.

The following updates were made to the eHR Viewer:

- **Workflow Enhancements** – Patient search boxes are better organized and more user-friendly. Links to numerous health care sites have been updated.

- **Laboratory** – Separated from Clinical Documents and is now a new tab.

- **Medical Imaging** – Separated from Clinical Documents and is now a new tab. The provincial exam categories were also added.

- **Hospital Visits** – The Clinical Encounters tab was renamed Hospital Visits.

- **Clinical Documents** – More sources are available, such as Sunrise Clinical Manager (SCM) Emergency Department Documents.

- **Patient Summary** – An overview of a patient's health history, which includes the last five results for laboratory results, diagnostic reports, clinical documents and hospital visits.

- **Patient Timeline** – A visual snapshot of a patient's medical history, including hospital visits, laboratory results, medical imaging and clinical documents for the past three years.

EMR Interoperability

The EMR Interoperability project involves collaboration with Canada Health Infoway and the Saskatchewan Medical Association. The project was initiated in 2017-18 and involved clinical engagement to define the scope, technical engagement with vendors to define approach and planning to determine the roadmap for the overall project.

LOOKING AHEAD

EHR

eHealth is working on modernizing our interoperability strategy, which will help us support current initiatives like the EMR Interoperability project. The project aims to enable health care providers to exchange patient health information from community settings and receive notifications when patient results are available.

EMR

The build phase and pilot implementation of the EMR Interoperability project will take place in 2018-19. The project involves adding a new feature that will send health care providers a notification when key patient information and data is available in their EMR. It also involves adding the option for patient information in the EMR to be sent to the eHR Viewer.

DRUG + PHARMACY SERVICES

The Drug and Pharmacy Program focuses on improving patient safety, as well as the flow of drug information across the health system.

The program is divided into two areas to help support the objectives of both community and acute pharmacy practices:

1. Pharmaceutical Information Program (PIP)
2. Regional Pharmacy Program

Pharmaceutical Information Program (PIP)

The Pharmaceutical Information Program (PIP) is a provincial drug information system of dispensed drugs in community pharmacies. This secure, web-based computer program gives authorized health care professionals (such as pharmacists, physicians and nurses) access to the community pharmacy medication histories of Saskatchewan patients, as well as other tools, to help make drug therapy decisions. Through an integration initiative (CeRx Integration Project), the program has successfully integrated relevant patient data between community pharmacy systems and PIP in Saskatchewan.

The PIP Quality Improvement Project (PIP QIP) dedicates efforts to creating awareness of the importance of accurate and complete data in the community pharmacy systems and, ultimately, PIP.

Drug information is one of the core building blocks of our Electronic Health Record (EHR) and the PIP is a key component of the EHR strategy for Saskatchewan.

In 2015-16, PIP was integrated to the Electronic Medical Record system (EMR), allowing EMR vendors to provide built-in access to view PIP profile information within the EMR.

Regional Pharmacy Program

The Regional Pharmacy Program's objective is to optimize patient safety and meet patient needs by improving the flow of drug information across Saskatchewan. Last fiscal year, the program deployed the BDM Provincial Pharmacy Information System—a single, shared, acute pharmacy system. This shared system gives regional pharmacists and stakeholders better access to patient information, which means better, quicker care for patients.

HIGHLIGHTS

Regional Pharmacy Program

Individual acute pharmacy systems in the former Saskatoon Health Region and 11 former midsize regions were transitioned to a single, shared, acute pharmacy system—the BDM Provincial Pharmacy Information System. In February 2017, the former Saskatoon Health Region was the first to be transitioned to the provincial instance. The remaining former midsize regions excluding Regina Qu'Appelle Health Region (RQHR) were transitioned by early December 2017.

The eHealth Pharmacy Information Advisory Committee (ePIAC)/eHealth Pharmacy Operations Working Group and eHealth Pharmacy Technical Working Group were established to create a provincial strategy to improve drug information flow, as well as standardize and integrate systems to the fullest extent possible.

Areas of standardization include:

- Provincial Pharmacy Information System (BDM);

- Drug Database/Clinical Decision Support (FDB);

- Packagers;

- Automated Medication Distribution Systems;

- Integration between BDM and the Provincial Adjudication System (for online adjudication to the Drug Plan for outpatient dispensing); and

- Alignment of the Medication Reconciliation Discharge/ Transfer forms and processes.

Improving Patient Care

PIP

PIP QIP has made great strides in decreasing data quality issues by providing education to health care professionals, which directly impacts and improves patient care. Dispenses that fail to be sent from the pharmacy system to PIP—also known as failed transactions—have decreased from nearly five per cent in 2014, to less than half of a per cent in March 2018, due to the efforts of the PIP QIP team and our health system partners.

The benefits of using PIP:

- Medical professionals can see current and past prescriptions enabling them to select the best medications, while avoiding drug interactions and duplications of therapy.

- Helps health care providers sort through a complex history when a patient is taking numerous medications and several prescribers are involved.

- Enhances safety by providing alerts regarding patient allergies and intolerances, interactions and dosages.

- Helps reduce prescription errors related to handwriting by creating a clear printout of the prescription.

- Helps reduce multi-doctoring and drug abuse because prescribers can view prescriptions previously filled by the patient and/or written by another prescriber.

Regional Pharmacy Program

With the deployment of BDM, regional pharmacists and stakeholders hope to improve patient outcomes by having a seamless flow of information through the continuum of care.

BY THE NUMBERS

100%

of Saskatchewan pharmacies were integrated to PIP, as of March 2018. The dedication of the program team and partners made this integration possible.

Almost

639

EMR users have integrated PIP.

LOOKING AHEAD

In the fall of 2018, it is anticipated that the Saskatchewan Cancer Agency will be transitioning onto the Provincial BDM instance.

LABORATORY SERVICES PROGRAM

The Laboratory Services Program supports the management and delivery of laboratory results for the former regions and the Saskatchewan Disease Control Laboratory (SDCL). This program focuses on the distribution of standardized laboratory results throughout Saskatchewan's health care system ensuring that the right information is sent to the right person at the right time.

Laboratory Information System (LIS)

The Laboratory Information System (LIS) plays a vital role in providing better patient care by facilitating the collection and analysis of patient samples (blood samples, tissue samples, biopsies, etc.), and then results are reported to health care providers in a timely and accurate fashion. The LIS is capable of receiving and sending orders, managing lab test data throughout the lab test processing cycle and generating and distributing lab result reports. LIS has been implemented in more than 50 health care facilities, including hospitals and community laboratory sites across the province.

Saskatchewan Laboratory Results Repository (SLRR)

The regional LIS systems, along with the Roy Romanow Provincial Laboratory (RRPL), send laboratory results to eHealth, where they are standardized using national terminology and stored in the Saskatchewan Laboratory Results Repository (SLRR). Approximately 60,000 results are stored in SLRR daily. This information is also available in the provincial eHR Viewer.

Laboratory Results Distribution

eHealth distributes results to Electronic Medical Records (EMRs) across the province, including the Saskatchewan Cancer Agency (SCA). In addition to sending the information to EMRs, the results in SLRR are available in the provincial eHR Viewer, enabling doctors to make faster clinical decisions about patient follow-up care and treatment.

eHealth receives results from 58 sites across the Saskatchewan Health Authority (SHA) that are then distributed electronically.

HIGHLIGHTS

The Laboratory Services Program continues to work with the SHA to implement the following LIS expansions:

- LIS SoftLab at St. Peter's Hospital in Melville, Saskatchewan is going live April 9, 2018.

- Laboratory instrument additions, changes and moves are taking place across the SHA.

- Continued to partner with SCA to implement a process to ensure they receive all reportable pathology results.

BY THE NUMBERS

7.94%

of laboratory results sent to SLRR are routed to an Electronic Medical Record (EMR).

365

EMRs receive electronic laboratory test results.

More than

1,752

providers receive results within an EMR.

LOOKING AHEAD

eHealth continues to:

- Implement LIS SoftBank at St. Peter's Hospital in Melville—fall 2018.

- Build and implement LIS within the Athabasca Health Authority.

- Implement the laboratory interface between the former Regina Qu'Appelle Health Region's LIS and the RRPL, which will increase efficiencies and reduce order entry errors.

- Implement LIS in the Saskatchewan Hospital in North Battleford.

- Expand LIS sites across Saskatchewan.

CONTINUITY OF CARE SERVICE LINE

The Continuity of Care Service Line focuses on facilitating access to care outside of traditional health care settings through programs, such as Telehealth and the Citizen Health Information Portal.

This service line has also been undertaking an EMR Interoperability project aimed at improving the flow and timeliness of patient information to support providers when caring for their patients. The project will make community-based visit information available to all providers, allowing for a more complete understanding of a patients journey within the health system.

When this project is complete, key patient data will be sent from the EMR to the eHR Viewer and health care providers will receive notifications in their EMR when key data is available on their patients.

Telehealth

Telehealth connects patients to health care providers across the province using live, two-way videoconferencing technologies and equipment.

This highly secure service allows patients to communicate, both verbally and visually, with specialized and general health care providers from two completely separate areas of the province.

To date, Telehealth is available in more than 400 sites in communities across Saskatchewan and that number keeps growing.

Telehealth can connect to available diagnostic peripherals, such as stethoscopes, vital signs monitors and ultrasound equipment, making real-time diagnosis and patient monitoring possible.

Access to specialists located outside of Saskatchewan can also be arranged if that service is not offered in the province. A wide variety of health care services are offered via Telehealth, including Mental Health, Neurology, Oncology and Nephrology.

Telehealth works with Saskatchewan Health Authority, Saskatchewan Cancer Agency, First Nation Inuit Health Branch and other health partners to provide this live health care to Saskatchewan people.

Telehealth is Private and Secure

Telehealth operates in a private and secure network that can only be accessed by authorized health care professionals. This secure network operates within the province's CommunityNet—a world-class, highspeed, digital internet system that ensures privacy safeguards are in place.

As soon as a patient is connected to a health care provider in their virtual exam room, they will be introduced to the provider and any other health care workers who may be taking part in the appointment, to ensure full disclosure and maximize the patient's comfort.

HIGHLIGHTS

TeleStroke: Two-way audiovisual communication to enable remote clinical assessment of a patient by a consulting stroke expert. The use of telestroke allows a patient with a stroke to be examined in real time by a neurology specialist elsewhere who consults via mobile/desktop with an emergency room physician in the rural site.

TelePsychiatry: Patients can see their psychiatrist via videoconferencing technologies. Initiated and led by the former Cypress Health Region, this is a pilot using VIDYO to conduct telepsychiatry. It can be used on any laptop or computer.

Improving Patient Care

Telehealth continues to improve patients' access to health care services. The program is particularly valuable for rural and remote patients as it is convenient and reduces travel times and other related costs. Providers also benefit from reduced travel times, better sharing of best practices and improved knowledge and skill development.

Better Access to Health Care

Patients have quicker and easier access to specialty care by visiting a local Telehealth site.

Less Travel

Patients no longer have to travel long distances to receive specialized health care.

Time and Money Saved

Limiting travel time and overnight stays saves patients time and reduces their health care expenses.

Improved Safety

Telehealth reduces the need for traveling long distances in dangerous winter driving conditions.

BY THE NUMBERS

Approximately
400
active Telehealth sites across Saskatchewan.

Approximately
20,000
patients were seen by a health care professional via Telehealth.

Approximately
7 Million
kilometers of travel was saved by patients and families who attended clinical appointments using Telehealth instead of traveling long distances.

Approximately
7,000
patients received follow-up cancer care services via Telehealth.

More than
4,500
patients received group patient education services using Telehealth, such as hip/knee surgery education, cardiac class, diabetes class and pulmonary rehabilitation.

Approximately
1,550
patients received mental health and addictions services via Telehealth.

Citizen Health Information Portal (CHIP)

The Citizen Health Information Portal (CHIP) is giving some Saskatchewan residents a unique opportunity to actively manage their own health care.

More than 1,100 people signed up to be a part of the CHIP pilot project developed and launched by eHealth in early 2016. Participants received secure, online access to their own personal health information, such as laboratory results, medications, vaccines/immunizations and hospital visits.

During the pilot, participants were able to view their medical history, add personal health information, set reminders to take medications, track trends in their health data and results and record upcoming appointments in their CHIP profile. Plus, participants could chose to share their health information with family members and others involved in their care.

CHIP launched after extensive engagement with patients, who were fundamental in the creation and design of the program. eHealth strongly believes in engaging citizens and gathering their feedback. That's why our teams worked closely with participants throughout the pilot and conducted face-to-face interviews, phone interviews, surveys and focus groups. Many participants agreed that CHIP improved their access to their health information and helped to improve the management of their health and care. Many even went so far as to say that CHIP changed their lives for the better.

The pilot was intended to run for six months; however, due to the overwhelming positive feedback, eHealth continues to extend participants' access to CHIP.

HIGHLIGHTS

The more empowered I am to look after my own care, the better my quality of life. It keeps me out of the physician's office and it keeps me out of the emergency department. So, as a young woman, I think that's the best case scenario. I don't want to be sick. I don't want to feel the impact of using the health system. I would rather look after myself and CHIP enables me to do that.

— Malori Keller
CHIP participant

As a renal patient, I am constantly having blood work done and other medical tests done. I am able to go into the system and look up my information and ensure that it is both timely and up-to-date. I like being able to access the information at my fingertips.

— Tyler Moss
CHIP participant

BY THE NUMBERS / SURVEY RESULTS FROM THE CHIP PILOT:

89%
of participants said that it's very valuable to have access to their personal health information.

88%
of participants said that having access to their personal health records will help them better manage an existing health issue and avoid future health issues.

86% of participants said it's very important for them to have online access to their personal health records and information.

LOOKING AHEAD

eHealth will continue to work on determining the next steps involved in rolling out a provincial-wide program.

Community + Primary Health Care Service Line

The Community and Primary Health Care Service Line facilitates and supports the delivery and access of health care information by health care providers in community-based care settings. This service line works with our community care partners in the areas of primary health care, public health, home care and long term care, mental health and addictions and chronic disease management.

Primary Health Care Program

eHealth's Primary Health Care (PHC) team supports primary health care clinics across Saskatchewan by providing them with access to an Electronic Medical Record (EMR) for better patient care.

> Primary health care is the everyday support and care that individuals and families need so that they can better protect, maintain or restore their health. For most people, primary health care is the first point of contact with the health care system and the most frequently used health service.

The PHC team aims to improve the care and service provided to Saskatchewan residents by working towards:

- Seamless communication among primary care providers.
- Timely access to lab results.
- Evidence-based decision-making tools embedded within EMR workflows.
- Complete and accurate medication profiles.

As EMR use matures, the PHC team is beginning to work more with other teams within eHealth on the integration of provincial applications and systems for a more complete medical record, as well as improving the knowledge and skills of end users on the EMR.

Integrated EMR services include:

- Electronic labs
- The Chronic Disease Management Quality Improvement Program (CDM-QIP)
- eHR Viewer launch in context
- Pharmaceutical Information Program (PIP) Viewer in the Accuro EMRs

The CDM-QIP is an initiative with the Ministry of Health, Saskatchewan Medical Association, and eHealth, and is designed to encourage primary care providers to continually improve their practice by adopting flow sheets that reflect current best practice clinical guidelines for treatment of diabetes, coronary artery disease, heart failure and chronic obstructive pulmonary disease.

HIGHLIGHTS

The PHC team continues to work with the Saskatchewan Medical Association's EMR Program to support the adoption and use of integrated EMR services.

The EMR implementation was completed for Battle River Treaty 6 sites. This implementation offers health care providers timely access to patient information from within the EMR application, which means better and quicker care for patients.

IMPROVING PATIENT CARE

CDM-QIP data collected from the EMRs and made available in the eHR Viewer, helps support providers when caring for patients with chronic conditions.

BY THE NUMBERS

More than

40,000

patients had information within the CDM-QIP available in the eHR Viewer at the end of 2017-18.

537

providers are receiving Saskatchewan lab results through PHC.

A significant upgrade was made to Panorama in 2017-18 that improves on the earlier version by standardizing content, resolving many defects and helping ensure the application continues to meet service targets by remaining within the version supported by the component vendors.

The Panorama vaccine forecaster supports the decisions made by public health professionals related to the immunization status of registered clients. The application was updated to reflect program changes to immunization schedules and vaccines.

Panorama also documents consent for service. Within the school program, parents can give their consent by filling out a generic form that reflects the standard immunization schedule. eHealth piloted a new function that would allow the consent collection forms to be customized to the individual client's history. That new function is currently under review.

Public Health Care Program

Saskatchewan residents and health care providers continue to benefit from the Province's investment in the Public Health Information System, Panorama. Panorama makes it easier for health care professionals to collect, share and analyze information related to vaccine inventories and immunization histories which, in turn, supports healthy outcomes for children and families across the province.

eHealth has implemented both the vaccine inventory module and immunizations module within Panorama. Panorama inventory allows public health professionals to record, maintain and centrally manage the quantity of vaccines at multiple locations across the province. The immunization component makes a patient's vaccination history available electronically to the health care team and allows public health providers to manage client immunizations, forecast immunization eligibility, record contraindications and remove compromised vaccines from service.

Every patient who receives public health care services in Saskatchewan will have a single, confidential client record, regardless of where they receive those services in the province.

Panorama connects providers from across the province improving the coordination of patient care, reducing the duplication of vaccinations and improving access to information. Currently, all public health staff providing publicly-funded immunization services use Panorama to record immunization events.

Panorama is part of a pan-Canadian initiative funded through Canada Health Infoway. Six other jurisdictions are in the process of implementing Panorama: British Columbia, Yukon, Manitoba, Ontario, Quebec and Nova Scotia.

Improving Patient Care

The vaccine inventory module and the immunizations module have already led to operational and administrative benefits.

Better monitoring of vaccine inventories: Public health is able to visualize the amount of vaccine available in every public health fridge in the province. This assists with the redistribution of products when local shortages arise during outbreaks or during the influenza immunization campaign.

Product recalls: When a manufacturer recalls a product, authorized users are now able to quickly identify the affected product, recall it and then return it or destroy it. For example, during the recent quarantine of a meningococcal vaccine, the Province was able to locate where the vaccine was being stored, recall it and then return it to the manufacturer. Furthermore, eHealth was able to identify the clients who were immunized with that particular vaccine, and determine their immunization status.

BY THE NUMBERS

277
The average number of inventory requisitions per month.

56,856
The average number of immunization events per month.

4,043
The average number of new clients added per month.

LOOKING AHEAD

An implementation project for the communicable disease investigations and communicable disease outbreak management components began last year and is scheduled for completion this fall. These components will support the rapid identification, investigation and management of communicable disease cases while, at the same time, preserving the privacy and confidentiality of Saskatchewan residents.

Home Care Program

Saskatchewan residents needing home care can be assured that a stable system has been completely implemented in the province. The long term approach is to create a home care system that can share clinically relevant home care information with other jurisdictional systems, such as the sharing of provincial home care assessment data with the Canadian Institute for Health Information (CIHI).

HIGHLIGHTS

An upgrade to the software was completed in September 2017. This upgrade includes new features that enable the auditing of client records and the collecting of client information, such as:

- enhanced allergy information

- external electronic documents, including assessments, physician orders, supplies and referrals

- flow sheets for diabetes, wound care and timed up and go, which is a test of functional mobility and fall risk.

BY THE NUMBERS

More than

18,000

patients (not including Regina Qu'Appelle or Saskatoon).

More than

1,160

active users (not including Regina Qu'Appelle or Saskatoon).

LOOKING AHEAD

PROCURA MOBILE

The former Sunrise health region is implementing a mobile device solution for their home care staff, called Procura Mobile. This solution allows staff to access and edit client information and their own schedules in real time. The mobile devices also creates the best routes for travel, accurately captures travel information and tracks employee locations for their safety. It is estimated this project will go live in the summer of 2018.

HOME CARE DATA IN DATA WAREHOUSE AND MICROSTRATEGY

eHealth is compiling all Procura Home Care information into eHealth's data warehouse. Information for home care is stored within the solution database, which means that the only way to collect or manage data for reporting and analysis purposes, is through a tedious manual process.

Storing data in MicroStrategy Report Services will enable quicker and easier reporting, analysis and monitoring. MicroStrategy also produces reports that will assist the Ministry of Health and the Home Care Program with identifying trends and anomalies of home care services.

Long Term Care Program

Long term care staff continue to monitor the health and well-being of residents through the analysis of data on a month-to-month basis. All former health regions are now contributing clinical resident assessment instrument information, such as health status, falls, restraint use, nutritional intake and level of independence, to the Canadian Institute for Health Information (CIHI), where the data is compiled.

HIGHLIGHTS

Remains a stable environment to assess clients on a quarterly and annual basis using the InterRAI assessment tool, which is then submitted to CIHI.

BY THE NUMBERS

On average, more than

10,000

assessments are completed on residents, which are then submitted to CIHI (quarterly).

LOOKING AHEAD

LTC UPGRADE

The Long Term Care Minimum Data Set (MDS) 2.0 assessment tool is on an old platform. Each former region has a standalone system that only houses the MDS assessment. Staff can only go into the software when they are completing a client assessment either quarterly or annually. The Clinical Assessment Protocols (CAPs) used for care plans—the Outcome Scales and Quality Indicators—are found in the application.

An upgrade to this software is planned for April 2019. The update will include a full residential care module, which will add features to the existing assessment, such as:

- An electronic care plan that makes reference to CAPs
- E-charting
- Medication records that would integrate with most pharmacies
- Equipment management
- Resident falls tracking
- Incident management
- Infection tracking
- Custom reporting

Mental Health and Addictions Program

eHealth's Mental Health and Additions team helps support various systems used by the Ministry of Health and the Saskatchewan Health Authority to help improve the mental health and well-being of Saskatchewan people.

The team also supports a mental health system that can truly meet the needs of people living with mental health problems and illnesses, as well as their families. eHealth and the Ministry of Health, along with the support of regional partners, embarked on a project to implement a Level of Care Utilization System (LOCUS) for mental health and addiction services. LOCUS and the Child and Adolescent Level of Care Utilization System (CALOCUS), will give mental health and addiction health care providers a standard way of determining which service will best meet the current needs of their clients. These systems allow providers to complete client evaluations at various times during treatment. LOCUS ensures that the evaluations are based on a client's current level of functioning, rather than on diagnosis and psychiatric risk alone.

HIGHLIGHTS

The Mental Health and Addictions Information System (MHAIS) is a new application that was launched in May 2017. Phase 1 was implemented at four former health regions (Sunrise, Prince Albert, Prairie North, and Five Hills). MHAIS documents all clients who seek treatment in the community for mental health and addictions.

LOCUS is a clinical decision support tool available electronically in MHAIS to increase access to quality mental health and addictions services and reduce wait times. LOCUS standardizes the services offered, based on an individual's current need, regardless of where they access services.

The application aligns with provincial standards on privacy, suicide risk management, service delivery and reporting requirements, which further increases its potential to become a permanent provincial client record for mental health and addictions.

BY THE NUMBERS

10,000
clients have been registered.

More than
9,000
people in the health system, including health care providers, have used MHAIS.

Improving Patient Care

The initial MHAIS/LOCUS pilot is successfully demonstrating the benefits of a single health record for mental health and addictions. More than 10,000 clients were registered throughout the MHAIS/LOCUS pilot.

MHAIS/LOCUS enables providers to report and extract meaningful data and is capable of meeting a variety of care needs. It also enables critical information, captured through the information system, to be available to service providers at crisis points and during transitions in care, regardless of where a client accesses services.

MHAIS/LOCUS also allows multiple parts of a complex health care system to provide a coordinated and seamless service to clients throughout the province, by significantly improving the flow of information between service providers. It also enables providers to create treatment plans based on the right information.

Testimonial from a rural clinician in the former Five Hills Health Region in Moose Jaw:

"As a rural clinician, MHAIS has positively impacted my work in the form of feeling connected and 'in the loop'. I am able to view documents and notes immediately. I am also saving time, as before I would often have to contact my clerical staff to ask questions that I am now able to have answers to immediately, such as the next appointment with the psychiatrist.

The client information is clear and accessible. This allows for a rural clinician to be informed of facts, rather than relying on the client to pass along information, which often is not accurate."

The Saskatchewan Hospital in North Battleford uses the new MHAIS/LOCUS tool, as it is the only psychiatric hospital in the province. Patients from across Saskatchewan are referred to this facility, therefore, the hospital is a major contributor to the information flow as clients are rehabilitated and reintegrated back into the community.

LOOKING AHEAD

MHAIS PHASE 2

Starting April 2018, MHAIS and LOCUS will be rolled out to the remaining former rural health regions. The anticipated completion date is February 2019.

MEDICAL IMAGING SERVICE LINE

The Medical Imaging Service Line supports the delivery of public and community-based radiology imaging services.

This service line is responsible for facilitating and supporting diagnostic programs, including Radiology Information System (RIS), Picture Archiving and Communication System (PACS), Medical Imaging Voice Recognition software (PowerScribe 360) and the Community-Based Radiology Integration Initiative. Together, these systems support the effective and efficient flow of diagnostic information between providers and patients.

RIS, PACS, and POWERSCRIBE 360

Treatment for patients is more efficient when all imaging and reporting of images within the province is available through a single source, such as RIS and PACS.

eHealth implements and supports RIS, PACS and PowerScribe 360 for Saskatchewan. RIS helps streamline departmental operations, including scheduling procedures, order entry, work list management, result distribution and billing. PowerScribe 360 interfaces with RIS to produce voice generated interpreted radiology reports. PACS interfaces with RIS to provide a complete imaging solution with interpreted radiology reports.

X-rays, CT scans, Ultrasounds, Medical Resonance Imaging (MRI), Nuclear Medicine and Positron Emission Tomography (PET) scans in most Saskatchewan hospitals are now available on PACS, which enables Saskatchewan physicians and specialists to interpret those results electronically.

Consultations between physicians and the Saskatchewan Health Authority on optimizing treatment, can take place once imaging has been sent to PACS. When a patient needs to travel for treatment, imaging can be reviewed and treatment can be prepared prior to the patient's arrival, without arranging the transport of imaging records. Patients who pursue treatment outside of Saskatchewan can request their imaging files on DVD or other portable devices.

Community-Based Radiology Integration Initiative

This fiscal year, eHealth continued the Community-Based Radiology Integration Initiative to provide health care providers in Saskatchewan with a single record of all patient Medical Imaging (MI) images and reports via the provincial PACS solution. This initiative will allow all images and reports that are taken in the community, or in a hospital, to be available to providers in PACS at the right time and in the right place. Patients go to community-based radiology clinics for a number of reasons, including pre-operative exams, pre-specialist appointment exams and post-operative follow-up exams. These patient images and reports will be stored within the provincial PACS, giving providers and patients a single source of MI information. Private community-based service providers are responsible for approximately one third of all medical images captured in Saskatchewan.

HIGHLIGHTS

Thanks to a collaborative effort with our partners in the Ministry of Health, the Saskatchewan Health Authority (SHA), the Saskatchewan Cancer Agency (SCA), 3sHealth and Community-Based Radiology, here are some highlights from the Medical Imaging Service Line:

- eHealth's Medical Imaging (MI) team focused on improving MI system stability, efficiency, eliminating defects, reducing variation and improving the relationship with our clients.

- The historical images from the SCA Breast Screening Program were added to the Provincial PACS.

- The SCA Breast Screening Clinic in Saskatoon became a new site implementation on the provincial instances of RIS and PACS.

- Instances of RIS and PACS were built for Rosthern, Wynard, Lanigan, Watrous and Wadena for implementation on the provincial MI systems.

- Through the Community-Based Radiology Initiative, eHealth facilitated the integration to PACS in nine community-based clinics that have partnered with Mayfair Radiology and Regina Associated Radiologists.

- eHealth's MI team completed the deployment PowerScribe 360 Medical Imaging Voice Recognition software throughout the province in October 2017, with the help of our partners in the SHA and 3sHealth.

- The Intellispace PACS Anywhere Viewer client can now be accessed by authorized health care providers from any internet connected device. It is no longer a requirement to launch the Cisco VPN client to access the application out of CNet.

- The PACS Anywhere Viewer, which provides secure mobile access to PACS images, is now accessible from any internet connected device.

BY THE NUMBERS

146
Radiologists are actively using PACS, which contains 1,170,015,437 images.

More than
4,000
providers are set up to receive report results from RIS and PACS.

An average of
25,000
radiology reports are accessed every month by users of eHealth's Provincial eHR Viewer.

LOOKING AHEAD

- RIS and PACS will be expanded in the Children's Hospital in Saskatoon as a secondary MI department within the existing Royal University Hospital facility. This project is expected to go live in the fall of 2018.

- RIS and PACS site expansion is planned for the Saskatchewan Hospital in North Battleford.

- Instances of RIS and PACS will be built for Grenfell, Imperial, Montmartre and Whitewood for implementation on the provincial MI systems.

- eHealth has developed a plugin for PACS Enterprise and Radiology clients. This plugin allows the eHR Viewer to be launched in the patient context from PACS. A limited pilot will begin for a select group of users, with general availability expected in June or July 2018.

ACUTE CARE SERVICE LINE

The Acute Care Service Line consists of several clinical applications that support operational needs and patient safety in the acute care hospital environment. In acute care, an integrated suite of applications, including the Registration Program – WinCIS, the Surgical Information System (SIS), and Sunrise Clinical Manager Program (SCM) are used to provide care for patients within the health system.

Registration Program – WinCIS

Registration Program – WinCIS is the application used in many Saskatchewan facilities to register patient and client visits.

eHealth is currently supporting the transition to a new provincial registration system, Sunrise Enterprise Registration.

- Registration information helps to create the foundation of the patient/client health record. This information contains critical demographic and patient identifiers that are integrated into other clinical applications, including Lab, Radiology, Surgical, Pharmacy, etc.

- The registration team supports the complex integration of admission, discharge and transfer information that feeds all downstream systems.

Surgical Information System (SIS)

Surgical Program – The OR Manager Information System (Operating Room Software) is currently being used in four former Health Regions, including Cypress Health Region (CHR), Five Hills Health Region (FHHR), Prince Albert Parkland Health Region (PAPHR), Prairie North Regional Health Authority (PNRHA) and is supported by eHealth. The system is used for scheduling patients for surgery. It also provides waitlist management and supply management for each surgical procedure, electronic charting while in the perioperative suites, tracking boards and more.

BY THE NUMBERS

117,635
bookings and 101,070 surgeries were managed provincially.

46,462
bookings and 39,523 surgeries were managed in the Saskatoon Health Region (SKTNHR) OR Manager System.

28,877
bookings and 24,825 surgeries were managed in the four OR Manager Operating Systems— CHR, FHHR, PAPHR and PNRHA.

75,339
bookings and 64,348 surgeries were managed by the OR Manager System (CHR, FHHR, PAPHR, PNRHA and SKTNHR).

42,296
bookings and 36,722 surgeries were managed by non-OR Manager Facilities via the Saskatoon Surgical Care Network (SSCN) for the former smaller regional sites.

Sunrise Clinical Manager (SCM)

The Sunrise Clinical Manager program (SCM) provides electronic information to doctors, nurses and other clinical staff. The program is used primarily in acute care settings, such as hospitals.

SCM is the acute care electronic patient record, which enables health care providers to chart electronically and view health information from several departmental areas, such as registration information, lab results, hospital pharmacy dispensed medications and radiology results.

HIGHLIGHTS

In June 2017, SCM was implemented in the Cypress Regional Hospital, which means health care providers have quicker and easier access to patient information. Improved access to information will lead to improved care for the nearly 80,000 patients a year who visit the emergency department.

BY THE NUMBERS
At the end of the 2017-18 fiscal year, SCM contained:

More than
4,200,000
unique patient visits.

Nearly
1,300,000
radiology results.

Nearly
12,300,000
lab results.

Nearly
2,900,000
clinical documents.

More than
3,400
users.

STRATEGY, QUALITY AND RISK MANAGEMENT

This division of eHealth is responsible for:

HEALTH REGISTRIES

VITAL STATISTICS

INFORMATION AND ANALYTIC SERVICES

LEGAL AND POLICY (AND STRATEGY)

PRIVACY, ACCESS AND PATIENT SAFETY

SECURITY

HEALTH REGISTRIES + VITAL STATISTICS

Health Registries

Health cards are an important piece of identification for Saskatchewan citizens, as they are required to access the province's publically-funded health system.

eHealth's Health Registries team is responsible for issuing health cards and ensuring that citizens' personal health information is up-to-date on the provincial health registry to ensure they remain eligible for provincial health services and benefits.

Since Health Registries moved to eHealth from the Ministry of Health in 2014, residents only have to visit one location—2130 11th Avenue in Regina, Saskatchewan— or go online to apply for, update or renew their health card.

Vital Statistics

eHealth's Vital Statistics team helps Saskatchewan citizens establish their identity. Vital Statistics registers every vital event that citizens experience—birth, marriage and death. Their friendly customer service team assists customers when applying for, or replacing vital event certificates, including birth, stillbirth, marriage and death. Their team is happy to provide customers with timely and efficient access to their vital event information.

BY THE NUMBERS / BETWEEN JAN 1–DEC 31, 2017

199,628
phone calls were handled.

58,703
vital event certificates issued.

20,588
customers were assisted at the front counter.

29,017
emails were answered.

232,378
health registrations and updates were processed.

168,524
incoming and outgoing pieces of mail were handled.

33,117
vital events and amendments were registered.

741,955
total work items were processed.

BY THE NUMBERS

681,772
Health Card Renewal sticker packages were mailed out in September.

48.75%
increase in call volumes per day at Health Registries Call Centre in September.

HIGHLIGHTS

Health Card Renewal

Health Card Renewal is a provincial audit that occurs every three years to ensure that only eligible residents receive Saskatchewan health benefits. The project spans for almost an entire year and includes the hiring of additional staff to handle the approximately 2,500 phone calls per day during the peak months between September and January.

INFORMATION + ANALYTIC SERVICES

Data Warehouse

The Data Warehouse continued to increase its data holdings to provide health care providers, system administrators and policy makers with timely access to quality and reliable information and analytics to improve system delivery and patient care.

Information Services

Information Services continued to fulfill the high volume of requests for information from their numerous clients, including health care providers and health care system partners. Focus was placed, once again, on providing an efficient self-service reporting environment to their clients, which was a huge asset to the clients throughout the formation of the SHA.

Data Quality

The Data Quality team worked to improve data quality through engagement with a variety of programs and business teams within eHealth. The team supports data administration processes, while also targeting opportunities for improved efficiency, quality and operational excellence.

HIGHLIGHTS

Efforts this fiscal year focused on the purchases of data masking and metadata software to further enhance the privacy of patient information and build a data catalogue for stakeholders.

Major reporting projects for the Medical Services Branch (MSB) and the College of Physicians and Surgeons of Saskatchewan (CPSS) will enable these clients to make informed business decisions more efficiently and effectively with timelier access to their data. The conversion of the "old" MSB reports to the new self-service reporting will reduce the number of reports that MSB maintains, saving time and effort. This self-service is expanding and 207 additional user accounts were created in their reporting environment.

Implementation of the Data Quality Framework commenced in the 2017-18 fiscal year, beginning with assessments of the first few information systems. Work continues to build and optimize a robust set of evaluations that will enable visibility and action against data quality risks and issues.

LOOKING AHEAD

eHealth, with funding from the Saskatchewan Centre for Patient-Oriented Research (SCPOR) program, will be building infrastructure and capabilities to help enable researchers and analysts in the province to access and use data more easily. This will be done by creating a data lake, which will provide the environment to access data securely and easily, as well as a data catalog and metadata tools to aid in data discovery. In addition, eHealth will be promoting our existing tools and services (data warehousing, MicroStrategy, advanced analytics, etc.) to other organizations in an effort to support and enable the adoption of Business Intelligence throughout the province.

LEGAL + POLICY

eHealth's Legal and Policy area provides legal services and public policy development services, including escalated support for all eHealth business areas, development of corporate and business policies and information records management.

The Vice-President responsible for Legal and Policy provides direction in relation to court proceedings and other tribunal matters. This area also supports eHealth's Board of Directors, with the Vice-President acting as the Corporate Secretary. Legal and Policy also provides leadership and facilitation of corporate strategic planning.

HIGHLIGHTS

In 2017-18, Legal and Policy provided support for the initial transformation of all IT health care services provided by eHealth. The fiscal year also included discussions on the development of a long-term strategic plan for eHealth.

Legal and Policy continued to support all lines of business at eHealth. This support includes contract drafting and negotiation, registries escalations, data sharing agreements, governance and human resource matters.

Information and Records Management's (IRM) focus was directed at collecting the types of information assets that eHealth possesses. This was necessary to lay the ground work for drafting a Records Classification and Retention Schedule for eHealth.

In the area of physical records management, IRM created a more efficient and user-friendly process. The process, tools and standards were rolled out to the entire organization in 2017, providing automation as a means to collect and manage inactive physical inventory. In addition, IRM has eliminated the backlog of physical records that have met retention requirements.

LOOKING AHEAD

eHealth is responsible for administering several pieces of legislation for the province. Legal and Policy has developed a legislative plan to modernize some legislation.

PRIVACY, ACCESS + PATIENT SAFETY

eHealth's Privacy, Access and Patient Safety Unit is responsible for:

- eHealth's compliance with *The Health Information Protection Act* (HIPA) and *The Freedom of Information and Protection of Privacy Act* (FOIP);

- Privacy breach investigation and follow-up;

- eHealth's Patient Safety Program;

- Liaising with the Saskatchewan Office of the Information and Privacy Commissioner (OIPC);

- Completing Privacy Impact Assessments (PIAs) on eHealth initiatives;

- Operating the electronic Provincial Privacy Audit and Monitoring Program (ePPAM), which enables eHealth to quickly and easily detect and report inappropriate uses of the eHR Viewer and other clinical information systems;

- Establishing Data Sharing Agreements for initiatives involving the sharing of personal health information; and

- Operating eHealth's Privacy Service— a public-facing service that:

  - Answers privacy, access and patient safety related questions and provides advice and assistance to the public;

  - Responds to access to information requests under HIPA and FOIP;

  - Allows individuals to request masking or the removal of masking of their personal health information in PIP and the eHR Viewer;

  - Allows individuals to request that a full block be placed or removed on their personal health information in the eHR Viewer; and

  - Allows individuals to request audit reports that show who has viewed their personal health information in PIP, PACS and the eHR Viewer.

HIGHLIGHTS

- In 2017-18, eHealth expanded the electronic Provincial Privacy Audit and Monitoring Program (ePPAM) for the SHA.

- Completion of eHealth's first Investigation Report with the OIPC regarding disclosure of personal health information to Elections Saskatchewan.

- Worked with the Ministry of Health on a new HIPA regulation allowing eHealth to share information with Elections Saskatchewan for the purpose of maintaining the voter registry.

- Completed PIAs in support of IT consolidation.

- Began answering the eHealth Privacy Service phone line, improving customer service.

Improving Patient Care

The Privacy, Access, and Patient Safety Unit is responsible for protecting individual rights of privacy and access under HIPA and FOIP. The unit is also responsible for the patient safety program, which ensures that the implementation of technology in the health care system does not harm patients.

Ideally, their work is not seen by the patient as that generally means patients are receiving safe health care. It also means patients are confident their information is being protected and only being accessed by those who need it to provide safe health care.

This unit also works with patients who request masking, or the removal of masking, of their personal health information in PIP and the eHR Viewer. They also offer the option for individuals to request that a full block be placed, or removed, on their personal health information in the eHR Viewer. These options give some patients peace of mind or privacy they desire.

BY THE NUMBERS

825
requests were made to the eHealth Privacy Service in 2017-18.

357
patients have their personal health information masked in eHR Viewer.

159
requests were made for access to personal health information in the eHR Viewer.

Less than
5
patients have a full block on their personal health information in the eHR Viewer.

LOOKING AHEAD

The Privacy, Access and Patient Safety Unit looks forward to:

- Updating the eHR Viewer Joint Services/Access Policy (JSAP) and putting it in plain language;

- Completing PIAs to support eHealth initiatives; and

- Adding new datasets and functionality to ePPAM.

SECURITY

As the reliance on eHealth's provincial clinical information systems to support the direct care of patients increases, so too must the trust citizens and providers have in the confidentiality, integrity and availability of the electronic health record.

HIGHLIGHTS

- IT transition and the harmonization of security practices across the province.

- Implementation of common key controls within the provincial infrastructure to reduce risks related to endpoint protection, malicious email and internet traffic controls.

- Expansion of the electronic privacy monitoring application across the province to support the new SHA's delivery of a provincial health system.

Improving Patient Care

Security improvements continue to be made to protect the availability, integrity and confidentiality of health care information that is directly used to deliver care to patients.

BY THE NUMBERS

More than
13,000
user account provisioning tasks were completed, including adds, changes and deletions.

100%
of the internet traffic across the health sector was monitored through eHealth's security controls for malware or malicious behavior.

13,000,000
internet activities were blocked after they were suspected to be malicious.

100%
of email traffic was controlled through the security gateway.

85%
of 22,000 endpoints were protected with common malware prevention tools.

100,000,000
email threats were blocked.

LOOKING AHEAD

Some of the priorities include:

- Consolidating the entire security program across the provincial health care sector.

- Expanding the electronic Provincial Privacy Audit and Monitoring Program (ePPAM) across additional data domains to proactively discover and prevent privacy breaches.

CONTINUOUS IMPROVEMENT

The Continuous Improvement team's key contribution to achieving eHealth's vision and mission is to coach staff and facilitate continuous improvement work to build capacity, spread knowledge and foster problem-solving thinking and behavior throughout the organization.

The Continuous Improvement team also supports eHealth's improvement and leadership journey. Since launching in November 2012, the team's priorities have included:

- Embedding provincial methodology, standards and tools;

- Building capacity through education, training and coaching;

- Supporting employees as they apply new methods and tools through a variety of improvement events;

- Facilitating organization visibility by coaching visual daily management; and

- Supporting leaders in deploying the organization's strategic plan.

HIGHLIGHTS

Continuous Improvement Training Program

In September 2017, eHealth launched the fourth wave of its leadership program to create eleven new certified leaders in the organization. This applied learning program is designed to develop improvement leaders who manage and direct care, services and processes, and learn and understand how to use improvement tools in their areas. The program covers core concepts in the Saskatchewan Health Care Management System that the learner can apply to both daily continuous management and improvement, and their roles as process owners and content experts in improvement events.

Strategic Planning

eHealth's strategic planning process is part of the provincial process to involve staff from all levels in identifying the vital priorities for its work. The intention is to focus on and finish the work in these key areas and then move on to the next set of priorities in future years. This sequencing of work allows breakthrough improvements to be made over a short period, which ensures resources are also prioritized accordingly.

During 2017-18, the following strategic priority was identified for eHealth:

- The consolidation and transition of all IT services as part of the amalgamation of all former health regions in Saskatchewan.

Improved problem-solving through Visual Daily Management

Visual Daily Management is a key part of eHealth's improvement management system. Workshops and coaching have been provided to accelerate the use of Visual Daily Management throughout eHealth.

Teams have embraced the use of Visual Daily Management to:

- Make their team's work visible

- Enhance communication

- Encourage participation

- Solve problems or issues

- Align measures with organizational and provincial targets

- Create a spirit of continuous improvement by encouraging the implementation of ideas.

INFORMATION TECHNOLOGY

The Information Technology portfolio provides technical expertise to support eHealth's service offerings, which include:

- Data Centre Operations
- Network and Unified Communications
- Service Desk
- Workstation and Mobility Services
- Information Technology (IT) Architecture
- Application Development and Support

HIGHLIGHTS

IT Consolidation

The past fiscal year was dominated by the formation of the Saskatchewan Health Authority (SHA) and the mandate to consolidate regional IT services within eHealth. On December 4, 2017, 12 former Regional Health Authorities officially transitioned to the single provincial health authority. The evening before, the email addresses of about 40,000 health care workers were changed from the former regional domains to @saskhealthauthority. ca. At the same time, roughly 20,000 computer desktop screens were changed to reflect the new logo and branding of the SHA.

Data Centres

Since the mandate for IT consolidation was announced, 11 of the 15 health care data centres across the province have been successfully transitioned into one of the two eHealth data centres, that are owned and operated by SaskTel.

These data centres are certified as Tier 3 by the Uptime Institute, which means they have redundant power and cooling, high physical security and a guarantee that the facility will have at least 99.982 per cent availability. Not only does this provide improved protection for patient data in the province, it also releases floor space from the former server rooms and data centres across the province back to the SHA.

- Additionally, in order to ensure the safety of patient data, significant effort was put into strengthening and standardizing the security of emails, web browsing and desktop computers across the 12 former health regions.

BY THE NUMBERS

11 of 15
current and former organizations' data centers were migrated.

More than
1,500
desktop software applications were reviewed to begin the process of standardization and consolidation.

Nearly
20,000
devices were updated and standardized with local security software.

430
network sites across the province were assessed and prioritized for Wide Area Network modernization activities.

Service Desk

eHealth's Service Desk supports more than 88,000 customers in the province, including health care providers from all fields of specialization in Saskatchewan. Those customers use nearly 200 clinical and administration systems and services within the provincial health care system to provide high quality health care to patients across Saskatchewan. The Service Desk's hardworking staff are always available to assist customers whenever they have questions or need help with their health care programs or services.

The Service Desk receives approximately 500 phone calls and 150 emails and faxes every day during the week. Plus, the team supports critical services 24/7 in cooperation with its support staff and teams within eHealth and the SHA.

The Service Desk provides front-line IT support to customers, including:

- Saskatchewan Health Authority
- College of Physicians and Surgeons
- College of Pharmacists
- Saskatchewan Cancer Agency
- Department of Family Medicine at the College of Medicine
- Saskatchewan Registered Nurses Association
- 3sHealth
- Ministry of Health
- Other provincial ministries, private labs, private clinics and pharmacies.

BY THE NUMBERS

88,016
customers have access to the Service Desk—an increase of 8,542 (11 per cent) from the last fiscal year.

181,775
incidents and requests logged—an increase of 14,557 from the last fiscal year.

128,399
incidents resolved by the Service Desk and 42,919 incidents resolved by provincial and partner personnel.

194,106
calls received by the Service Desk.

3.45%
The average abandon rate.

79.46%
The average grade of service (# of calls answered within 20 seconds).

Improving Patient Care

- Improved security to reduce the risk of exposing sensitive health information.
- High speed, redundant network between Regina hospitals and the data centre to ensure availability of patient information.
- 3sHealth's data centre was moved out of downtown Regina and into eHealth's secure data centre, which allowed provincial payroll and scheduling personnel to continue working during a lengthy power outage in downtown Regina. In the past, such power outages resulted in significant disruption of scheduling and payroll activities across the province.

LOOKING AHEAD

As data centre consolidation wraps up, work will begin on transitioning IT services. For example, each one of the 12 former health regions had their own email and web servers. These servers will be gradually migrated and decommissioned, resulting in cost reduction for hardware and licensing.

TICKET BREAKDOWN

TOTAL TICKETS = 186K

REQUESTS
70K

ACCOUNT
MAINTENANCE
59K
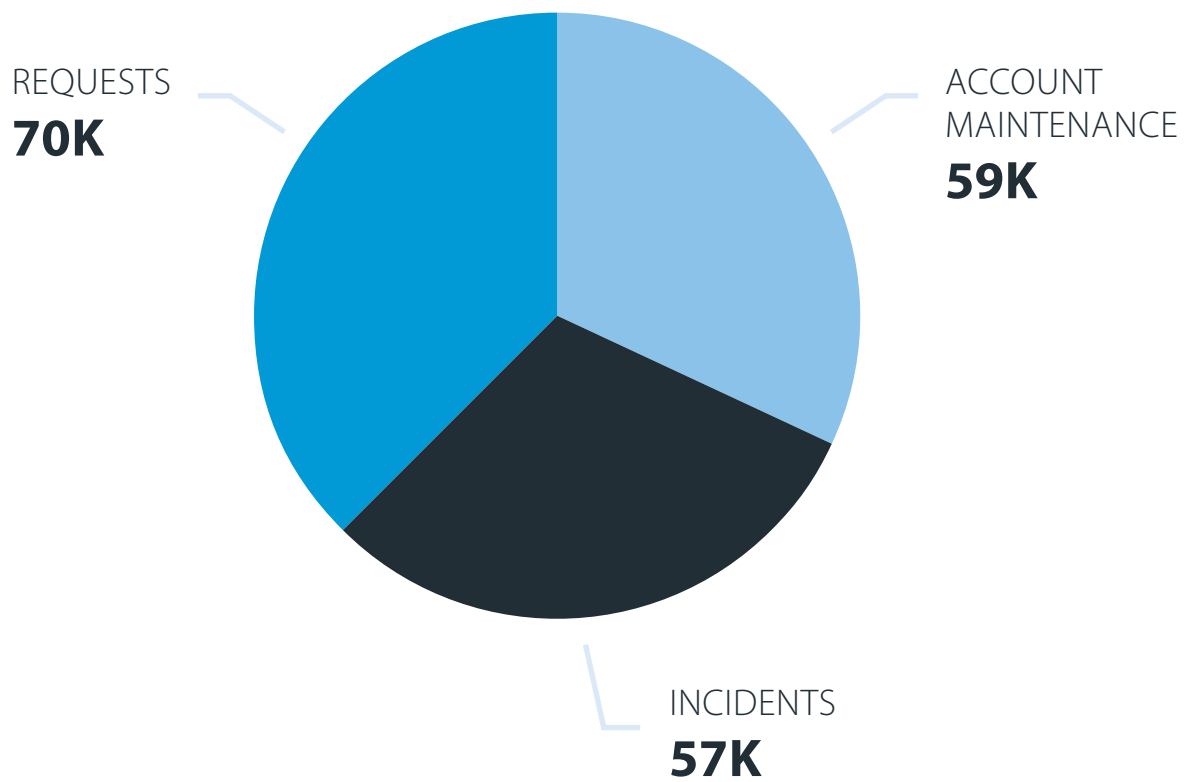
INCIDENTS
57K

TICKET BREAKDOWN

INCIDENTS, REQUESTS + ACCOUNT MAINTENANCE TICKETS BY MONTH
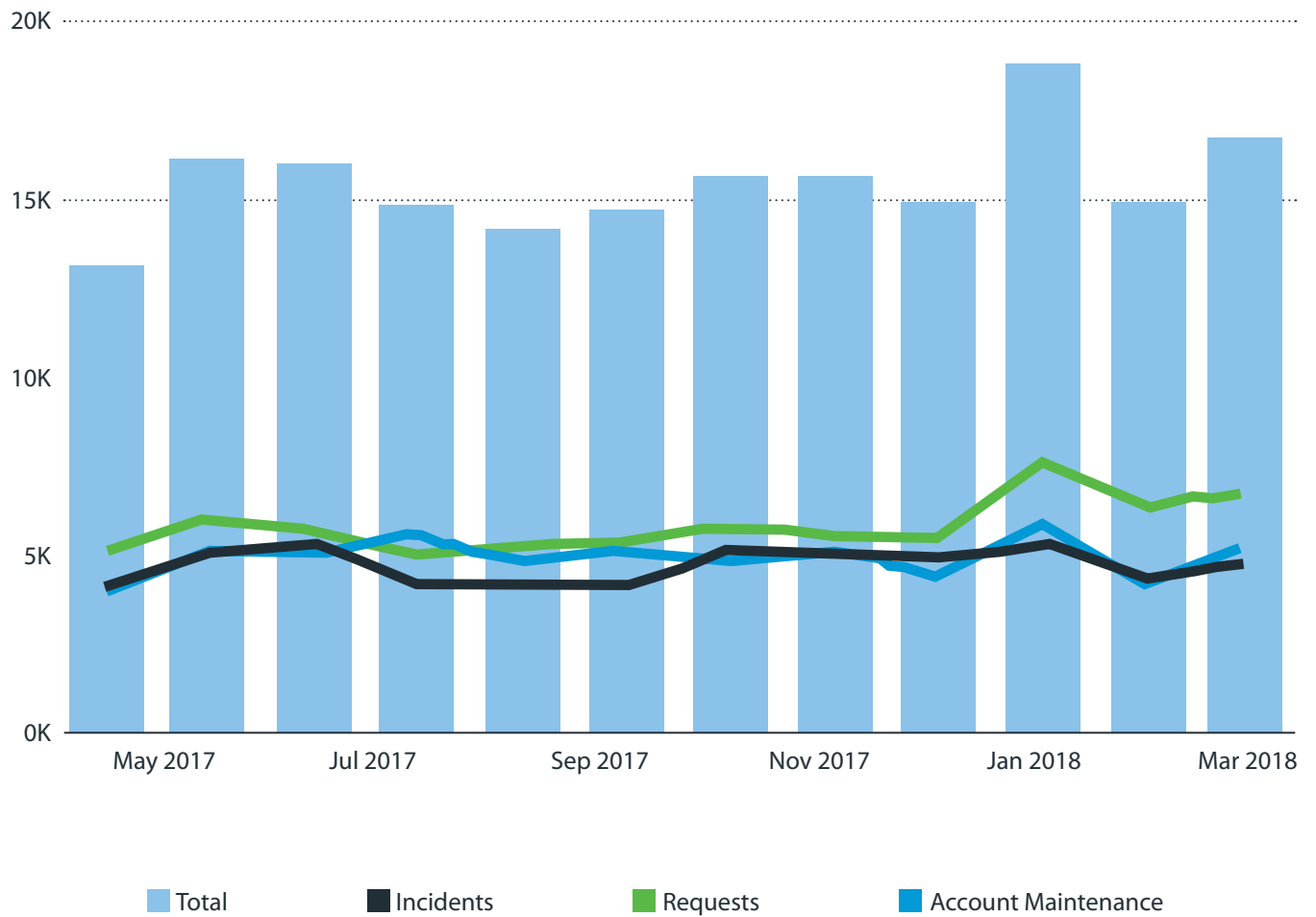
Legend: Total · Incidents · Requests · Account Maintenance

2017-18 FINANCIAL STATEMENTS

MANAGEMENT'S RESPONSIBILITIES

The accompanying financial statements included in the Annual Report for the year ending March 31st, 2018, are the responsibility of management.

Management has prepared these financial statements in accordance with the Canadian Public Sector Accounting Standards, consistently applied using management's best estimates and judgments where appropriate.

The eHealth Saskatchewan Board of Directors is responsible for overseeing the business affairs of the corporation and also has the responsibility for approving financial statements. The Board fulfills these responsibilities by reviewing financial information prepared by management and discussing the relevant matters with management and external auditors.

Management maintains a system of internal controls to ensure the integrity of information that forms the basis of the financial statements. The internal controls provide reasonable assurance that transactions are recorded and executed in compliance with legislation and required authority; that assets are properly safeguarded; and that reliable records are maintained.

The Provincial Auditor of Saskatchewan has audited the financial statements.

Her report to the members of the Legislative Assembly precedes the financial statements.

Max Hendricks
Interim Chief Executive Officer

Nicole Leflar, CPA, CMA
Interim, Vice President
Finance & Administration

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of eHealth Saskatchewan, which comprise the statement of financial position as at March 31, 2018, and the statement of operations, changes in net debt, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of eHealth Saskatchewan as at March 31, 2018, and the results of its operations, changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Regina, Saskatchewan   Judy Ferguson, FCPA, FCA
June 20, 2018   Provincial Auditor

Statement 1

<div align="center">

eHealth Saskatchewan
Statement of Financial Position
as at March 31
($000s)

</div>

	March 31, 2018		March 31, 2017	
Financial Assets				
Due from General Revenue Fund (Note 3)	$	15,044	$	6,275
Receivable from Ministry of Health		666		800
Other Accounts Receivable		8,080		6,632
		23,790		13,707
Liabilities				
Accounts Payable & Accrued Liabilities		7,398		7,384
Accrued Salaries & Benefits		1,131		1,606
Accrued Vacation		647		683
Deferred Revenue (Note 11)		3,914		899
Obligations Under Capital Leases (Note 9)		17,036		22,315
		30,126		32,887
Net Debt (Statement 3)	$	(6,336)	$	(19,180)
Non-financial Assets				
Tangible Capital Assets (Note 6)		24,182		35,051
Prepaid Assets		4,671		4,944
		28,853		39,995
Accumulated Surplus (Statement 2)	$	22,517	$	20,815

Contractual Obligations (Note 8), Contractual Rights (Note 10)
(See accompanying notes to financial statements)

Statement 2

<div align="center">

eHealth Saskatchewan
Statement of Operations
for the Year ended March 31
($000s)

</div>

	Budget 2018		March 31, 2018		March 31, 2017	
	(Note 4)					
Revenue						
Ministry of Health Funding						
GRF Grant	$	64,591	$	64,304	$	64,533
Other Ministry of Health Revenue		13,400		13,518		12,836
Canada Health Infoway Funding		6,663		3,992		563
Recoveries / Other		15,530		15,683		12,695
Total Revenue		100,184		97,497		90,627
Expenses						
Amortization		19,000		13,016		16,550
Business Relations		29,068		25,071		28,332
Finance and Administration		11,462		11,318		10,928
Board and Executive Office		1,310		1,493		795
New Facility Support		8,000		988		-
Information Technology		35,282		34,741		34,630
Risk and Strategy Management		9,684		9,168		7,745
Total Expenses (Schedule 1)		113,806		95,795		98,980
Annual Surplus / (Deficit) (Statement 3)	$	(13,622)	$	1,702	$	(8,353)
Accumulated Surplus, at beginning of year				20,815		29,168
Accumulated Surplus, at end of year (Statement 1)			$	22,517	$	20,815

(See accompanying notes to financial statements)

Statement 3

eHealth Saskatchewan
Statement of Change in Net Debt
for the Year ended March 31
($000s)

	Budget 2018		March 31, 2018		March 31, 2017
	(Note 4)				
Annual Surplus/ (Deficit) (Statement 2)	$	(13,622)	$ 1,702	$	(8,353)
Acquisition of Tangible Capital Assets		(200)	(2,146)		(11,420)
Amortization of Tangible Capital Assets		19,000	13,016		16,550
		18,800	10,870		5,130
Use (acquisition) of Prepaid Assets		(500)	272		871
		(500)	272		871
Decrease in Financial Assets	$	4,678	$ 12,844	$	(2,352)
Net Debt, beginning of year		(10,187)	(19,180)		(16,828)
Net Debt, end of year (Statement 1)	$	(5,509)	$ (6,336)	$	(19,180)

(See accompanying notes to financial statements)

Statement 4

eHealth Saskatchewan
Statement of Cash Flows
for the Year ended March 31
($000s)

		March 31, 2018		March 31, 2017
Cash Flows From Operating Activities				
Cash Receipts	$	99,198	$	91,334
Cash Paid To Suppliers And Others		(83,003)		(80,142)
Increase in Operating Activities For The Year		16,195		11,192
Cash Flows From Capital Activities				
Purchase Of Tangible Capital Assets		(2,146)		(11,420)
Decrease In Capital Activities For The Year		(2,146)		(11,420)
Cash Flows From Financing Activities				
Net Change in Obligations Under Capital Leases		(5,280)		4,603
(Decrease)/Increase In Financing Activities For The Year		(5,280)		4,603
Net Increase In Due From General Revenue Fund	$	8,769	$	4,375
Due From General Revenue Fund, Beginning Of The Year		6,275		1,900
Due From General Revenue Fund, End Of The Year	$	15,044	$	6,275

(See accompanying notes to financial statements)

eHealth Saskatchewan
Notes to the Financial Statements
for the year ended March 31, 2018
($000s)

1.   Description of Business

Saskatchewan Health Information Network (SHIN) was established as a Treasury Board Crown Corporation by Order in Council 581/1997 under the provisions of *The Crown Corporations Act, 1993* (Act) effective August 19, 1997.

SHIN was renamed to eHealth Saskatchewan by Order in Council 734/2010.

eHealth Saskatchewan (eHealth) was created to design, implement, own, operate, and manage a provincial health information network. eHealth's purpose is to foster the development of the health information technology sector, to foster re-engineering of health delivery processes and to protect health information as a strategic resource.

As a Crown entity, eHealth is not subject to income and property taxes from the federal, provincial, and municipal levels of government.

2.   Significant Accounting Policies

Pursuant to standards established by the Public Sector Accounting Board (PSAB) and published by Chartered Professional Accountants (CPA) Canada, eHealth is classified as an other government organization. eHealth uses Canadian public sector accounting standards to prepare its financial statements. A statement of remeasurement gains and losses has not been presented in these financial statements because all financial instruments carrying value approximates their fair value. The following principles are considered to be significant:

a) The Basis of Accounting
The financial statements are prepared on the accrual basis of accounting.

b) Revenue

Government transfers are recognized as revenue in the period the transfer is authorized and any eligibility criteria are met. Other revenue is recognized in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

c) Expenses
Expenses represent the cost of resources consumed for operations during the year. Expenses include provision for the amortization of tangible capital assets.

d)Employee Future Benefits

i) Pension plans - Employees of eHealth Saskatchewan participate in the Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan. eHealth's financial obligation to the plan is limited to making the required payments to this plan according to the PEPP agreement.

ii) Disability income plan - Employees of eHealth participate in several disability income plans to provide wage-loss insurance due to disability. eHealth follows post-employment benefits accounting for its participation in the plans. Accordingly, eHealth expenses all contributions it is required to make in the year.

iii) Accumulated sick leave benefit liability - eHealth provides sick leave benefits for employees that accumulate but do not vest. eHealth recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits.

e) Tangible Capital Assets

Tangible capital assets are recorded at cost and are amortized over their useful life. Leased assets are amortized over the life of the lease. Normal maintenance and repairs are expensed as incurred. During development, these assets are recorded based on their percentage of completion and are disclosed as work in progress system development. Amortization is recorded, commencing with the quarter after the assets are placed into service, on a straight-line basis at the annual rates set out below:

Hardware, Software & System Development costs	20% to 33%
Office Furniture & Leasehold Improvements	10% to 20%

f) Non-financial assets

Tangible capital and other non-financial assets are accounted for as assets because they can be used to provide services in future periods. These assets do not normally provide resources to discharge liabilities unless they are sold.

g) Measurement Uncertainty
The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of financial assets and liabilities and disclosure of contingencies and contractual rights and obligations at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. These estimates are reviewed periodically, and, as adjustments become necessary, such adjustments are reported in earnings in the period in which they become known. Significant items that require estimates include amortization and accrued liabilities.

h) Financial instruments
eHealth's financial instruments include due from the General Revenue Fund, accounts receivable and accounts payable. The carrying amount of these instruments approximates fair value due to their short-term nature. These instruments have minimal interest, market, liquidity or credit risk. All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the Statement of Operations.

i) Leases

Leases that transfer substantially all of the benefits and risks of ownership related to the leased property form the lessor to eHealth are accounted for as a capital lease. Other leases are accounted for as operating leases with contractual obligations disclosed in note 8.

j) New accounting standard not yet in effect

A new Canadian public sector accounting standard effective April 1, 2018, PS3430 Restructuring Transacation is not yet in effect for governments and has not been applied in preparing these financial statements. The eHealth plans to adopt this new standard on the effective date and is currently analyzing the impact this will have on these financial statements.

k) Adoption of Public Sector Accounting Standards

On April 1, 2017, eHealth adopted Public Sector Accounting standards PS 2200 Related Party Disclosures, PS 3210 Assets, PS 3320 Contingent Assets, PS 3380 Contractual Rights and PS 3420 Inter-Entity Transactions.

Adoption of these standards has resulted in disclosure of contractual rights.

3.   **Due from the General Revenue Fund**

Earned interest is calculated and paid by the General Revenue Fund on a quarterly basis into the Corporation's bank account using the Government's thirty-day borrowing rate and eHealth's average daily account balance. The Government's average thirty-day borrowing rate in 2018 was 0.87% (2017 - 0.54%).

4.   **Budget Approval**

eHealth's budget was approved by the Board on June 23, 2017

5.   **Accumulated Surplus**

eHealth's accumulated surplus of $22,517 in 2018 (2017-$20,815) is made up of; tangible capital assets not fully amortized ($24,182); lease obligations $17,036 and; designated assets held for specific purposes ($11,696). eHealth's accumulated surplus is $3,675 after adjusting for the items previously identified.

6.   **Tangible Capital Assets**

									March 31, 2018		March 31, 2017
		Desktop Hardware		Data Centre Hardware	Computer Software	Office Furniture & Leasehold Improvements	System Development Costs	Work In Progress System Development	Total		Total
Opening Cost	$	6	$	35,535 $	6,045 $	3,043 $	153,259 $	- $	197,888	$	199,698
Additions During the Year		-		2,146	-	-	5	(5)	2,146		11,420
Disposals		-		-	-	-	-	-	-		(13,230)
Closing Cost		6		37,681	6,045	3,043	153,264	(5)	200,034		197,888
Opening Accumulated Amortization		6		13,010	5,241	1,064	143,515	-	162,836		159,518
Annual Amortization		-		7,051	804	256	4,905	-	13,016		16,550
Disposals		-		-	-	-	-	-	-		(13,231)
Closing Accumulated Amortization		6		20,061	6,045	1,320	148,420	-	175,852		162,837
Total Tangible Capital Assets	$	- $		17,620 $	- $	1,723 $	4,844 $	(5) $	24,182	$	35,051

7.   Related Parties

These financial statements include transactions with related parties. eHealth is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan, as well as its key management personnel and their close family members. Additionally, eHealth is related to organizations where they have key management personnel and/or their close family members in common. Transactions with these related parties are in the normal course of operations and are settled on normal trade terms. Related party transactions to March 31, 2018, include the following:

	2018	2017
Revenue		
Athabasca Health Authority	90	27
Health Shared Services Saskatchewan (3S Health)	139	140
Saskatchewan Health Authority	10,978	9,434
Saskatchewan Association of Health Organizations	5	3
Saskatchewan Cancer Agency	704	294
Saskatchewan Ministry of Finance	82	32
Saskatchewan Ministry of Health	77,823	77,369
Saskatchewan Workers' Compensation Board	10	230
SaskTel	8	-
	$89,839	**$87,529**
Accounts Receivable		
Athabasca Health Authority	69	17
Health Shared Services Saskatchewan (3S Health)	107	117
Other	2	-
Saskatchewan Health Authority	1,562	4,012
Saskatchewan Association of Health Organizations	1	-
Saskatchewan Cancer Agency	208	76
Saskatchewan Ministry of Finance	20	10
Saskatchewan Ministry of Health	666	800
	$2,635	**$5,032**
Expenses		
Health Shared Services Saskatchewan (3S Health)	131	338
Other[1]	11	42
Public Employees - Dental Plan	350	360
Public Employees - Disability Income Plan	117	110
Public Employees - Extended Health Care Plan	606	624
Public Employees - Group Life Insurance Plan	164	170
Public Employees Pension Plan	3,962	3,855
Saskatchewan Health Authority	1,626	3,723
Saskatchewan Ministry of Central Services	211	178
Saskatchewan Ministry of Health	242	184
Saskatchewan Ministry of Justice	183	212
Saskatchewan Workers' Compensation Board	347	316
SaskEnergy	31	35
SaskPower	208	215
SaskTel	9,459	7,793
	$17,648	**$18,155**
Accounts Payable		
Health Shared Services Saskatchewan (3S Health)	20	21
Other[1]	2	2
Public Employees - Dental Plan	40	-
Public Employees - Disability Income Plan	11	-
Public Employees - Extended Health Care	45	-
Public Employees - Group Life Insurance Plan	14	-
Public Employees Pension Plan	147	-
Saskatchewan Health Authority	312	248
Saskatchewan Ministry of Central Services	70	59
Saskatchewan Ministry of Finance	20	-
Saskatchewan Ministry of Health	93	184
Saskatchewan Ministry of Justice	-	1
Saskatchewan Workers' Compensation Board	-	141
SaskEnergy	-	5
SaskPower	-	28
SaskTel	601	921
	$ 1,375	**$ 1,610**

Other transactions with related parties and amounts due to/from them are described separately in the financial statements and the notes

Routine operating transactions with related parties are recorded at the rates charged by those organizations and are settled on normal trade terms. In addition, eHealth pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases.

[1] Other Expenses include Health Quality Council; Queen's Printer Revolving Fund; Saskatchewan Government Insurance; Saskatchewan Archives Board; Saskatchewan Polytechnic; University of Regina; and University of Saskatchewan

8. Contractual Obligations

i) Operating Leases

eHealth has entered into a lease agreement with Cornwall Centre Inc. for office space expiring January 31, 2024 and Sasktel for a data centre leases expiring January 1, 2024 and July 31, 2024. The operating lease payments for the next 7 years are as follows:

2019	$	2,516
2020		2,595
2021		2,611
2022		2,628
2023		2,644
2024		2,286
2025		222
Total Lease Payments	$	**15,502**

ii) Maintenance agreements for software

eHealth has several agreements with software vendors to provide maintenance for software that has been purchased by eHealth. A total of $25,971 was spent in 2018 (2017 - $24,716). This arrangement will likely continue into the future.

iii) Other Contractual Obligations

As of March 31, 2018, eHealth is committed to technical support for internal and regional IT systems totalling $91,491 (2017 - $109,013). The following table outlines the funds dedicated for capital and operational expenditures over the remaining years as follows;

2019	$	30,775
2020		24,751
2021		20,462
2022		10,292
2023		4,633
Thereafter		578
Total Commitment	$	**91,491**

9. Capital Leases

eHealth currently has 52 capital leases for computer hardware. Capital lease obligations are recorded at the present value of the minimum lease payments excluding executory costs. The minimum annual lease payment for the capital leases over the remaining years is as follows.

2019	$	9,404
2020		7,777
2021		3,179
2022		486
2023		131
Total		20,977
Less Interest		541
Net		**20,436**
Less Maintenance		3,400
Total Obligation	$	**17,036**

10. Contractual Rights

eHealth currently has 2 contractual rights with Canada Health Infoway for the enhancments to two provincial systems. The contractuals rights over the remaining year is as follows;

Contractual Right with:	Description of Right:	2018-19
Canada Health Infoway	Enhancements to provincial Panorama system	$2,166
Canada Health Infoway	Enhancements to Electronic Medical Records	1,227
Total Contractual Rights		**$3,393**

11. Deferred Revenue

As of March 31, 2018, eHealth's deferred revenue balance is $3,914 (2017 - $899). Deferred revenue is only used once all project planning and due diligence (including stakeholder readiness) is completed and other revenue opportunities are maximized. Deferred revenue consists of unspent amounts provided by the Project Management Board of the Provider Registry System from Alberta, Saskatchewan, Newfoundland and Quebec, from Saskatchewan Centre for Patient Orientated Research (SCPOR), Saskatchewan Health Authority and Canada Health Infoway.

Deferred Revenue	April 1, 2017		2017-18 Expenditures		Amounts Received		March 31, 2018
Provider Registry Host Agency	$	213	$	258	$	205	$ 160
SCPOR		686		128		1,056	1,614
Saskatchewan Health Authority		-		14		680	666
Canada Health Infoway		-		956		2,430	1,474
Total Deferred Revenue	$	**899**	$	**1,356**	$	**4,371**	$ **3,914**

12. **Employee Future Benefits**

i) Pension plans

Employees of eHealth participate in the Public Employees Pension Plan (PEPP) (a related party). PEPP is a defined contribution pension plan and is the responsibility of the Government of Saskatchewan. The eHealth's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. eHealth's contribution to this plan is 7.6%. Pension expense for the year is included in salary and benefits in Schedule 1.

ii) Disability Income plans

Employees of eHealth participate in the following disability income plans:

PEBA – Disability income plan for out-of-scope staff are administered by the Public Employees Benefits Agency. eHealth's financial obligation to this plan is limited to making the required payments to the plan according to the applicable agreement. Disability expense for the PEBA plan is included in salary and benefits in Schedule 1

SGEU – Disability income plan for in-scope staff, administered by the Saskatchewan Government and General Employees' Union. eHealth has no financial obligation for this plan.

iii) Accumulated sick leave benefit liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is determined using management's best estimate of sick leave usage of active employees. Sick leave liability is included in Salary and benefits in Schedule 1

13. **Designated Assets**

eHealth's designated assets represent Ministry of Health funding committed to developing information technology systems that support frontline delivery and improve access, quality and efficiency of care. eHealth's designated asset balance as at March 31, 2018 is $11,696 (2017 - $4,725). In 2017-18, the designated assets consist of a combination of cash and accounts receivable. eHealth's Board of Directors has approved the following designated assets in 2017-18:

Designated Assets	April 1, 2017	2017-18 Expenditures	Amounts Received	March 31, 2018
Drug Plan System Enhancements	$ 154	$ 1	$	153
Community System Enhancements	411	167		244
Physician Payment System Enhancements	40	40		-
Saskatchewan Surgical Initiatives	286	286		-
Chronic Disease Management	1,306	397		909
Strategy & Innovation	1,503	1,197	8,000	8,306
Population Health	25	9		16
eHealth Saskatchewan	1,000	1,000	2,000	2,000
Saskatchewan Health Authority		12	80	68
Total Designated Assets	**$ 4,725**	**$ 3,109**	**$ 10,080**	**$ 11,696**

14. **Collective Bargaining Agreements**

The Saskatchewan Government and General Employee's Union (SGEU) expired on September 30, 2016. Negotiations are under way and the impact on these financial statements is not determinable.

15. **Subsequent Events**

An increase to eHealth Saskatchewan's base funding and a resulting decrease in Ministry base funding to the Saskatchewan Health Authority (SHA) will be effective April 1, 2018. An agreement is in progress for the provision of information technology services to be provided to the SHA by eHealth.

Subsequent to year end, eHealth intends to sign a seven year agreement with SaskTel for Virtual Private Local Area Networks (VPLS), to replace current Community Net Sites totalling $42,811.

Schedule 1

<div align="center">

eHealth Saskatchewan
Schedule of Expenses by Object
for the Year ended March 31
($000s)

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		2018		2017
Amortization	$	13,015	$	16,550
Board		37		37
Cabling		-		26
Communications		593		674
Community Net		6,591		6,183
Electrical		-		2
Facilities		428		646
Hardware		1,187		626
Hardware Maintenance		1,180		1,005
Insurance		62		52
Leases		1,226		1,127
Legal		218		276
Membership		47		148
Miscellaneous		427		448
Office Supplies		1,199		589
Parking		332		332
Professional Fees		7,342		10,137
Rent		2,766		2,928
Salary & Benefits		31,357		30,901
Software License		1,355		1,093
Software Maintenance		25,971		24,716
Telephone		250		223
Travel		212		261
	$	95,795	$	98,980