



ANNUAL REPORT

2018-19

eHealth
Saskatchewan 

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LETTER OF TRANSMITTAL



Jim Hornell
CHIEF EXECUTIVE OFFICER

Regina, Saskatchewan

The Honourable Jim Reiter
Minister of Health—as of March 31, 2019

Honourable Jim Reiter:

I have the honour of submitting eHealth Saskatchewan's Annual Report for the fiscal year ending March 31, 2019.

On behalf of the Board of Directors and eHealth's Executive team, I am pleased to present our annual report, which highlights our progress and achievements in the 2018-19 fiscal year as we continue our ongoing efforts to empower patients and enable care.

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

A handwritten signature in black ink that reads "Hornell". The signature is stylized and cursive.

Jim Hornell
Chief Executive Officer
eHealth Saskatchewan

MESSAGE FROM THE CEO

As the new CEO of eHealth Saskatchewan, I am pleased to report that our organization experienced some exciting new beginnings and took some impressive steps forward in the 2018-19 fiscal year.

When I accepted this new role in the fall of 2018, one of my first priorities was to build a strong leadership team to help create stability, confidence and positive momentum within eHealth and among our health system partners. Our leadership team includes some new faces as well as some familiar ones, who each bring passion, energy, experience and expertise to the table. Our new team is committed to better engaging and supporting all of our valuable employees and celebrating the good work they do every day throughout our organization.

Our team has also made it a priority to improve our relationships with our health system partners by being more proactive, engaging and transparent as we strive towards our north star: Nothing about them, without them. By involving our key partners in our work every step of the way, eHealth will become the successful, respected and trusted organization that our partners, health care providers and patients need us to be.

We are also taking steps to move our organization forward with guidance and assistance from our Board of Directors. We will be working closely with them in the months ahead to build a strong strategic

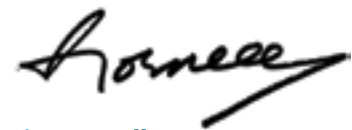
business plan that aligns with the expectations of the accountability letter that eHealth received from the Ministry of Health at the end of this fiscal year. The letter outlines expectations for eHealth, such as consolidating IT services, ensuring the delivery of programs and services, advancing continuous improvement efforts and identifying opportunities for optimal program and service configuration across the health sector.

Much of this work is already underway. Our employees continue to support the ongoing consolidation of IT services within the Saskatchewan health system, while others are leading exciting projects and initiatives that are advancing the province's health care system. For instance, eHealth is working on:

- Rolling out a program—similar to the Citizen Health Information Portal (CHIP)—more broadly to Saskatchewan people;
- Completing the Electronic Medical Record (EMR) interoperability project, which gives physicians quicker and easier access to important patient information from anywhere in the province;
- Updating key policies and processes to align with best practice; and
- Maintaining all of our important programs and services that support citizens, health care providers and patients.

In the midst of the exciting projects unfolding at eHealth, the organization has faced some challenges and distractions. But, we are not going to allow them to define us, especially when we have so much important work to do to improve health care for both patients and providers. We are focused on making changes and improvements throughout the organization so that eHealth can move forward in a positive direction and reach its full potential. To ensure that we are always on the right track, we will remain committed to working openly and collaboratively with our vital health system partners. The time for eHealth to step up and be a full player in the health care system is now. We will be the successful, viable organization that the people of Saskatchewan can rely on, have confidence in and be proud of.

On behalf of our leadership team, thank you to our employees, partners and stakeholders who dedicate themselves every single day to improving health care for patients and families and who give me tremendous hope for a future of innovation, accessibility and world-class health care.



Jim Hornell
Chief Executive Officer
eHealth Saskatchewan

MESSAGE FROM THE BOARD CHAIR



Tyler Bragg
CHAIR, BOARD OF DIRECTORS

Our Board of Directors was pleased to be a part of many new beginnings, developments and successes for eHealth Saskatchewan.

Many of our board members were newly appointed at the beginning of 2018, just a few months before the start of the 2018-19 fiscal year. Our new Board brings strength in performance and financial management, board governance, marketing and knowledge of the health sector.

Shortly after our board was appointed, we met with eHealth's leaders to learn more about the organization—its history, mission, challenges and priorities. They presented the ongoing work to transition IT services within the province's health system and the wide range of eHealth programs and services that are improving patient care across Saskatchewan. We learned a lot about eHealth and quickly became a solid group ready to provide strategic leadership and stability to an organization that had experienced its share of change and transition in the past few years.

Following the orientation, our board committed to recruiting a

strong, new leader for eHealth, who was still without a permanent CEO at that time. After a thorough recruitment process, we were pleased to announce Jim Hornell as the new CEO. Jim is no stranger to Saskatchewan's health care system. He has a history of demonstrated success in the province as the CEO of the former Cypress Health Region. Under his leadership, the new Regional Hospital was built in Swift Current and the initial planning began for the Meadows long-term care facility. Our Board is confident that with Jim's leadership, eHealth will become the trusted organization that employees are proud to work for, partners enjoy collaborating with and providers and patients can rely on.

To ensure that eHealth is moving forward in the right direction, our Board was pleased to approve eHealth's new strategic and operational priorities, which include:

- Strive to provide exceptional, cost efficient products and services;
- Provide a single provincial service supporting the delivery of IT health services throughout the province that addresses the needs of stakeholders; and

-
- Develop and implement growth opportunities for eHealth.

Improving patient care remains at the heart of those discussions. eHealth's plans and projects will continue to change throughout the years, but one thing will remain steadfast—the organization's commitment to patients and health care providers.

The Board is pleased with our growth and accomplishments in 2018-19. In addition to hiring Jim Hornell and leading strategic and operational planning, our Board members also worked together to:

- Develop an extensive training program in an effort to learn more about the health sector, eHealth and further our individual skills and abilities;
- Review the Board Governance structure to ensure sound policies and processes are in place to support the functioning of the Board; and
- Oversee eHealth's strategic planning and mature their enterprise risk management functions.

Our Board members were also pleased to participate in a tour of Saskatoon City Hospital. It was eye opening to see how the innovative systems and technology that eHealth supports are enabling health care providers to better care for their patients. Our board is proud to be a part of an organization that is doing so much to provide safe, secure and reliable electronic information and services that will improve our health system for everyone.

As we enter a new fiscal year, we are confident that eHealth is learning from its past challenges and is ready to start a new chapter. Jim and his new leadership team are taking important steps to strengthen the organization as a whole, improve trust and transparency with employees and partners and enable eHealth to reach its full potential. eHealth's leaders are not in this journey alone. They are supported by talented, hardworking and passionate employees, who come to work every day with a genuine drive and desire to advance and improve health care in Saskatchewan.

eHealth's best work is done when we engage and collaborate with our

dedicated health system partners. I would like to take this opportunity to thank all of our invaluable partners and stakeholders for their guidance and support as we work to empower patients and enable care. Our board looks forward to being a part of the great achievements that eHealth, together with its partners, can and will accomplish for patients and families across Saskatchewan.



Tyler Bragg
Chair, Board of Directors
eHealth Saskatchewan

BOARD MEMBERS



Minister of Health Jim Reiter appointed a new Board of Directors for eHealth in January 2018. Since the formation of the new Board, they have completed an orientation, hired a new CEO for eHealth and held a strategic planning session in April 2018. The Board also:

- Developed an extensive training program to further gain an understanding of the health sector, eHealth and further their individual skills and abilities;
 - Completed a review of the Board Governance structure to ensure sound policies and processes are in place to support the functioning of the Board; and
 - Continue to oversee the organizations strategic planning and enterprise risk management functions and are assisting in maturing these processes.
- 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 to 2015. During his time as Chair, Tyler held many provincial positions including, 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. In the past, he served as President of the Saskatchewan Medical Association (SMA) and sat on the board and several committees of the SMA. 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. He is a certified accountant in the Moose Jaw area. Bill has completed 27 marathons, including Boston and New York. He 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 to 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. He joined eHealth's Board in January 2018.



Catherine Gryba

Catherine Gryba currently sits on the Saskatchewan Mutual Insurance Board. She is the former 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 advises on strategy, communications and municipal government relations services. Catherine is also the former General Manager of Corporate Performance for the City of Saskatoon. She joined eHealth's Board in January 2018.

AUTHORITY & MANDATE

eHealth is a Treasury Board Crown Corporation. Our Orders in Council outline our objectives, purpose, and powers. We are subject to orders or directives by Treasury Board.

Key roles of eHealth, which are driven from our mandate:

- Consolidate all Information Technology (IT) Services that were provided by former Saskatchewan health regions, Saskatchewan Cancer Agency (SCA) and 3sHealth into a single service provided by eHealth.
- Lead Saskatchewan Electronic Health Record (EHR) planning and strategy for the Province of Saskatchewan.
- Administer and operate the *Vital Statistics Act (2009)* and the *Change of Name Act (1985)*.
- Administer and operate the Health Registration Registry.
- Procure, implement, own, operate or manage other health information systems.
- Enter into agreements or arrangements to market IT or expertise to other governments, international agencies or commercial or non-profit organizations.

The eHealth Board of Directors (the “Board”) is appointed by Order in Council in accordance with *The Crown Corporations Act (1993)*. The Board fulfills its governance role by overseeing and providing direction to the President and Chief Executive Officer (the “CEO”) and all individuals who report directly to the CEO with regards to the conduct of the business affairs and effective management of eHealth.

The Board is accountable to and reports to the Minister of Health. The Board shall act in the best interests of eHealth and is responsible for its stewardship on behalf of the public, including promoting the vision, mission, values, objects, purposes and ensuring good governance.

BOARD OF DIRECTORS

Role of the Board

The Board, as a whole and through its Committees, has authority over all areas of corporate responsibility, including:

- Strategic planning, direction and evaluation of performance;
- Financial and fiduciary stewardship;
- Stakeholder engagement and relationship building;
- Integrity and ethical oversight of the organization;
- CEO relationship and management;
- Effective governance of the organization; and
- Human Resources strategy.

The Board's principal duties and responsibilities are set out in its Terms of Reference for the Board and its Committees.

Board Composition

eHealth's Board composition changed in early 2018. Its members hold a variety of skills, attributes and experience.

eHealth's 2018-19 Board of Directors consisted of:

- Tyler Bragg, Swift Current (Chair – appointed to the Board on January 24, 2018)
- Twyla Meredith, Regina (Vice-Chair – appointed to the Board on January 24, 2018)
- Bill Elliott, Moose Jaw (appointed to the Board on January 24, 2018)
- Richard Anderson, Kerrobert

(appointed to the Board on January 24, 2018)

- Brent Banda, Saskatoon (appointed to the Board on January 24, 2018)
- Catherine Gryba, Saskatoon (appointed to the Board on January 24, 2018)
- Dr. Milo Fink, Regina (re-appointed to the Board on January 24, 2018)

Board members are appointed by the Lieutenant Governor in Council. The Board Chair and Vice-Chair are also designated by the Lieutenant Governor in Council. Board appointments are to be served for a term not to exceed three years from the date of the Order in Council.

Board Committees

To assist the Board in meeting its responsibilities, the Board has created and delegated certain responsibilities to two standing committees of the Board. Each committee has its own Terms of Reference outlining its authority in respect to each of its areas of functional responsibilities. The Committees of the Board were:

- Finance, Audit and Risk Management
- Governance, Policy and Human Resources

Finance, Audit and Risk Management Committee

The Finance, Audit and Risk Management Committee assists the Board in fulfilling its obligations and oversight responsibility for:

- Ensuring the integrity and accuracy of financial reporting;
- Ensuring appropriate systems are in place to identify and manage risk;
- Ensuring effective audit functions; and
- Overseeing the organization's budget, financial operations and results.

The Finance, Audit and Risk Management Committee held four meetings in 2018-19.

Members of the Committee were: Bill Elliott (Committee Chair), Twyla Meredith, Dr. Milo Fink and Tyler Bragg (ex-officio).

The Governance, Policy and Human Resources Committee

The Governance, Policy and Human Resources Committee assists the Board in fulfilling its obligations and oversight responsibility for:

- Overseeing corporate governance practices, principles, guidelines and related policies;
- Recommending Board and Committee structure, composition and mandate;
- Evaluating the performance of the Board, Committees, Board and Committee Chairs and individual directors;
- Overseeing matters relating to integrity and ethics of the Board and eHealth;
- Recruitment, appointment, goal setting, performance evaluation and succession planning for the Chief Executive Officer (CEO); and
- Overseeing human resource strategy and practices.

The Governance, Policy and Human Resources Committee held four meetings in 2018-19. Members of the Committee were: Catherine Gryba (Committee Chair), Brent Banda, Richard Anderson, and Tyler Bragg (ex-officio).

Board Attendance

The eHealth Board of Directors held 11 meetings in 2018-19. The following are the attendance statistics for 2018-19 Board meetings:

Tyler Bragg (Chair)	Attended 11 of 11
Twyla Meredith (Vice Chair)	Attended 11 of 11
Bill Elliott	Attended 10 of 11
Richard Anderson	Attended 9 of 11
Brent Banda	Attended 11 of 11
Catherine Gryba	Attended 9 of 11
Dr. Milo Fink	Attended 8 of 11





INTRODUCTION

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 help keep everyone healthy. Frontline professionals, as well as their patients, benefit from the support of corporations like eHealth Saskatchewan.

eHealth plays a key role in making important electronic information readily available to health care teams across the province. When providers are able to 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 2018-19 annual report supports the Government's commitment to striking The Right Balance by spending wisely, supporting economic growth and ensuring important health care services are available and sustainable. eHealth is committed to working with government officials, the

Saskatchewan Health Authority (SHA), health care partners, stakeholders, health care providers and patients year-round to help make Saskatchewan the best place in the country to receive high quality health care.

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.
”

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.

CORPORATE VISION, MISSION + VALUES



VISION

Empowering Patients.
Enabling Care.

MISSION

eHealth connects people to
information through innovative
solutions.



VALUES

Respect, Engagement, Excellence,
Transparency, Accountability.





IN FOCUS

IN FOCUS: IT TRANSITION



Highly specialized employees from across Saskatchewan's health sector are joining forces to form the largest and most advanced health IT organization in the province.

IT employees will be strategically stationed across Saskatchewan so they can effectively manage and quickly respond to local issues and challenges. These employees will also have many opportunities to work together, share best practices and implement leading-edge technology in the health care system. They will also play an important role in ensuring that health care providers have access to the latest and most

valuable programs so their patients receive the best possible care.

Being a part of one of the largest IT health organizations in Saskatchewan means all IT employees will be working with the most innovative and diverse range of advanced technology and programs, complex network systems, applications, unified communications, tier 3 data centres and so much more.

As part of Saskatchewan's ongoing transition to one provincial health authority, eHealth Saskatchewan continues to facilitate the transition of all Information Technology (IT) services in the province's health

system 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.

Maintaining privacy and security has always been one of eHealth's top priorities and it will remain so as services continue to be consolidated.

eHealth and the Saskatchewan Health Authority remain committed to making IT changes as smooth and seamless as possible for all employees.

IT Transition Benefits

IT Transition paves the way for a more effective and robust provincial health system. Some of the benefits of transitioning IT services with the SHA, include:

More Effective Service Delivery

- Provincial approach to planning and delivering services and the ability to put resources where they are needed.
- 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 improved, with the needs of patients taking 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.

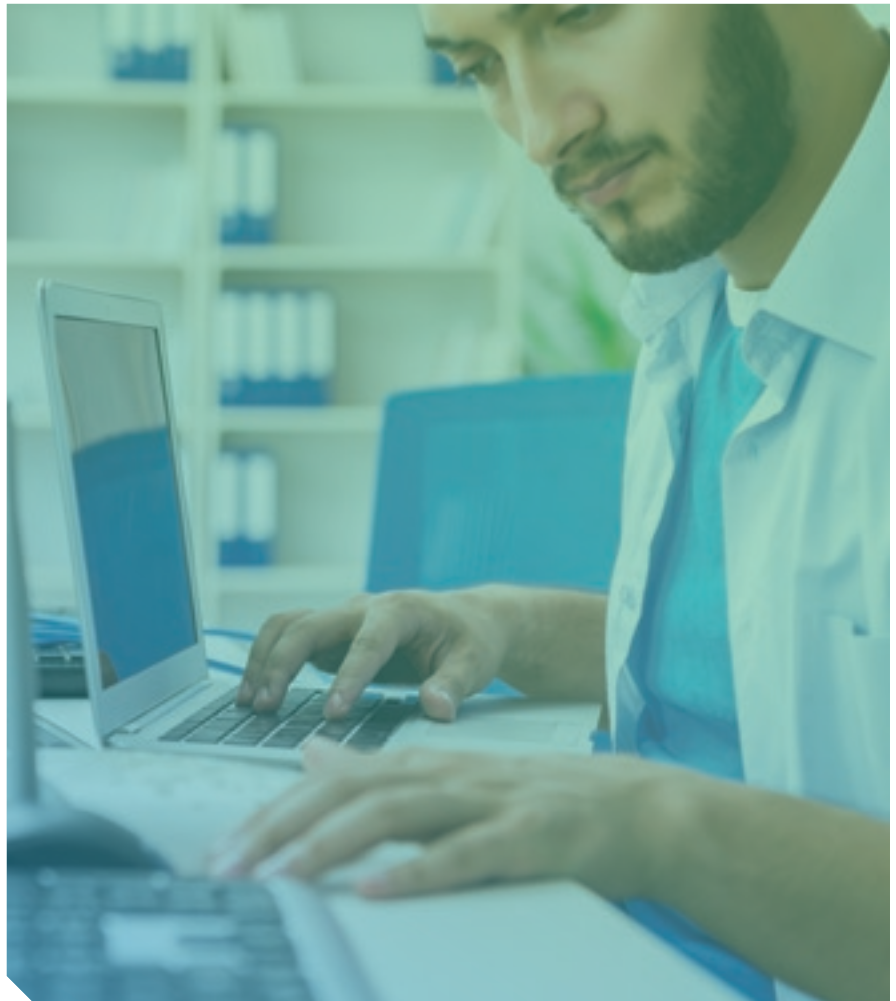
Following the launch of the SHA, several technologies and features are being introduced to help employees and physicians save time and improve patient care.

Some future changes, include:

- Province-wide transition of the clinical and administrative desktop environment, while retaining service area/local support and improving efficiency;
- Local support where needed to ensure health care providers are supported in a timely manner that meets the needs of the communities they serve;
- Consolidated approach to technology, including telephone

systems, SharePoint services and other network systems, which could result in significant licensing savings and reduction of waste and duplication;

- Joint procurement of IT hardware and software, which will result in significant cost savings;
- Consolidated health system data to reduce duplication across the system, ensure data security and redundancy and reduce costs; and
- Provincial approach to data analytics, ensuring the right data is collected, analyzed and available to help improve health system management and results.





ONE NETWORK RING TO RULE THEM ALL

Health care providers working in the major hospitals in Regina and Saskatoon will now have faster, more reliable and uninterrupted access to patient information due to major upgrades to the health system's largest networks.



These upgrades were possible thanks to the work of eHealth Saskatchewan (eHealth), the Saskatchewan Health Authority (SHA) and SaskTel. Together, these organizations greatly improved several hospitals' connection to both the north and south data centres—the main centres that safely and securely store important patient information.

Connecting hospitals in Regina and Saskatoon to both data centres created a ring effect, which adds built-in, automated back-ups in case of a disruption in service, damage to a network line or if repairs need to be made. Thanks to this new network ring, Regina's Pasqua Hospital, General Hospital, Wascana Rehabilitation Centre, Saskatoon's Royal University Hospital, St. Paul's Hospital and City Hospital now have a highly reliable network dedicated specifically to health care. This specialized network also means faster and more reliable internet connections and better access to health-related IT services, such as registration, radiology and pharmacies, etc.

The network ring is designed so that if there is a disruption to service at any point, the information

will continue to flow through an alternate connection path. The overall intention is to reduce the potential of a network failure, which will help to ensure that major hospitals have ongoing and uninterrupted access to crucial health technology services.

This project began in March 2017, after the release of the "Saskatchewan Advisory Panel on Health System Structure Report."

One of the major recommendations from the report was to consolidate the delivery of Information Technology (IT) services into the two provincial health care data centers.

This network ring connectivity project required 15 months of hard work and contributions from network, server and application IT specialists from across the province. The teams are still working to connect the two cancer treatment facilities inside the Pasqua Hospital and Royal University Hospital to the improved network, but the foundations are completed. The Saskatchewan Health Authority is now well-positioned to continue its important work to transform health care delivery throughout the province.



A young woman with dark hair tied back, wearing blue scrubs, is looking down at a tablet computer she is holding. The background is a blurred clinical or hospital setting. The entire image has a light blue overlay.

**PROGRAMS
PROGRESS
IN 2018-19**

eHEALTH SASKATCHEWAN PROGRAMS



eHealth Saskatchewan's Programs are comprised of many different clinical and non-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 includes laboratories, pharmaceuticals and diagnostics. Additional systems that also support patient care and information, include the Provincial Electronic Health Record, Telehealth and the Citizen Health Information Portal.



The Programs team engages directly with all health system partners in managing their technology requirements and ensuring their specific services are delivered efficiently and effectively. The team also collaborates with stakeholders across the province to ensure that health care providers and their staff have access to the latest solutions for improving patient care.

INTEGRATED ELECTRONIC HEALTH RECORD PROGRAMS

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 frontline health care providers quick and easy 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 to advance the effective delivery of health care for individuals and communities. It allows health care providers to share pertinent patient information across their various medical records systems.

Electronic Health Record (EHR)

One of eHealth's mandates is to lead, deliver and manage the Provincial Electronic Health Record (EHR), which is made up of patient records. The Electronic Health Record Viewer (eHR Viewer) brings together patient health care information from multiple point of care systems in hospitals,

community-based clinics and the Saskatchewan Health Authority, into a single view for health care providers.

The eHR Viewer contains clinical information, such as:

- Laboratory results (more than 95 per cent of lab results in the province)
- Medical imaging reports
- Community dispensed medications (100 per cent of community pharmacies)
- Hospital visits, including a patient's admissions, discharges and transfers from acute care settings
- Immunization history
- Clinical documents, including discharge summaries, progress notes and operative reports
- Chronic Disease Management Quality Improvement Program (CDM-QIP)

Current eHR Viewer pilot projects, include:

- Community visit summaries
- Result notification and management

EHR Interoperability

Currently, health care providers have access to a number of clinical systems that support patient care. As providers become more familiar with these systems, the need for greater interoperability—to support the continuity and timeliness of patient information flow—continues to increase.

Therefore, eHealth continues to build the interoperability roadmap for both the Electronic Medical Record (EMR) and EHR. The EMR is the point of care system for community-based clinics and contains 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 eHR Viewer is a secure program that health care providers use to access their patients' clinical information, regardless of where they received care in Saskatchewan. Access to this information directly benefits patients because it leads to faster diagnosis and treatment, less duplication of tests, reduced medication errors and, potentially, less costly travel and time away from work.

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



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



The EMR contains patient information that is locally entered by health care providers within a specific health care facility or clinical practice. That patient information includes appointments, referrals, consultations, results, prescriptions, health concerns and assessments.

HIGHLIGHTS

Electronic Health Record (EHR)

eHealth has been working to promote the benefits of the eHR Viewer to health care providers in primary health care facilities, hospitals and pharmacies across the province, as it has been integral in transforming and advancing Saskatchewan's health care system for the past several years.

- The core components of the EHR, as defined by Canada Health Infoway, were completed in 2015.
- Clinical notes from Saskatchewan Cancer Agency were added to the EHR in 2017.
- Many transcribed physician documents from the provincial transcription system were added to the EHR in 2018-19.
- Clinical documentation from Acute EMR's in Moose Jaw was expanded in the EHR.

Interoperability

As part of eHealth's roadmap to improve the flow of data to and from EMRs and other clinical systems, the EMR Interoperability pilot initiative was launched in early 2019.

EMR Interoperability focuses

on enabling the flow of clinical information from point of care systems to the provincial EHR, and notifying providers when key clinical information is available for a patient within their circle of care. By doing so, the goal is to improve providers' access to appropriate clinical information in a timely manner to support informed decision-making.

EMR Interoperability offers two key features:

1. Providers will be able to sign up to receive notifications on their patients when key clinical documents and updates are available in the provincial EHR (either the EMR or eHR Viewer). Notifications include timely updates on hospital admissions and discharges, as well as patient deaths. Notifications will also enable providers to store certain reports and results in their EMRs, such as diagnostic imaging reports, discharge summaries and other clinical documents from hospitals, as appropriate.

The goal of the notifications is to improve timely information flow and support patient care.

2. EMR users will also be able to add to the provincial patient record by entering key patient EMR information, such as a patient's surgical history, conditions, allergies, intolerances, etc. to the provincial repositories. The EMR information can then be viewed in the provincial eHR Viewer by other health care teams, as needed.

The goal of adding EMR visit information to the provincial eHR is to support continuity of care and improved information flow.

In early 2019, eHealth launched the EMR Interoperability pilot to allow health care providers to trial and test the new features and functionalities. The purpose of the pilot is to gather feedback from the pilot users so that eHealth can make adjustments as appropriate and needed, prior to a broader roll out.



BY THE NUMBERS

On average,

220,000

people benefit from the EHR and eHR Viewer every month.

Approximately

11,000

health care providers have access to the eHR Viewer, including physicians, pharmacists and nurses.

Approximately

7,500

health care providers actively use the eHR Viewer every month.

LOOKING AHEAD

eHealth will continue to work with health system partners to expand the patient information available in the EHR to support improved patient care.

- Health care providers across the province will be able to access transcribed physician documents in the eHR Viewer in 2019.
- Clinical documentation from Acute EMR's is expected to be included in the eHR Viewer in 2019.
- The provincial EHR is expected to enable future opportunities, like citizen health information sharing in 2019.





DRUG + PHARMACY PROGRAMS

The Drug and Pharmacy Programs focus on improving patient safety, as well as the flow of drug information across Saskatchewan's health care system.

The program's two areas focus on supporting 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 more informed drug therapy decisions. Through eHealth's integration

initiative called the CeRx Integration Project, the program has successfully integrated relevant patient data between community pharmacy systems and PIP in Saskatchewan.

The Pharmaceutical Information Program 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 the EHR and PIP is a key component of the EHR strategy for Saskatchewan.

The Pharmaceutical information program was integrated to the EMR, allowing EMR in 2015-16 vendors to provide built-in access to view PIP profile information from within the EMR.



Provincial Pharmacy Program

The Provincial Pharmacy Program's objective is to optimize patient safety and meet patient needs by improving the flow of drug information across Saskatchewan. In 2017, the program deployed the BDM

Provincial Pharmacy Information System—a single, shared, acute pharmacy system. This shared system gives regional pharmacists and stakeholder's better access to patient information, which means better, quicker care for patients.

HIGHLIGHTS

Provincial 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 Provincial Pharmacy Information System. In February 2017, former Saskatoon Health Region was the first to be transitioned to the provincial instance. The remaining former midsize regions (excluding former Regina Qu'Appelle Health Region) were transitioned by early December 2017. In March 2019, the Saskatchewan Cancer Agency moved to the Provincial Pharmacy Information System.

eHealth's Pharmacy Information Advisory Committee, Pharmacy Operations Working Group and Pharmacy Technical Working Group were all 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);
- Automated Medication Dispenser;
- Automated Medication Distribution Systems;
- Integration between Provincial Pharmacy Information System 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

Pharmaceutical Information Program (PIP)

The Pharmaceutical Information Program has made great strides in decreasing data quality issues by providing education to health care professionals, which directly influences and improves patient care. Dispenses that fail to be sent from the community pharmacy management systems to pharmaceutical information program—also known as failed transactions—have decreased from nearly five per cent in 2014, to less than half of a per cent in March 2019, due to the efforts of the PIP QIP team and our health system partners.

The benefits of using PIP:

- Allows medical professionals to see current and past prescriptions in order to select the best medication while avoiding drug interactions and duplications of therapy.
- Helps health care providers sort through a complex history where

the patient may be taking numerous medications and where 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 may view prescriptions that have previously been filled by the patient and/or written by another prescriber using PIP.

Provincial Pharmacy Program

With the deployment of the Provincial Pharmacy Information System, pharmacists and stakeholders hope to improve patient outcomes by having a seamless flow of information through the continuum of care.

BY THE NUMBERS

Thanks to the dedication of the program team and partners, eHealth has integrated

100%

of Saskatchewan pharmacies to PIP, as of March 2018.

Approximately

640

EMR providers have integrated PIP.

LOOKING AHEAD

eHealth is anticipating that in the fall of 2019-20, Regina facilities will begin a multi-year transition onto the Provincial Pharmacy Information System. With all facilities having access to this provincial system, it means improved care for patients, as providers will have quicker and easier access to patient information.



REFERRAL MANAGEMENT PROGRAM

Referral Management Program provides a centralized intake service to non-co-located specialist groups who wish to pool patient referrals. Referrals and notifications are managed using a streamlined process and provides detailed department listings, which include each specialist's scope of practice.

Referral Management Program improves patients' access to specialists by referring the next available specialist in a specialty, which gives patients, and referring providers, more choice. The program also assists referring providers with finding the specialist who best meets the needs of their patient.

To date, the Referral Management Program is being used by four specialty groups across the province, serving more than 50 specialists who practice in the Regina, Saskatoon, Moose Jaw and Prince Albert areas.

Referral Management Program is Private and Secure

The Referral Management Program operates in a private and secure network that can only be accessed by authorized health care professionals or approved designates.

HIGHLIGHTS

Department level data garnered from the Referral Management Program supports the decision making process, ensuring appropriate recruitment of specialists within the service area.

The Regina Department of Obstetrics and Gynecology increased capacity by recruiting five new specialists in 2018-19.

BY THE NUMBERS

Approximately

19,685

patient referrals were managed through Referral Management Services central intake service—a three per cent increase from the previous fiscal year.

Approximately

18,347

of those patient referrals received an appointment with a specialist.



STOP



Wash Your Hands When Leaving the Room

125/80

75

97%

INVACARE



LABORATORY PROGRAMS

The Laboratory Programs support the Saskatchewan Health Authority's delivery of laboratory results to health care providers across the province. 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) supports health care providers in giving their patients the best possible care. LIS facilitates the collection and analysis of patient samples (blood samples, tissue samples, biopsies, etc.) and then reports those results to health care providers in a timely and accurate fashion. Plus, 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. More than 60 health care facilities have implemented LIS, including hospitals and community laboratory sites across the province.

Saskatchewan Laboratory Results Repository (SLRR)

The Saskatchewan Health Authority LIS systems, along with the Roy Romanow Provincial Laboratory, send approximately 60,000 laboratory results to eHealth every day. These results are standardized using pan-Canadian terminology for laboratory tests and results are stored in the Saskatchewan Lab Results Repository (SLRR).

Laboratory results in SLRR can be accessed through the Provincial eHR Viewer enabling health care providers to make faster clinical decisions about patient follow-up care and treatment.

Electronic Laboratory Results Distribution

eHealth distributes results to EMRs across the province, including the Saskatchewan Cancer Agency. Working with the Saskatchewan Medical Association and the Ministry of Health, many EMRs in private and community clinic are now set up to receive electronic laboratory results through eHealth.



HIGHLIGHTS

The Laboratory Services Program continues to work with the Saskatchewan Health Authority to implement the following LIS expansions:

- LIS SoftLab at St. Peter's Hospital in Melville — April 2018
- LIS SoftLab Blood Bank at St. Peter's Hospital in Melville — August 2018
- LIS SoftLab at the Saskatchewan Hospital in North Battleford — December 2018

BY THE NUMBERS

79.4%

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

374

EMRs receive electronic laboratory test results.

More than

1,842

providers receive results within an EMR.

LOOKING AHEAD

eHealth continues to partner with the Saskatchewan Health Authority on:

- Building and implementing a LIS SoftLab at Stony Rapids within the Athabasca Health Authority.
- Building and implementing a LIS SoftLab in Ile a la Crosse and La Loche.
- Implementing the laboratory interface between the former Regina Qu'Appelle Health Region LIS and the Roy Romanow Provincial Laboratory LIS, which will increase efficiencies and reduce order entry errors.
- Expanding LIS sites across Saskatchewan.

CONTINUITY OF CARE PROGRAMS

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

This area is also overseeing the EMR Interoperability project aimed at improving the flow and timeliness of patient information to support providers in caring for their patients. The project focuses on enabling the flow of clinical information from point of care systems to the provincial EHR, and notifying providers when key clinical information is available for a patient within their circle of care. The goal is to improve providers' access to appropriate clinical information in a timely manner to support informed clinical decision-making.



Telehealth

Telehealth connects patients to health care providers across the province using live, two-way videoconferencing technology 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 locations in the province.

Throughout the past fiscal year, the organizational structure of the Telehealth Program has changed, but the operation of the clinical portion continues to grow and expand. Currently, Telehealth is used in 46 health specialties by more than 300 clinic providers who also use a variety of technologies to see their patients in Saskatchewan.

The Medical Genetics program has benefitted from the integration of the *Vidyo* desktop application—a mobile virtual care platform—with Telehealth. Genetic Counsellors can connect to patients in traditional Telehealth locations right from their own offices, which improves flexibility and ease when scheduling appointments. Not only does this new technology improve patients' access to their provider, it also gives providers more options for delivering their services.

The Saskatchewan Health Authority's Bariatric Surgery Program—a provincial initiative based in Regina—uses Telehealth extensively to connect with their patients throughout Saskatchewan and beyond. The established network of Telehealth sites gives patients virtual access to the program's education and clinical appointments from where they live.

In November 2017, Saskatoon Telehealth became involved in a Clinical Skills Enhancement course for physicians who perform endoscopies. Telehealth videoconferencing plays a vital role in the success of this program, as it allows live procedures to be conferenced to a nearby training room. Since the initial session, this course has been scheduled twice per year, and may soon be initiated in Regina.

Oncology continues to be the top specialty using Telehealth, with another 57 per cent growth in the past two years. More than 60 Saskatchewan Cancer Agency Oncologists see patients via Telehealth.

Nephrology is another area that continues to expand its use of the program with more than 2,100 patients seen via Telehealth in the last fiscal year—a 122 per cent increase in two years.

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, high-speed, 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, the patient 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 comfort.



Putting Patients First and Improving Patient Care

Telehealth continues to improve patient access to health care providers and services. The program is particularly valuable for patients living in rural and remote areas as it is convenient and reduces travel times and other related costs. Providers also benefit from reduced travel times since that extra time can be spent caring for patients. Telehealth is also used during educational events, which leads to 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 away from work 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.



Citizen Health Information Portal (CHIP)

The Citizen Health Information Portal (CHIP) is eHealth's patient-driven health initiative. CHIP is an interactive website that gives participants in Saskatchewan quick and easy access to their personal health information.

In 2016, eHealth launched CHIP, a six-month pilot program that gave more than 1,100 participants access to their medical information, including laboratory results, prescriptions, immunizations and clinical

visit history. In their personal CHIP account, participants could also add personal health information, set reminders to take medications, track trends in their health data and results and record upcoming appointments.

In 2018-19, eHealth received approval to move forward with developing a program, similar to CHIP, that could be offered more broadly to Saskatchewan citizens.

HIGHLIGHTS

During the pilot, eHealth gathered feedback from the participants who shared that CHIP improved their access to their health information and helped to improve the management of their own health and care.

Participants were surveyed again in January 2019 regarding their ongoing experience with CHIP, and feedback remained very positive. Participants noticed a change in the following areas since having access to their health information through CHIP.

BY THE NUMBERS

72%

of participants said CHIP improved the management of their own health.

46%

of participants said CHIP decreased their stress levels and 53 per cent said they saw no change in their stress levels.

LOOKING AHEAD

eHealth continues to work on determining the next steps involved in rolling out a program, like CHIP, more broadly to Saskatchewan citizens.



Community Health Program

The Community Health Program facilitates and supports the delivery and access of health care information by providers in community-based care settings. The program works with 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 and 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 citizens 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, and more. 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 launched in context to the EMR, as well as the launch of the 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.

Work was initiated to implement an EMR in northwest Saskatchewan, which includes clinics in Buffalo Narrows, Ile-a-la-Crosse, La Loche, and Beauval. This project is scheduled for completion in the summer of 2019 and will offer 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

Information on more than

50,000

patients within the CDM-QIP was available in the eHR Viewer at the end of 2018-19.

593

providers are receiving Saskatchewan lab results through PHC.



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 of Panorama. Panorama inventory allows public health professionals to record, maintain and centrally manage the quantity of vaccines at multiple locations across the province, while the immunization component allows a patient's vaccination history to be 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.

Panorama is part of a pan-Canadian initiative that was funded through Canada Health Infoway. Seven other jurisdictions are in various stages of implementing Panorama: British Columbia, Yukon, Manitoba, Ontario, Quebec, New Brunswick and Nova Scotia.

Every person 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. Connecting providers from across the province improves the coordination of patient care, which means less duplication of vaccinations and improved access to information. Currently, all public health staff providing publicly-funded immunization services are using Panorama to record immunization events.

HIGHLIGHTS

An implementation project for the communicable disease investigations and communicable disease outbreak management components were completed in the fall. These components support the rapid identification, investigation and management of communicable disease cases while, at the same time, preserving privacy and confidentiality of Saskatchewan citizens.

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



Improving Patient Care

The vaccine inventory module and the immunizations module have already led to operational and administrative benefits, such as:

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 there are local shortages that may arise during outbreaks or 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.

The Investigation and Outbreak module will give Saskatchewan a solid foundation for managing communicable disease investigations in a standardized manner across the province. The Investigation and Outbreak module will:

- Improve public health's capacity to identify and manage cases of communicable disease;
- Consolidate disparate disease surveillance systems into a single management/reporting infrastructure;
- Remove existing barriers to efficient access to information required to manage cases and outbreaks of communicable disease;
- Retire the legacy Integrated Public Health Information System (iPHIS) system;
- Meet reporting requirements related to communicable diseases as prescribed in legislation;
- Standardize public health case and outbreak management practices across the province; and
- Integrates with inventory and immunization repositories for a more complete public health record.

BY THE NUMBERS

130

The average number of inventory requisitions per month.

64,268

The average number of immunizations given to clients each month.

6,373

The average number of new clients added per month.

LOOKING AHEAD

eHealth continues to work with our health system partners to develop a roadmap for continued enhancements of the Panorama system.



Home Care Program

A stable IT system has been completely implemented throughout the province, which should be reassuring to Saskatchewan citizens requiring home care. The long-term approach is to create a home care system that can share clinically relevant information with other jurisdictional systems, such as sharing provincial home care assessment data with the Canadian Institute for Health Information (CIHI).

HIGHLIGHTS

The former Sunrise Health Region implemented 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.

BY THE NUMBERS

More than

22,000

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

More than

1,200

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

LOOKING AHEAD

An upgrade to the Procura software is planned for the 2019-20 fiscal year. One enhancement of this upgrade is secure messaging between employees right within the application, which will increase security as all communication is done within the application.

HOME CARE INFORMATION IN DATA WAREHOUSE AND MICROSTRATEGY

eHealth is compiling all Procura Home Care information into its data warehouse. Information for home care is currently 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 and the Program to identify trends or 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 contributing clinical resident assessment 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.

BY THE NUMBERS

On average (quarterly), the Saskatchewan Health Authority completes more than

10,000

assessments on residents and then submits those assessments to the CIHI.

LOOKING AHEAD

LONG TERM CARE UPGRADE

The Long Term Care Minimum Data Set (MDS) 2.0 assessment tool developed by CIHI is currently hosted on an old software platform with many limitations. For instance, the software platform only allows former regions to house MDS assessments and staff can only access those assessments on a quarterly or annual basis, depending on when they are completing a client assessment.

In 2018, eHealth, along with the Ministry of Health and the Saskatchewan Health Authority, began upgrading the old software platform to include more helpful clinical documentation for clients, as well as Clinical Assessment Protocols (CAPs) used for care plans—the Outcome Scales and Quality Indicators.

The upgrade will also include a full residential care module, which will add features to the existing assessment, such as an electronic care plan that references CAPs, e-charting, medication records that would integrate with most pharmacies, equipment management, resident falls tracking, incident management, infection tracking, custom reporting and more. The new upgrade is scheduled for completion later in 2019.

Mental Health and Addictions Program

eHealth's Mental Health and Addictions 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 is meeting the needs of many people living with mental health problems and illnesses, as well as the needs of their families. eHealth and the Ministry of Health, along with the support of former 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) documents all clients who seek treatment in the community for mental health and addictions.

In Phase 1, MHAIS was launched in four former health regions—Sunrise, Prince Albert, Prairie North and Five Hills—in May 2017. eHealth then implemented MHAIS in the remaining former rural health regions in 2018-19.

LOCUS is a clinical decision support tool within MHAIS that gives providers better access to quality mental health and addictions services and reduce wait times, which improves patient care and treatment. LOCUS standardizes the services offered, based on an individual's current need, regardless of where they access services.

BY THE NUMBERS

More than

30,000

client files have been entered into MHAIS.

More than

1,100

users in the health system, including health care providers, have access to MHAIS.

MHAIS includes records on clients residing in

575 of the **740**

Saskatchewan communities as defined by Canada Post (79 per cent).

LOOKING AHEAD

A new inpatient module will be piloted at the Saskatchewan Hospital North Battleford and the Battleford Mental Health Centre starting in 2019-20. This will establish a patient master record, tying the inpatient record to the community record.

eHealth continues to work with our urban health system partners to develop a roadmap for a provincial mental health and addictions solution.

Improving Patient Care

MHAIS/LOCUS enables health care providers to report and extract meaningful data on their patients 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 Saskatchewan's 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.

The Saskatchewan Hospital 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.



MEDICAL IMAGING PROGRAMS

Medical Imaging Programs support the delivery of public and community based radiology imaging services.

This area 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 to 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 the PACS, which enables Saskatchewan physicians and specialists to interpret those results.

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 begin 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 allows all images and reports that are taken in the community or in a hospital to be available to providers in the provincial 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 are stored within the Provincial PACS, giving providers and patients a single source of Medical Imaging information. Private community-based service providers are responsible for approximately one third of all medical images captured in the province of Saskatchewan.

HIGHLIGHTS

Through a collaborative effort with our partners in the Ministry of Health, Saskatchewan Health Authority (SHA), the Saskatchewan Cancer Agency, 3sHealth and Community- Based Radiology, highlights include:

- RIS, PACS, and PS360 implementations were completed for 10 sites: Rosthern, Wynard, Lanigan, Watrous, Wadena, Grenfell, Imperial, Montmartre, Whitewood and the new Saskatchewan Hospital in North Battleford;
- eHealth developed and implemented a plugin for PACS Enterprise and Radiology clients. This plugin allows the eHR Viewer to be launched with the patient in context from PACS with a single click;
- eHealth's Medical Imaging team focused on improving Medical Imaging system stability, efficiency, eliminating defects, reducing variation and improving our relationship with our clients;
- A project to integrate two large Community Based Radiology Providers, Saskatoon Medical Imaging and Associated Radiologists was initiated;
- The RIS XR Charting Implementation project was completed successfully. This critical RIS component is responsible for the creation and distribution of Radiology Reports and replaces the legacy 32 bit Chart Server and was a pre-requisite for all future RIS upgrades;
- In order to support collaboration on a machine learning initiative with the SHA and their partner

1Qbit, eHealth has developed the capability for export and anonymization of 350,000 studies worth of images and reports; and

- Phase 1 of the Performance Bridge Practice project to improve access to Medical Imaging Department analytics information was completed.

BY THE NUMBERS

146

Radiologists are actively using PACS, which contains approximately 1.3 billion images.

More than

4,000

are set up to receive report results from RIS and PACS.

Every month, users of eHealth's Provincial eHR Viewer access an average of

25,000

radiology reports.

LOOKING AHEAD

- RIS/PACS/PS360 will be implemented in the Jim Pattison Children's Hospital as a secondary Medical Imaging department within the existing RUH facility. This project is expected to be completed by fall 2019.
- PACS will be updated to a newer version and is expected to be completed prior to summer 2019.



- Community Based Radiology Providers, Saskatoon Medical Imaging and Associated Radiologists will be integrated with the Provincial PACS and eHR Viewer. These partners are projected to contribute data – a further approximately 300,000 studies per year – to the longitudinal health records of patients in the Provincial PACS and the eHR Viewer. Implementation of these additional sites will bring the overall contribution of Community Based Radiology Clinics to approximately 470,000 studies per annum.
- Phase 2 of the Performance Bridge Practice analytics project will be completed providing health system leadership access to critical information to enable more efficient management of medical imaging resources and departments.
- PACS images will be accessible for providers via the eHR Viewer due to the development of Launch in Context functionality.
- Medical Imaging Reports will be one of the resources available to Saskatchewan citizens via the MySaskHealthRecord.
- Electronics Results Distribution/ Notification to EMR/EHR will become available for Medical Imaging Reports due to the continued improvements being made in system interoperability and integration.

ACUTE CARE PROGRAMS

Acute Care Programs 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 Enterprise Registration, the Surgical Program and Acute EMR Program are used to provide care for patients within the health system.



Enterprise Registration

The Enterprise Registration Information System is an 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 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 Laboratory, Radiology, Surgical, Pharmacy, etc.
- The Registration team supports the complex integration of admission, discharge and transfer information that feeds all downstream systems.

Surgical Program

The Surgical Manager Information System (Operating Room Software) is currently used in facilities within Prince Albert, North Battleford, Lloydminster, Moose Jaw and Saskatoon 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

106,010 bookings and **91,634** surgeries were managed provincially.

67,072 bookings and **56,886** surgeries were managed by the OR Manager System.

38,938 bookings and **34,748** surgeries were managed by non-OR Manager Facilities via the Saskatchewan Surgical Care Network (SSCN) for the former smaller regional sites.

Acute EMR Program

The Acute Electronic Medical Record contains electronic information that doctors, nurses and other clinical staff use primarily in acute care settings. The information system is used primarily in acute care settings, such as hospitals, and enables health care providers to chart electronically and view health information from several departmental areas, such as registration information, laboratory results, hospital pharmacy dispensed medications and radiology results.

HIGHLIGHTS

- Physician electronic documentation from Dr. Wigmore Hospital in Moose Jaw is being sent to the eHR Viewer making it available to consultants and family physicians from their offices. This provides better follow-up care to more than 600 patients a month.
- The implementation of the Visit Record module provides access to the complete clinical and demographic information of a patient. This module gives HIMs staff a method to accommodate information requests in a timely fashion. Prior to this module, ad hoc reports were created to furnish the information.



BY THE NUMBERS

At the end of the 2018-19 fiscal year, the Acute EMR contained:

More than

5,000,000

unique patient visits.

Nearly

1,900,000

radiology results.

More than

3,700

users.

Nearly

4,300,000

clinical documents.

Nearly

14,300,000

laboratory results.

GOVERNANCE & RISK

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

IT 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 citizens remain eligible for provincial health services and benefits.

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, 2018

177,294

phone calls were handled.

55,663

vital event certificates issued.

24,552

customers were assisted at the front counter.

16,889

emails were answered.

220,493

health registrations and updates were processed.

237,944

incoming and outgoing pieces of mail were handled.

32,117

vital events and amendments were registered.

764,952

total work items were processed.

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 has been a huge asset to their clients through the formation of the Saskatchewan Health Authority.

Information Services also strived this past year to expand the knowledge and education on advanced analytics, by visiting many of their health system stakeholders and clients and providing information about the “Art of the Possible” in this area. Some examples include machine learning (demonstrating image classification), text recognition and predictive modelling, which all

gave their clients a glimpse into the possibilities that can be leveraged.

Data Quality

The eHealth Data Quality Team investigates and finds solutions to data quality problems. The team works to improve data quality through measurement, monitoring, and remediation: identifying and correcting records that deviate from accepted data standards.

HIGHLIGHTS

This fiscal year, the team focused on enhancing our data management platform and services. The implementation of data masking will further enhance the privacy and protection of patient information. The implementation of metadata management to build a data catalogue for stakeholders will aid in data discovery.

The team also collaborated with health systems partners to give physicians and decision makers the tools and information they need to make critical decisions.

LOOKING AHEAD

Thanks to funding from the Saskatchewan Centre for Patient-Oriented Research (SCPOR) program, eHealth will continue to build the infrastructure and capabilities to help enable researchers and analysts in the province to more easily access and use data. In addition, eHealth will be promoting our existing tools and services (data warehousing, business intelligence and visualization tool, 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.

Legal and Policy also provides leadership and facilitation of corporate strategic planning and enterprise risk management. This area also supports eHealth's Board of Directors, with the Vice-President acting as the Corporate Secretary.

The Vice-President responsible for Legal and Policy provides direction in relation to court proceedings and other tribunal matters.

HIGHLIGHTS

In 2018-19, Legal and Policy developed and implemented an Enterprise Risk Program and continued the development and facilitation of a long-term strategic plan for eHealth.

Legal and Policy provided support in the transformation of all IT health care services provided by eHealth, and continues to support all other lines of business at eHealth. This support includes contract drafting and negotiation, registries escalations, data sharing agreements, governance and human resource matters.

LOOKING AHEAD

eHealth is responsible for administering several pieces of legislation for the province. Legal and Policy continues to work through a legislative framework 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 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, showing who has viewed their personal health information in PIP, PACS and the eHR Viewer.

HIGHLIGHTS

In 2018-19, eHealth's Privacy, Access, and Patient Safety Unit continued work with First Nations health centres, including signing data sharing agreements with seven First Nations health centres, allowing them to access the eHR Viewer. Now, health care providers on those reserves have access to provincial electronic health records, so that they can better treat and care for their patients.

LOOKING AHEAD

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

- Revising and updating eHealth's Corporate Privacy Policy, as well as eHealth's privacy training for employees;
- Implementing eHealth's patient safety framework, which will establish comprehensive processes to ensure eHealth systems are safe for patients; and
- Implementing recommendations from the Office of the Information and Privacy Commissioner to improve the account management processes for the eHR Viewer.

Improving Patient Care

The Privacy, Access and Patient Safety Unit is responsible for protecting individual rights of privacy and access under HIPA and FOIP. This 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 remains unseen by patients, which generally means patients are receiving safe and private health care and that patients are confident their information is protected and only being

accessed by those who need it to provide safe health care.

The Privacy, Access and Patient Safety Unit also works with patients who request masking or a full block to be placed or removed on their personal health information in the eHR Viewer. These options allow patients to have some control over who is allowed to view their personal health information or, in the case of a full block, prevent anyone from seeing their information at all.

BY THE NUMBERS

eHealth's Privacy Service received

1,159

general requests for information in 2018-19

384

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

246

people requested to access their personal health information in the eHR Viewer.

Less than

5

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

IT SECURITY

There is increasing reliance on eHealth's provincial clinical information systems to support direct patient care. It is important that citizens and providers trust the confidentiality, integrity and availability of provincial electronic health records.



BY THE NUMBERS

More than

26,700

user account provisioning tasks were completed, including adds, changes and deletions – an increase of

205%

from last year's 13,000.

48,700,000

internet activities were blocked after they were suspected to be malicious—an increase of

375%

from last year's 13,000,000 blocked internet activities.

156,000,000

email threats were blocked, an increase of

156%

from the number of email threats blocked last fiscal year.

100%

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

73%

of about

22,000

endpoints were centrally protected with common malware prevention tools. Plans are in progress to migrate the remaining endpoints to centralized tools.

100%

of email traffic was controlled through the security gateway.

HIGHLIGHTS

- Consolidating the entire security program across the provincial health care sector.
- Expansion of the electronic Provincial Privacy Audit and Monitoring Program (ePPAM) across additional data domains to proactively discover and prevent privacy breaches.

LOOKING AHEAD

Some of the priorities include:

- Refresh the policies and procedures that are applicable to the entire provincial health care system.
- Continue consolidating security tools across the provincial health care system.
- Restructure the critical/major incident handling process.
- Expand disaster recovery capabilities.

Improving Patient Care

Security improvements continue to be made to protect the availability, integrity and confidentiality of health care records, information and systems that are used to deliver the very best care to Saskatchewan patients.

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 others as they apply new methods and tools through a variety of improvement events;
- Facilitating organization visibility through coaching of visual daily management; and
- Facilitating leaders in deploying of the organization's strategic plan.



HIGHLIGHTS

Continuous Improvement Training Program

In September 2018, eHealth launched the fifth wave of its leadership program to create nine 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 daily continuous management and improvement, as well as their roles as process owners and content experts in improvement events.

Improved problem-solving through Visual Daily Management

Visual Daily Management is a key part of eHealth's improvement management system. Continuous Improvement has led employees and managers in workshops and coaching to accelerate the use of Visual Daily Management throughout eHealth.

Teams across eHealth have embraced the use of Visual Daily Management to:

- Make their team's work visible
- Enhance communication
- Encourage participation
- Solve problems or issues

- Define priorities
- Align measures with organizational and provincial targets
- Create a spirit of continuous improvement by encouraging new, innovative ideas, as well as the implementation of new ideas

INFORMATION TECHNOLOGY

The Information Technology department provides technical expertise to support eHealth's service offerings, which include planning, implementation, management and service assurance for:

- Data Centre Operations
- Network Services
- Unified Communications (telephony and conferencing) Solutions
- Technology Support
- Workstation and Mobility Services
- Information Technology Architecture and Asset Management
- Application Development and Support



HIGHLIGHTS

Infrastructure Reliability and Efficiency

Since the mandate for IT consolidation was announced, 11 of the 15 health care data centres across the province have been successfully consolidated into one of eHealth's two data centres, which 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 and high physical security. Not only do these Tier 3 data centres provide improved protection for patient data in the province, they also free up floor space from the former server rooms and data centres across the province for the SHA.

Additionally, in order to ensure the continued 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.

Innovative Solutions

The Jim Pattison Children's Hospital (JPCH) in Saskatoon was designed to be a digital Hospital. While a fully digital hospital remains the goal for Saskatchewan's new maternal and children's hospital, the implementation will be completed in stages.

When the doors of Saskatchewan's maternal and children's hospital open, the facility will be a hybrid of paper and digital. However, JPCH was built with Information Technology infrastructure that will support the ongoing work of the SHA Digital Health team to implement a complete electronic health record in the future. Part of this work includes building a strong Information Technology 'backbone' during hospital construction in order to

minimize future infrastructure costs that would otherwise be incurred once the hospital, along with the province, is ready to become fully digital. To support this future vision, the following technology has been implemented:

- 6,000 data jacks in the building.
- 500,000 meters of data cable throughout the building— that's enough to stretch from Saskatoon to Edmonton.
- 450 Wi-Fi access points.
- 12,000 installed IT and Unified Communications components, such as phones, printers, computers:
 - 750 computers
 - 450 Phones
 - 100 Printers

This staged approach also means creating systems and providing applications that support the hospital's design principles of minimizing patient hand-offs between care providers, supporting maximum interaction at the bedside between patients and care teams and delivering safe patient care. This work involves ensuring the province's current systems, applications and infrastructure have the capacity to handle the additional demands that will come with the new hospital and will have the ability to interact and support with applications and systems planned for the future. This also means ensuring that the end users have the devices and technology required to support their

workflows in the new building. The IT and Digital Health teams have worked closely together with more than 30 different departments and business units to provide an integrated approach that ensures end users have the devices required and systems have been designed to support their vision for high quality patient care.

Service Support

eHealth 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.

eHealth provides front-line Information Technology (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

ON-SITE TECHNOLOGY

21,000

desktops and devices.

More than

6,000

mobile devices.

6,000

printers.

More than

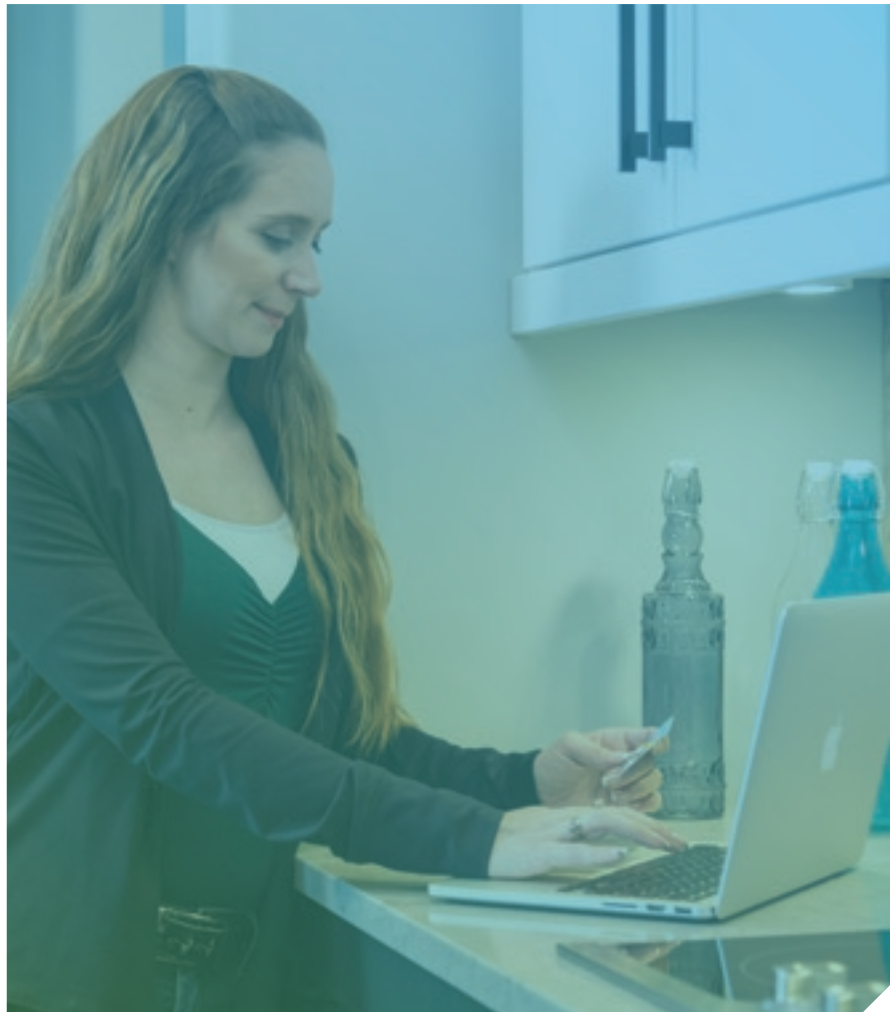
5,000

virtual desktops.

More than

200

workstations on wheels.



BY THE NUMBERS

NETWORK CONNECTIVITY

433

network locations serviced.

Approximately

100,000

active network interfaces.

2

highly reliable, high speed connections to tertiary hospitals.

2,100

Wireless Access Points.

HIGH-SPEED,

highly-redundant data centre interconnects.

BY THE NUMBERS

DATA CENTRE

2

Tier III data centres.

2 PB

of storage.

More than

3,000

applications.

Approximately

44,000

user accounts.

More than

4,500

servers.

Approximately

54,000

email accounts.

MANAGED

cyber security services.



BY THE NUMBERS

UNIFIED COMMUNICATIONS

Approximately

20,000

patients supported by Telehealth.

7,000,000

kilometres of travel saved.

20,000

phones.

Approximately

23,000

conferences quarterly.

BY THE NUMBERS

SERVICE ASSURANCE

Approximately

330,000

Service Desk tickets annually.

More than

80%

Service Desk calls answered in 20 seconds.

2%

provincial call abandon rate.

Approximately

200

IT changes processed monthly.

LOOKING AHEAD

1. Risk based asset management: Identifying the most critical areas for investment and surfacing key risks to clinical business processes and workflows.
2. Baseline and data driven decision-making: Using trending and lessons learned to better target investments for maximum benefit.
3. Total cost of ownership decision making: Improving transparency so that decision makers have the full picture in making new investment decisions.
4. Resourcing and skill-sets: Focus efforts on training, mentoring, culture by design and filling critical vacancies.
5. Standards: Focus on aligning technology standards, change management, configuration and management control standards to reduce risk.



GOVERNANCE

Assessing our Governance Performance

eHealth is committed to regularly revisiting key elements of eHealth's decision making processes to ensure we continue to meet best practice standards. As a Treasury Board Crown, we are not required to comply with the Canadian Securities Administrators (CSA) Governance Guidelines. However, we use these guidelines to benchmark our governance practices.

eHealth's practices are substantially consistent with the CSA standards as set out in the chart below.

CSA Corporate Governance Policy, NP 58-201	Comments and Discussion	Does eHealth Align?
Composition of the Board		
NP 58-201, section 3.1 3.1 The Board should have a majority of independent directors.	As of March 31, 2019 the Board was comprised of 6 out of 7 independent directors.	Substantial Compliance
NP 58-201, section 3.2 3.2 The chair of the board should be an independent director who is the effective leader of the board and who ensures that the board's agenda will enable it to successfully carry out its duties.	The Chair of the Board is an independent director.	Yes
Meetings of Independent Directors		
NP 58-201, section 3.3 3.3 The independent directors should hold regularly scheduled meetings at which non-independent directors and members of management are not present.	Board and Committee agendas include two in-camera segments during which management is excused.	Yes
Board Mandate		
NP 58-201, section 3.4 3.4 The Board should adopt a written mandate in which it explicitly acknowledges responsibility for the stewardship of the issuer, including responsibility for: (a) to the extent feasible, satisfying itself as to the integrity of the Chief Executive Officer (CEO) and other executive officers and that the CEO and other executive officers create a culture of integrity throughout the organization; (b) adopting a strategic planning process and approving, on at least an annual basis, a strategic plan which takes into account, among other things, the opportunities and risks of the business; (c) the identification of the principal risks of the issuer's business, and ensuring the implementation of appropriate systems to manage these risks; (d) succession planning (including appointing, training and monitoring senior management); (e) adopting a communication policy for the issuer; (f) the integrity of the corporation's internal control and management information systems; and (g) developing the corporation's approach to corporate governance, including a set of corporate governance principles and guidelines specifically applicable to the corporation. The written mandate should also address measures for receiving feedback from stakeholders (for example, a process for stakeholders to contact independent directors); and the expectations and responsibilities of	The Board and its two committees all have written Terms of Reference setting out their functional responsibilities and authority, reporting responsibilities and composition criteria. The Board's Terms of Reference explicitly states: <i>"The Board shall act in the best interests of eHealth and is responsible for its stewardship on behalf of the public including but not limited to, promoting the vision, mission, values, objects, purposes and ensuring good governance."</i> Responsibilities of the Board and its committees outlined in their respective Terms of Reference include: a) Monitor the integrity of the CEO and other executive officers, including being satisfied that the CEO and other executive officers are creating a culture of integrity throughout the organization; b) Approve eHealth's strategic direction, including adoption of a strategic planning process and approving annually, a strategic plan, which identifies and addresses the opportunities and critical risks of eHealth's business and appropriate systems to manage those risks; c) Approve eHealth's risk management strategy, including the framework and monitor the implementation of the policies, processes and managements mitigation of critical risks; d) Approving the succession plan for the CEO and monitoring the succession plan for the Vice-Presidents; e) Approving the corporation's external communications framework and monitoring the corporation's communication strategies; f) Take reasonable steps to ensure the implementation and integrity of the organizations internal controls and management information systems by which the organization operates; and g) Board governance guidelines and practices. The Board assumes responsibility for adopting policies and processes that enable effective communication with stakeholders and the public. To facilitate feedback from employees the Board has also adopted a whistleblower policy (Clearview).	Yes

CSA Corporate Governance Policy, NP 58-201	Comments and Discussion	Does eHealth Align?
directors, including basic duties to attend meetings and review materials in advance.	Expectations and responsibilities of directors, including participation in and preparation for meetings are outlined in the Committee/Board position profiles.	
Position Descriptions		
NP 58-201, section 3.5 3.5 The board should: develop clear position descriptions for the chair of the board and the chair of each board committee; together with the CEO, develop a position description for the CEO delineating management’s responsibilities; develop or approve corporate goals and objectives that the CEO is responsible to meet.	The Board has adopted position descriptions for the CEO, Chair of the Board, for the Chair of each committee and individual directors. The Governance, Policy and Human Resources Committee and the Board annually review and approve the goals and objectives of the CEO to ensure alignment with the strategic direction of the corporation. In addition, the Terms of Reference for the Board and each committee address specific areas of management’s functional responsibility.	Yes
Orientation and Continuing Education		
NP 58-201, section 3.6 3.6 The Board should ensure that all new directors receive a comprehensive orientation. All new directors should fully understand the role of the Board and its committees, as well as the contribution individual directors are expected to make and the nature and operation of the business.	Orientation is provided to new members of the Board to address the role of the Board and its committees, director expectations and information about corporate history, strategic direction, operations and challenges. Extensive written and reference materials are provided to supplement orientation sessions. As well, orientation updates are provided throughout the year.	Yes
NP 58-201, section 3.7 3.7 The board should provide continuing education opportunities for all directors to enhance their skills and abilities and ensure their knowledge of the corporation’s business is current.	The Board of Directors has an annual training calendar which incorporates training opportunities in the following categories: <ul style="list-style-type: none"> – Director Specific – What are the individual training needs of directors; – Board Specific – What training does the Board need as a whole to effectively execute their roles and responsibilities; – Industry Specific – What are other “eHealth” organizations doing; – Health Specific – Trends in the health sector; and – eHealth Specific – Further orientation on eHealth services. 	Yes
Code of Business Conduct and Ethics		
NP 58-201, section 3.8 3.8 The board should adopt a written code of business conduct and ethics applicable to directors, officers and employees of the corporation designed to promote integrity and deter wrong doing. The Code should address: <ul style="list-style-type: none"> (a) conflicts of interest, including transactions and agreement where a director or officer has a material interest; (b) protection and proper use of corporate assets and opportunities; (c) confidentiality of corporate information; (d) fair dealing with the corporation’s security holders, customers, suppliers, competitors and employees; (e) compliance with laws, rules and regulations; and (f) reporting of illegal or unethical behaviour. 	eHealth has a written Code of Conduct policy that is applicable to eHealth’s directors, officers and employees. The code provides direction on business conduct, use of corporate information and property, the work environment and conflicts of interest. The code also addresses the reporting of any illegal or unethical behavior. The Code of Conduct also provides methods to report allegations of wrongdoing including an anonymous reporting mechanism (Clearview). The Board annually reviews and approves the eHealth Code of Conduct.	Yes
NP 58-201, section 3.9 3.9 The board should monitor compliance with the code and any waivers granted for the benefit of directors and executive offices should be granted by the board or a board committee. Any waivers for a material departure from the code for any directors or officers should disclose full details of the material change.	The Board’s Governance, Policy and Human Resources Committee acts as ethics advisor to the Board. In this role, the committee monitors and reports to the Board on compliance with the code. There were no waivers granted to any director during the year ending March 30, 2019 with respect to the Code compliance by directors, officers or employees.	Yes

CSA Corporate Governance Policy, NP 58-201	Comments and Discussion	Does eHealth Align?
Nomination of Directors		
NP 58-201, section 3.10 3.10 The board should appoint a nominating committee composed of entirely independent directors.	As a Treasury Board Crown corporation, the appointment and removal of directors is the prerogative of the Lieutenant Governor in Council, as established by statute. The Governance, Policy and Human Resources Committee may review and recommend candidates to the Board for recommendation to the Minister for appointment to the Board. In 2018-19, all three members of the Governance, Policy and Human Resources Committee were independent directors.	Yes
NP 58-201, section 3.11 3.11 The nominating committee should have a written charter establishing the committee's purpose, responsibilities, member qualifications, member appointment and removal, structure and operations (including any authority to delegate to individual directors or subcommittees) and manner of reporting to the board. In addition, the nominating committee should be given authority to engage and compensate outside advisors necessary to permit it to carry out its work. Where a third party has a legal right to nominate directors, the selection and nomination of those directors need not involve the approval of an independent nominating committee.	The Governance, Policy and Human Resources Committee's Terms of Reference set out the committee's authority in specific areas of functional responsibility, reporting requirements delegation principles and composition criteria. The Governance Committee may engage necessary advisors subject to prior Board approval.	Yes
NP 58-201, section 3.12 3.12 The board should adopt a nomination process which considers the competencies and skills of the board as a whole; assesses the competencies and skills possessed by each existing director; and considers the personality and other qualities of each director. The board should also consider the appropriate size of the board, with a view to effective decision-making, and should consider the advice and input of the nominating committee.	A skills profile, identifying the desired mix of experience and competencies required for the Board to effectively discharge its responsibilities has been developed. The Governance, Policy and Human Resources Committee with assistance from the Corporate Secretary maintains and updates the skills matrix of existing members. As needed it conducts a skills analysis to identify skills required for future appointments to round out the Board's overall skill set.	Yes
NP 58-201, section 3.13 3.13 The nominating committee should be responsible for identifying individuals qualified to become new board members and recommending to the board the new director nominees.	The Governance, Policy and Human Resources Committee identifies the preferred skill sets for appointment to the Board of Directors. The identification of candidates for appointment to the Board is the responsibility of Cabinet.	Yes
NP 58-201, section 3.14 3.14 In making its recommendations the nominating committee should consider: the competencies and skills that the board considers necessary for the board as a whole to possess; the competencies and skills of existing directors; the competencies and skills of each nominee; and whether each new nominee can devote sufficient time and resources to board work.	The Terms of Reference for the Governance, Policy and Human Resources Committee states: <ul style="list-style-type: none"> – In nominating proposed candidate(s) to the Board the Committee shall assess: <ul style="list-style-type: none"> – The competencies and skills the Board as a whole should possess; – The competencies and skills each existing Director possesses; – Potential gaps in the current skill set; – The competencies and skills each nominee will bring to the Board; and – The ability of each nominee to devote the required time and resources to his/her duties as a Director. 	Yes
Compensation		
NP 58-201, section 3.15 3.15 The Board should appoint a Compensation Committee composed entirely of independent directors.	All members of the Governance, Policy and Human Resources Committee are independent.	Yes
NP 58-201, section 3.16	The terms of reference for the Governance, Policy and Human Resources Committee includes all items referred to in the CSA guidelines (with the exception of member	Yes

CSA Corporate Governance Policy, NP 58-201	Comments and Discussion	Does eHealth Align?
<p>3.16 The compensation committee should have a written charter establishing the committee's purpose, responsibilities, member qualifications, member appointment and removal, structure, operations (including any authority to delegate to individual directors or subcommittees) and manner of reporting to the board. In addition, the compensation committee should be given authority to engage and compensate outside advisors necessary to permit it to carry out its work.</p>	<p>appointment and removal, which is established by statute). The Committee terms of reference state that the Committee in consultation with the CEO may engage independent counsel and other advisors the Committee determines necessary to carry out its duties.</p>	
<p>NP 58-201, section 3.17 3.17 The compensation committee should be responsible for:</p> <ul style="list-style-type: none"> a) reviewing and approving corporate goals and objectives relevant to CEO compensation, evaluating the CEO's performance in light of those corporate goals and objectives, and determining the CEO's compensation level based on the evaluation; b) making recommendations to the board respecting non-CEO officer and director compensation, incentive compensation plans and equity based plans; and c) reviewing executive compensation prior to public disclosure. 	<p>The Governance, Policy and Human Resources Committee is responsible for:</p> <ul style="list-style-type: none"> – Recommending to the Board for approval the compensation package of the CEO. – Reviewing and recommending to the Board for approval the corporate goals and objectives that the CEO is responsible for meeting relevant to CEO compensation. – Reviewing the annual evaluation process of the CEO and recommend any required revisions to the Board for approval. – Annually evaluating the performance of the CEO considering the goals and objectives set by the CEO and recommend results of the evaluation to the Board for approval. – Monitor executive and management compensation and benefit programs and policies as required. <p>Executive and employee compensation disclosure occurs in the form of the annual payee list, which is posted on eHealth's external website.</p>	<p>Yes</p>
Regular Board Assessments		
<p>NP 58-201, section 3.18 3.18 The Board, its committees and each individual director should be regularly assessed regarding his, her or its effectiveness and contribution. An assessment should consider:</p> <ul style="list-style-type: none"> (a) in the case of the Board or a Board committee, its mandate or charter; and (b) in the case of an individual director, the applicable position description(s), as well as the competencies and skills each individual director is expected to bring to the Board. 	<p>Board, Committee, Board Chair and Committee Chair evaluations, plus director peer assessments are targeted to be conducted annually. The Governance, Policy and Human Resources Committee is responsible for conducting such evaluations and reporting results to the Board.</p>	<p>Substantial Compliance</p>

The background of the page is a blue-tinted photograph of a desk. In the foreground, a black fountain pen with silver accents lies on a white document. Below the pen, a portion of a white computer keyboard is visible. The overall scene is softly blurred, creating a professional and clean aesthetic.

2018-19 FINANCIAL STATEMENTS

MANAGEMENT'S RESPONSIBILITIES

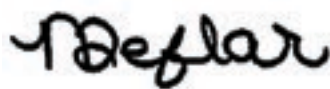
The accompanying financial statements included in the Annual Report for the year ended March 31st, 2019, are the responsibility of management.

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.

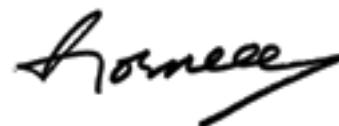
The eHealth Saskatchewan Board of Directors is responsible for overseeing the business affairs of the corporation and also has the responsibility for approving financial statements. The Board fulfills these responsibilities by reviewing financial information prepared by management and discussing the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



Nicole Leflar, CPA, CMA
Director, Financial Management & Interim Chief Financial Officer
eHealth Saskatchewan



Jim Hornell
Chief Executive Officer
eHealth Saskatchewan

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

Opinion

We have audited the financial statements of eHealth Saskatchewan which comprise the statement of financial position as at March 31, 2019, and the statement of operations, changes in net financial assets and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of eHealth Saskatchewan as at March 31, 2019, and the results of its operations, changes in net financial assets, and its operations for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of eHealth Saskatchewan in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises the information included in 2018-19 annual report, but does not include the financial statements and our auditor's report thereon.

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or any knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in this auditor's report. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance 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, 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.

In preparing the financial statements, management is responsible for assessing eHealth Saskatchewan's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the eHealth Saskatchewan or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing eHealth Saskatchewan's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a

high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

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



Regina, Saskatchewan
June 26, 2019

Judy Ferguson, FCPA, FCA
Provincial Auditor
Office of the Provincial Auditor

Statement 1**eHealth Saskatchewan
Statement of Financial Position
As At March 31
(\$000s)**

	<u>2019</u>	<u>2018</u>
Financial Assets		
Due from General Revenue Fund (Note 3)	\$ 14,763	\$ 15,044
Receivable from Ministry of Health	970	666
Other Accounts Receivable	10,437	8,080
	<u>26,170</u>	<u>23,790</u>
Liabilities		
Accounts Payable & Accrued Liabilities	9,075	7,398
Accrued Salaries & Benefits	1,082	1,131
Accrued Vacation	609	647
Deferred Revenue (Note 11)	4,774	3,914
Obligations Under Capital Leases (Note 9)	9,368	17,036
	<u>24,908</u>	<u>30,126</u>
Net Financial Assets / (Debt) (Statement 3)	<u>\$ 1,262</u>	<u>\$ (6,336)</u>
Non-financial Assets		
Tangible Capital Assets (Note 6)	14,454	24,182
Prepaid Assets	5,185	4,671
	<u>19,639</u>	<u>28,853</u>
Accumulated Surplus (Statement 2)	<u>\$ 20,901</u>	<u>\$ 22,517</u>

Contractual Obligations (Note 8)**Contractual Rights (Note 10)**

(See accompanying notes to financial statements)

Statement 2

**eHealth Saskatchewan
Statement of Operations
For the Year Ended March 31
(\$000s)**

	<u>Budget</u> (Note 4)	<u>2019</u>	<u>2018</u>
Revenue			
Ministry of Health Funding			
General Revenue Fund Grant	\$ 102,615	\$ 102,633	\$ 64,304
Other Ministry of Health	11,800	12,490	13,518
Canada Health Infoway Funding	7,830	6,432	3,992
Recoveries / Other	20,658	19,522	15,683
Total Revenue	<u>142,903</u>	<u>141,077</u>	<u>97,497</u>
Expenses			
Amortization	10,000	10,395	13,016
Business Relations	31,077	27,087	25,071
Finance and Administration	14,698	12,589	11,318
Board and Executive Office	1,272	1,155	1,493
New Facility Support	6,600	7,500	988
Information Technology	71,025	75,777	34,741
Risk and Strategy Management	10,729	8,190	9,168
Total Expenses (Schedule 1)	<u>145,401</u>	<u>142,693</u>	<u>95,795</u>
Annual (Deficit) / Surplus (Statement 3)	\$ (2,498)	\$ (1,616)	\$ 1,702
Accumulated Surplus, at beginning of year		<u>22,517</u>	<u>20,815</u>
Accumulated Surplus, at end of year (Statement 1)		<u>\$ 20,901</u>	<u>\$ 22,517</u>

(See accompanying notes to financial statements)

Statement 3

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

	Budget (Note 4)	2019	2018
Annual Deficit (Statement 2)	\$ (2,498)	\$ (1,616)	\$ 1,702
Acquisition of Tangible Capital Assets	(200)	(667)	(2,146)
Amortization of Tangible Capital Assets	10,000	10,395	13,016
	<u>9,800</u>	<u>9,728</u>	<u>10,870</u>
(Acquisition) / Use of Prepaid Assets	(500)	(514)	272
	<u>(500)</u>	<u>(514)</u>	<u>272</u>
Decrease in Financial Assets	\$ 6,802	\$ 7,598	\$ 12,844
Net Financial Assets (Debt), beginning of year	<u>-</u>	<u>(6,336)</u>	<u>(19,180)</u>
Net Financial Assets (Debt), end of year (Statement 1)	<u>\$ 1,293</u>	<u>\$ 1,262</u>	<u>\$ (6,336)</u>

(See accompanying notes to financial statements)

Statement 4

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

	<u>2019</u>	<u>2018</u>
Cash Flows From Operating Activities		
Cash Receipts	\$ 139,276	\$ 99,198
Cash Paid To Suppliers And Others	(131,222)	(83,003)
Increase in Operating Activities For The Year	<u>8,054</u>	<u>16,195</u>
 Cash Flows From Capital Activities		
Purchase Of Tangible Capital Assets	(667)	(2,146)
Decrease In Capital Activities For The Year	<u>(667)</u>	<u>(2,146)</u>
 Cash Flows From Financing Activities		
Net Change in Obligations Under Capital Leases	(7,668)	(5,280)
Decrease In Financing Activities For The Year	<u>(7,668)</u>	<u>(5,280)</u>
 Net (Decrease)/Increase In Due From General Revenue Fund	\$ (281)	\$ 8,769
Due From General Revenue Fund, Beginning Of The Year	15,044	6,275
Due From General Revenue Fund, End Of The Year	<u>\$ 14,763</u>	<u>\$ 15,044</u>

(See accompanying notes to financial statements)

eHealth Saskatchewan
Notes to the Financial Statements
for the Year ended March 31, 2019
(\$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 from 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) Restructuring Transactions

On April 1, 2018 eHealth adopted the PSAS 3430 Restructuring Transactions. Restructuring Transactions will be recognized if eligibility criteria are met.

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

Earned interest is calculated and paid by the General Revenue Fund on a quarterly basis into eHealth'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 2019 was 1.54% (2018 - 0.87%).

4. **Budget Approval**

eHealth's budget was approved by the Board on June 20, 2018.

5. **Accumulated Surplus**

eHealth's accumulated surplus of \$20,901 in 2019 (2018- \$22,517) is made up of; tangible capital assets not fully amortized (\$14,454); lease obligations \$9,368 and; designated assets held for specific purposes (\$11,797). eHealth's accumulated surplus is \$4,018 after adjusting for the items previously identified.

6. **Tangible Capital Assets**

	March 31, 2019						March 31, 2018	
	Desktop Hardware	Data Centre Hardware	Computer Software	Office Furniture & Leasehold Improvements	System Development Costs	Total	Total	
Opening Cost	\$ 6	\$ 37,681	\$ 6,045	\$ 3,043	\$ 153,259	\$ 200,034	\$ 197,888	
Additions During the Year	-	427	-	-	240	667	2,146	
Closing Cost	6	38,108	6,045	3,043	153,499	200,701	200,034	
Opening Accumulated Amortization	6	20,061	6,045	1,320	148,420	175,852	162,836	
Annual Amortization	-	7,443	-	288	2,664	10,395	13,016	
Closing Accumulated Amortization	6	27,504	6,045	1,608	151,084	186,247	175,852	
Total Tangible Capital Assets	\$ -	\$ 10,604	\$ -	\$ 1,435	\$ 2,415	\$ 14,454	\$ 24,182	

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, 2019, include the following:

	2019	2018
Revenue		
Health Shared Services Saskatchewan (3S Health)	168	139
Saskatchewan Health Authority	14,292	10,978
Saskatchewan Association of Health Organizations	6	5
Saskatchewan Cancer Agency	955	704
Saskatchewan Ministry of Finance	325	82
Saskatchewan Ministry of Health	115,123	77,823
Other ¹	2	-
Saskatchewan Workers' Compensation Board	7	10
SaskTel	-	8
	\$130,878	\$89,749
Accounts Receivable		
Health Shared Services Saskatchewan (3S Health)	117	107
Other ¹	-	2
Saskatchewan Health Authority	5,344	1,562
Saskatchewan Association of Health Organizations	-	1
Saskatchewan Cancer Agency	263	208
Saskatchewan Ministry of Finance	-	20
Saskatchewan Ministry of Health	970	666
	\$6,694	\$2,566
Expenses		
Health Shared Services Saskatchewan (3S Health)	121	131
Other ¹	18	11
Public Employees - Dental Plan	338	350
Public Employees - Disability Income Plan	103	117
Public Employees - Extended Health Care Plan	586	606
Public Employees - Group Life Insurance Plan	152	164
Public Employees Pension Plan	3,769	3,962
Saskatchewan Health Authority	47,155	1,626
Saskatchewan Ministry of Central Services	233	211
Saskatchewan Ministry of Health	60	242
Saskatchewan Ministry of Justice	182	183
Saskatchewan Workers' Compensation Board	344	347
SaskEnergy	38	31
SaskPower	255	208
SaskTel	11,030	9,459
	\$64,384	\$17,648
Accounts Payable		
Health Shared Services Saskatchewan (3S Health)	20	20
Other ¹	1	2
Public Employees - Dental Plan	39	40
Public Employees - Disability Income Plan	13	11
Public Employees - Extended Health Care	44	45
Public Employees - Group Life Insurance Plan	13	14
Public Employees Pension Plan	165	147
Saskatchewan Health Authority	367	312
Saskatchewan Ministry of Central Services	76	70
Saskatchewan Ministry of Finance	-	20
Saskatchewan Ministry of Justice	45	-
Saskatchewan Ministry of Health	-	93
SaskPower	21	-
SaskTel	1,751	601
	\$ 2,555	\$ 1,375

¹ Other Expenses include Health Quality Council; Queen's Printer Revolving Fund; Saskatchewan Government Insurance; Saskatchewan Archives Board; Saskatchewan Polytechnic; Saskatchewan Gaming Corp. Other transactions with related parties and amounts due to/from them are described separately in the financial statements and the notes thereto.

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 data centre leases expiring January 1, 2024 and July 31, 2024. The operating lease payments for the next 7 years are as follows:

2020	2,818
2021	2,838
2022	2,857
2023	2,853
2024	2,443
2025	222
Total Lease Payments	\$ 14,031

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 \$28,907 was spent in 2019 (2018 - \$25,971). This arrangement will likely continue into the future.

iii) **Other Contractual Obligations**

As of March 31, 2019, eHealth is committed to technical support for internal and IT systems totalling \$118,225 (2018 - \$91,491). The following table outlines the funds dedicated for capital and operational expenditures over the remaining years as follows;

2020	\$ 34,101
2021	30,736
2022	20,338
2023	14,212
2024	9,530
Thereafter	9,308
Total Commitment	\$ 118,225

9. **Capital Leases**

eHealth currently has 48 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.

2020	7,803
2021	3,204
2022	511
2023	157
2024	6
Total	<u>11,681</u>
Less Interest	<u>207</u>
Net	<u>11,474</u>
Less Maintenance	<u>2,106</u>
Total Obligation	\$ <u>9,368</u>

10. **Contractual Rights**

As of March 31, 2019 eHealth has a contractual right with Canada Health Infoway totalling \$5,583 (2018 - \$3,393) for the implementation of a provincial wide Citizen Health Portal. The contractual rights over the remaining years is as follows;

2020	4,955
2021	628
Total Contractual Right	\$ <u>5,583</u>

11. **Deferred Revenue**

As of March 31, 2019, eHealth's deferred revenue balance is \$4,774 (2018 - \$3,914). 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, 2018	Recognized in 2018-19	Amounts Received	March 31, 2019
Provider Registry Host Agency	\$ 160	\$ 234	\$ 212	\$ 138
SPCOR	1,614	376	1,170	2,408
Saskatchewan Health Authority	666	193	205	678
Canada Health Infoway	1,474	1,474	1,550	1,550
Total Deferred Revenue	\$ 3,914	\$ 2,277	\$ 3,137	\$ 4,774

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, 2019 is \$11,797 (2018 - \$11,696). In 2018-19, the designated assets consist of a combination of cash and accounts receivable. eHealth's Board of Directors has approved the following designated assets in 2018-19:

Designated Assets	April 1, 2018	2018-19 Expenditures	Amounts Received	March 31, 2019
Drug Plan System Enhancements	\$ 153	\$ 130	-	\$ 23
Community System Enhancements	244	230	755	769
Chronic Disease Management	909	74	-	835
Strategy & Innovation	8,306	7,544	6,600	7,362
Population Health	16	11	-	5
Acute and Emergency Services	-	52	175	123
Financial Services Branch	-	71	130	59
eHealth Saskatchewan	2,000	256	-	1,744
My SK Health Portal	-	-	845	845
Saskatchewan Health Authority	68	36	-	32
Total Designated Assets	\$ 11,696	\$ 8,404	\$ 8,505	\$ 11,797

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.

Schedule 1

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

	Budget		2019		2018
Amortization	\$ 10,000	\$	10,395	\$	13,015
Board	51		55		37
Communications	574		439		593
Community Net	5,934		7,773		6,591
Facilities	673		472		428
Hardware	348		1,287		1,187
Hardware Maintenance	1,596		1,447		1,180
Insurance	115		114		62
Leases	1,106		1,252		1,226
Legal	113		116		218
Membership	11		26		47
Miscellaneous	232		303		427
Office Supplies	1,016		471		1,199
IT Amalgamation ¹	39,000		39,000		-
Parking	331		332		332
Professional Fees	18,343		15,550		7,342
Rent	3,174		2,448		2,766
Salary & Benefits	32,732		30,394		31,357
Software License	2,618		1,466		1,355
Software Maintenance	26,930		28,907		25,971
Telephone	179		258		250
Travel	325		189		212
	\$ 145,401	\$	142,693	\$	95,795

¹ Effective April 1, 2018 eHealth Saskatchewan's base funding increased to reflect an amalgamation with Saskatchewan Health Authority to provide their information technology technical services. An agreement is in progress for the provision of information technology services to be provided to the SHA by eHealth.



NOTES
