



ANNUAL REPORT

2021-22

eHealth
Saskatchewan 



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Letter of Transmittal



Denise Macza
CHAIR, BOARD OF DIRECTORS

Regina, Saskatchewan
The Honourable Paul Merriman
Minister of Health

Dear Minister Merriman:

I have the honour of submitting eHealth Saskatchewan's annual report for the fiscal year ending March 31, 2022. This document outlines eHealth's business activities and includes audited financial statements for the 2021-22 fiscal year.

The information in this report highlights eHealth's progress and achievements in the 2021-22 fiscal year and demonstrates the organization's commitment to improving patient care in Saskatchewan through connected healthcare, accessible to everyone, everywhere.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Denise Macza', written over a light blue rectangular background.

Denise Macza
Chair, Board of Directors
eHealth Saskatchewan

Message from the CEO



Davin Church
INTERIM CEO

The tabling of an annual report is a time for reflection. In many respects, 2021-22 felt very similar to the previous year for eHealth as COVID-19 continued to drive the way we worked and where we focused our efforts for the greater part of the year.

The pandemic was the major story of our work. Our teams supported the province's COVID-19 relief at every stage. eHealth technology and services were behind vaccine clinics, testing sites and contact tracing. We tracked vaccine distribution and we enabled virtual visits and remote home health monitoring to deliver healthcare while keeping everyone safe.

Helping citizens meet proof of vaccination requirements was an organization-wide effort. Saskatchewan was one of the first provinces to offer vaccination certificates that included a QR code and apps that easily displayed an individual's vaccination status.

Because MySaskHealthRecord offers quick and easy access to proof of vaccination, demand for accounts soared over the summer and fall. By the end of the fiscal year, more than 50 per cent of Saskatchewan's population had an account. To meet the demand for accounts and provide quicker access, we streamlined the registration process, reinforced our service desk, and devised manual processes for those not eligible for MySaskHealthRecord or those with technology challenges.

COVID also heightened awareness of the importance of keeping health cards and personal health information current. Our Health Registries and Vital Statistics teams were extremely busy with requests for new cards, personal information updates, and verification of parentage to support access to proof of vaccination for children. Though closed to in-person service for several months, Health Registries and Vital Statistics continued to serve the public through the pandemic and maintained service levels throughout the year.

Other important work carried on as well. eHealth maintained critical programs and services for the health system and continued to address recommendations from the Office of the Information and Privacy Commissioner to strengthen the reliability and security of the technology used to provide healthcare in this province.

I am very proud of the performance of our employees and our organization during another challenging year. Whether working from home or office, team members demonstrated extraordinary resilience, readily adapting to every challenge the crisis presented. Many worked significant hours to meet unprecedented demand and readily accepted reassignment to support the healthcare system wherever needs dictated, to help Saskatchewan people. I am deeply grateful for their flexibility and dedication.

I would also like to thank our health system partners and stakeholders who were, and continue to be, instrumental in helping us achieve our mission of transforming healthcare through the use of information and innovative technology. Their collaboration was more important than ever during these unprecedented times.

As we move ahead, there's a lot of talk about a "return to normal" or a "new normal." No one can predict the future, but I certainly look forward to turning our organization's focus toward more regular functions as we live and work in a healthier world.

A handwritten signature in black ink, appearing to read 'Davin Church'.

Davin Church
Interim CEO
eHealth Saskatchewan

Message from the Board Chair



Denise Macza
CHAIR, BOARD OF DIRECTORS

The past year has been one of considerable challenge, but also significant achievement, as eHealth supported Saskatchewan's healthcare system through another year dominated by COVID-19.

Technology is embedded in every aspect of healthcare and the pandemic amplified the reliance on remote connection and access to data. eHealth's programs and technology played an essential role in the province's COVID-19 response, from vaccination to testing, call centres to contact tracing, proof of vaccination, virtual care and beyond.

The Board is pleased with how the organization performed during this time of unparalleled disruption and change. eHealth's success throughout the year is thanks in large part to the hard work of dedicated teams across the company. Supporting pandemic relief while maintaining critical core services was no easy task, but they met the challenge head on.

The Board remains focused on building and encouraging a strong, stable organization. eHealth has made progress in important areas like IT security, consolidation and modernization. As the health system and its reliance on technology grow, ensuring the security of sensitive patient and health system information is an ongoing area of focus for eHealth and healthcare organizations worldwide. Related to that is providing current, secure and reliable technology for the healthcare providers and patients who depend on it. The Board is pleased with eHealth's progress on this front.

The pandemic has shown us that by working together we can overcome great adversity. After two years of disruption, we look forward to transitioning away from COVID response to a more stable environment that allows eHealth to return to its broader vision of helping the healthcare system support patients and families by

providing connected healthcare, accessible to everyone, everywhere.

The Board appreciates eHealth's committed workforce for all of its contributions in 2021-22, and thanks eHealth's executive leadership team for guiding the organization through another year of challenges and successes.

A handwritten signature in blue ink, appearing to read 'Denise Macza', written over a light blue grid background.

Denise Macza
Chair, Board of Directors
eHealth Saskatchewan

Authority and Mandate

eHealth Saskatchewan 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, driven by our mandate, include:

- 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* and the *Change of Name Act*
- Administer and operate the health registration registry (Person Health Registration System)
- 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 (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 Chief Executive Officer (CEO) and all individuals who report directly to the CEO with regard 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 but not limited to promoting the vision, mission, values, objectives and purposes and ensuring good governance.

Aligning with the Government of Saskatchewan's Direction

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."

A STRONG ECONOMY

Saskatchewan's vision and three goals provide the strategic direction for organizations to align their programs and services to build a strong province. eHealth joins other organizations across the province to report our progress in 2021-22.

Our annual report showcases eHealth's support of the Government's commitment to *Protect. Build. Grow* in 2021-22. The Government of Saskatchewan is committed to protecting Saskatchewan people through the rest of the pandemic as life returns to normal and our economy

STRONG COMMUNITIES

grows. Investing in infrastructure like hospitals, schools, and highways will help build a strong economy and create jobs for strong families, strong communities, and a better quality of life.

eHealth is committed to working with government officials, the Saskatchewan Health Authority (SHA), healthcare partners, stakeholders, healthcare providers and patients year round to help make Saskatchewan the best place in the country to receive high quality healthcare.

STRONG FAMILIES

Governance

Corporate Vision, Mission and Values



VISION

Connected healthcare,
accessible to everyone,
everywhere.

MISSION

We collaborate to transform
healthcare through the use of
information and innovative
technology.



VALUES

Excellence, Integrity, Teamwork,
Courage, Resilience, and
Collaboration.



Board of Directors



Denise Macza
CHAIR



Billie-Jo Morrissette
VICE CHAIR



2021-22 PROGRESS AND HIGHLIGHTS

COVID-19 Response

Supporting the Saskatchewan health system through the pandemic remained a top priority for eHealth in 2021-22. We worked hard to deliver crucial technology and programs, ensuring frontline healthcare workers had the tools to meet the continued demand for COVID-19 care while providing essential services to non-COVID patients.

Organization-Wide Effort

Our Emergency Operations Centre continued to hold regular pandemic planning meetings to ensure we supported growing pressure on the healthcare system and surges in demand for healthcare and eHealth services. This work touched all areas of the organization.

- Employees across eHealth rallied to meet growing customer expectations, answering inquiries from the public, trouble-shooting problems and lending a hand where they could.
- Laboratory Services worked with stakeholders to ensure COVID test results displayed correctly to health teams across the province.
- Our teams improved processes, forms and technology to make things easier for customers and employees. This included quickly developing interim processes to support onboarding of new COVID support staff across the health system.
- We implemented a contact tracing system to help the Saskatchewan Health Authority, Indigenous Services Canada and Northern Inter-Tribal Health Authority quickly and efficiently monitor contacts to cases of COVID-19.
- Human Resources, Finance and other business units worked together to expedite hundreds of internal redeployments and temporary hirings, including staff from other areas of government. We're also grateful to the healthcare and government partners who loaned employees to help ensure we could continue to meet the needs of the health system.

MySaskHealthRecord

MySaskHealthRecord (MSHR) is a secure website that provides access to personal health information. Demand for accounts grew quickly as the site became an important source for quick and easy access to proof of vaccination and COVID test results. During 2021-22, the number of accounts rose 288 per cent to more than 640,000.

A valid Saskatchewan health card is a key requirement for creating a MSHR account and many Saskatchewan residents contacted our Health Registries and Vital Statistics teams for urgent updates to the personal information attached to their health card. Requests for

information to support verification of parentage also increased as parents sought access to their children's MSHR accounts to view test results and vaccination records.

To improve access to this information, eHealth also:

- permanently lowered the minimum age for creating a MSHR account to 14
- created a process to allow those under 14 to apply for an account as a mature minor
- created a manual process to grant guardians or caregivers access to the account of someone who lacks capacity to create their own account

Proof of Vaccination

eHealth played a key role supporting proof of vaccination for the Government of Saskatchewan. In August, we introduced a one-page printable COVID-19 vaccination record through MSHR. In September, this was updated to a proof of vaccination certificate that included a quick response (QR) code. Taking a citizen-centric approach, our teams also developed a manual process to provide proof of vaccination for those not eligible for, or unable to access, MSHR. Later in the year, we gave immunization staff the ability to securely provide proof of vaccination information at the time of vaccination.

Saskatchewan was one of the first provinces to provide vaccination records that included a QR code to support international travel. We also provided apps that made it easy to display or validate vaccination status. eHealth launched the SK Vax Wallet and SK Vax Verifier apps in September 2021. The apps were downloaded more than 765,000 times.

eHealth joined the Common Trust Network, a global registry of organizations that issue verifiable health credentials, such as Smart® health cards. Aligning our proof of vaccination certificates to the network's standards for verifiable health credentials meant that eHealth could provide secure vaccination certificates widely trusted around the world.

As the number of COVID vaccinations surged, so did the number of requests to address issues such as out-of-province vaccinations and missing or incorrect information. Because these issues could have a direct impact on vaccination status, eHealth created an online immunization update form and an application to speed up the process. eHealth resolved nearly 42,000 of these requests during 2021-22.

Vaccination and Testing Support

eHealth continued to support COVID testing and assessment centres as well as vaccination clinics in 2021-22. As priorities changed throughout the year, we dedicated significant resources to moving, decommissioning or setting up these facilities as well as providing technology to support changes in process.

Saskatchewan's health system uses Panorama to document immunizations. eHealth enhanced the system, cutting the time required to document an immunization in half. COVID Quick Entry saved the healthcare system an estimated 5.5 million minutes and \$4.6 million.

Other developments included:

- Streamlining the process to capture COVID-19 immunizations in long-term care settings
- Updating the system to capture immunization data from community pharmacies
- Developing vaccine tracking and administration applications, such as a web-based form that simplified tracking of COVID-19 vaccine inventory across the province by the Saskatchewan Health Authority, Indigenous Services Canada, Northern Inter-Tribal Health Authority, community pharmacies and Athabasca Health Authority

Virtual Care

During the pandemic virtual care technology proved itself a vital element in providing effective care and enhancing patient outcomes. Our Virtual Care Services program supports clinical virtual visits, remote patient monitoring and telehealth. With support from our health system partners, eHealth continued to rapidly deploy remote patient monitoring and secure clinical video conferencing technologies to enable healthcare in a way that was safe and reliable for everyone.

Remote monitoring uses the latest advances in information technology to gather patient data outside traditional healthcare settings. Remote monitoring of COVID-19 patients helped reduce pressure on Saskatchewan's health system. More than 5,600 patients were monitored remotely in 2021-22.

SPOTLIGHTS

Confirming COVID-19 Test Results

eHealth's Lab Services team investigated and confirmed that more than

11,000

COVID-19 tests were attached to patients' provincial Electronic Health Records.

Virtual Visits

296,000

virtual visit calls in 2021-22. Remote patient monitoring uses the latest advances in information technology to gather patient data outside traditional healthcare settings. This technology is used to monitor patients from their own homes.

Immunizations Entered April 1, 2021 – March 31, 2022

DATA SOURCE	COVID	NON-COVID
Panorama users	112,307	385,180
COVID Quick Entry users	1,438,719	133,735
Drug plan/community pharmacies	619,330	178,534
Long-term care	14,809	6,958
Totals	2,185,165	704,407

IT Consolidation

eHealth and its partners continue working to consolidate the delivery of Saskatchewan's health system IT. This includes transitioning IT employees, all clinical and administrative applications and technologies, and related services to eHealth from its health system partners. Designed to improve efficiency and service, while optimizing and integrating patient-centred care, the work is part of ongoing efforts to address the recommendations from the Saskatchewan Advisory Panel on Health System Structure.

Redeployment of resources to pandemic relief significantly slowed work in these areas during 2021-22.

IT Transition

A steering committee of representatives across the health sector continued to meet regularly and receive status updates on five critical work streams co-led by eHealth and the Saskatchewan Health Authority (SHA):

1. Partnership governance and management, including the IT Service Agreement between eHealth and SHA
2. Contracts, assets and expenditures
3. Service catalogue, which outlines the services eHealth will provide
4. Future state business and financial model
5. IT position transfer, which includes the transition of employees

Technical Environment and Process Consolidation

eHealth continues to work with our partners to create standardized IT management and support processes to improve efficiency, security and service delivery for frontline healthcare workers. In 2021-22 this included:

- Initiating upgrades to bring email systems across the health system to the provincially-supported environment
- Continuing to mature IT service management practices and process consolidation, bringing greater efficiency to key services like critical incident management and proactive monitoring
- Standardizing policies across health system partners to support a more secure environment

BY THE NUMBERS

The technical environment supported by eHealth includes:

54,000
users

70,000
assets

21,000
end user devices

1,500
applications

IT Modernization

IT modernization is key to a safe, secure and reliable health system. eHealth continues to make progress on upgrading equipment and infrastructure to ensure IT assets in the Saskatchewan health system are managed, refreshed and supported. With health services relying more than ever on technology, this work helps avoid service interruptions, risks to patient safety, and security incidents or threats.

Strategic Partner Projects

Capital Building Projects and Facility Upgrades

eHealth supports the planning, design, procurement and construction of hospital and long-term care projects. In 2021-22 this included:

- Acute care projects at Victoria (Prince Albert), Weyburn and Yorkton Regional hospitals
- Long-term care projects in Grenfell, La Ronge, Estevan, Watson and Regina
- Urgent Care Centres in Regina and Saskatoon

AIMS

The Administration Information Management System (AIMS) project is designed to create a cohesive system for financial, capital and human resource management within the Saskatchewan health system. eHealth sits on the Partnership Committee and provides technical support to this project. In 2021-22 our Programs and Technology teams supported or led technical readiness for many work streams within the project, including:

- Facility Readiness – installing time clocks, kiosks, and new printing technologies
- Clinical Application Integrations – developing ways to transfer data from clinical systems, such as the Surgical Information System and Home Care
- Infrastructure – certifying and deploying software to all AIMS users
- Business Readiness – preparing to decommission systems that AIMS will replace, developing integrations between call centres providing Tier 1 support, and delivering AIMS training

Stabilizing Core Services

eHealth continued work to replace and renew aging IT infrastructure to help improve, stabilize and standardize critical core services (clinical systems and applications) for the provincial health system.

We also supported major projects that increase the performance, reliability, security and capacity of core systems to give our health system partners more timely, secure and reliable access to technology and information. In 2021-22 this work included:

- Making core infrastructure upgrades to our data centre
- Upgrading, enhancing or expanding a variety of clinical systems, such as the Picture Archiving and Communications System used to securely store, retrieve and display diagnostic images and reports, the Pharmacy Information Program, and OR Manager
- Upgrading phone systems in 12 SHA sites to the provincial standard in use by all health system partners
- Upgrading and modernizing facility-based data networks as well as end-user computers and operating systems

BY THE NUMBERS

Despite pandemic relief taking much of our focus, eHealth completed **85%** of our planned core infrastructure upgrades in 2021-22.

Information Security

Improving the security of Saskatchewan's health system is a priority for eHealth. We've made significant progress implementing improvements recommended by Saskatchewan's Office of the Information and Privacy Commissioner (OIPC). In 2021-22 this included:

- Working with a partner to monitor the dark web for indications of security breaches
 - Deploying a modern advanced threat intelligence tool to reduce the risk of identity-based security incidents
 - Working towards completing an internal audit of 35 critical health applications to ensure disaster recovery plans are complete, reflect the current state and meet eHealth's recovery criteria
- eHealth's information security approach continues to evolve to keep pace with changes in the cybersecurity landscape. In 2021-22 we:
- Made significant progress on the creation of a security policy framework, including the first annual work plan of the partnership-wide Security Officers Committee and the introduction of nine related policies
 - Continued to deploy security awareness training for all health system partners
 - Deployed a number of new security tools

Regular Security Scanning

Every four weeks, all Saskatchewan health system information that's publicly available over the internet is scanned for security vulnerabilities.

SPOTLIGHTS

Operating Room Management

In 2021-22 eHealth started expansion of OR Manager, the comprehensive operating management system. The system automates each step of the process before, during and after surgery, including:

- Surgical scheduling
- Waitlist management
- Intra-operative documentation
- Supply chain management
- Quality reporting

Saving Through Automation

eHealth's Information & Analytics Services supports eHealth and its health system partners with data preparation and delivery, data masking, data quality, reporting and dashboard development, and advanced data analysis using machine learning and statistical methods. This automation saved the health system more than

1,900 hours in 2021-22.

Health Registries & Vital Statistics

Health Registries

A Saskatchewan health card is a key requirement for Saskatchewan residents accessing provincially-funded healthcare services and benefits. Health Registries processes new health card applications and updates registration information and health insurance coverage data in the Person Health Registration System.

BY THE NUMBERS

April 1, 2021-March 31, 2022

132,369
health cards issued

162,825
health card updates processed

Vital Statistics

Our Vital Statistics team registers and issues certificates for all vital events, including birth, stillbirth, marriage and death. It also handles legal changes of name.

SPOTLIGHTS

Sex Designation on Health Cards

In 2021 eHealth expanded the options for displaying sex designation on a Saskatchewan health card. In addition to requesting a card with no sex designation displayed, residents can now choose from male, female or X (non-binary).

BY THE NUMBERS

Reported for the 2021 calendar year in accordance with Vital Statistics Legislative Reporting Guidelines

VITAL EVENTS REGISTERED	JAN-DEC 2021
Births	14,451
Deaths	11,066
Marriages	3,972
Stillbirths	142
Total events registered	29,631

More Timely Death Reporting

Our Vital Statistics team continued working in partnership with federal and provincial partners on a project to improve the timing for registration and notification of death. More timely death registration will allow families to obtain death certificates sooner, reducing delays in handling estates.

SPOTLIGHTS

Advanced Mammography Module

eHealth supported the implementation of an advanced mammography module that increased functionality for the province's radiologists and peace of mind for patients.

The module eliminates the need for dedicated mammography workstations, allowing radiologists to read mammograms from anywhere. It also reduces the rate of false-positive readings, reduces the need for biopsies and ensures fewer people need to return for additional mammograms.

Referral Management System (RMS)

Referrals through the RMS were up 31% to 29,200 in 2021-22.

The system uses an algorithm to identify the next available specialist in a specific department. As a result, RMS improves referral quality and speeds up booking for patient appointments.

Nine specialty groups representing 98 specialists and two nurse-led triage pathways use RMS in Saskatchewan.

Lab Information Systems

eHealth supported the implementation of laboratory information systems for St. Anthony's Hospital in Esterhazy and Athabasca Health Authority. As a result, laboratory results from both locations now contribute to the Saskatchewan Laboratory Results Repository.

This results in more timely results for patients in MySaskHealthRecord and for healthcare providers in the electronic health record.

PIP Integration for Saskatchewan Cancer Agency

As part of a patient safety initiative, eHealth began updating the Pharmaceutical Information Program (PIP) to capture all patient medications dispensed through Saskatchewan Cancer Agency (SCA) pharmacy sites. Providing a complete patient profile for Saskatchewan residents will reduce risks to patient safety.

Inmate Health Records

eHealth began working with the Ministry of Corrections, Policing and Public Safety to create a provincial electronic medical record (EMR) for several correctional facilities across Saskatchewan.

In addition to supporting care in correctional facilities, information will be available in the mainstream electronic health record (eHR) viewer for continuity of care when inmates are released.

Dorie's House

eHealth worked with partners to allow staff at Dorie's House to use the Mental Health and Addiction Information System – a first for community-based programs.

The system is typically used to document treatment and recovery plans for Saskatchewan Health Authority community outpatient clients. In addition, information entered by Dorie's House contributes to provincial health records, which supports continuity of care when a patient is discharged.

Dorie's House is a six-bed in-patient treatment program for youth who struggle with substance misuse.

BY THE NUMBERS

Electronic Health Record (eHR)

The eHR Viewer gives healthcare providers a single view of patient information from point of care systems in hospitals, community-based clinics and the Saskatchewan Health Authority.

On average,

353,465 people benefit from the information in eHR each month.

About

12,000 healthcare providers actively use the eHR Viewer each month to treat and care for patients. This includes physicians, pharmacists and nurses.

Supporting Providers: Electronic Medical Record Systems

eHealth worked with more than

300 clinics and providers to facilitate **600+** requests for changes (clinic openings or closings and physicians moving around the province) to ensure lab results were delivered correctly.

Organ and Tissue Donor Registry

17,000 organ donors were registered in Saskatchewan at the end of the fiscal year.

The registry was launched in September 2020 to engage citizens and to help increase organ and tissue donation rates in Saskatchewan.

COVID-19: Staying Connected

Video conferencing and instant messaging helped the health system stay connected and safe during the pandemic. These systems remain an important work tool as we consolidate IT teams and services. In 2021-22:

425,550 meetings

19.3M meeting minutes

15.9M instant messages sent

COVID-19: Panorama Users

Saskatchewan's health system uses Panorama to document immunizations. The number of users of the system more than doubled during the pandemic. User counts as of March 31:

1,050 in 2020

1,689 in 2021

2,310 in 2022



2021-22 FINANCIAL STATEMENTS

Management's Responsibilities

The accompanying financial statements included in the Annual Report for the year ended March 31, 2022, 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.

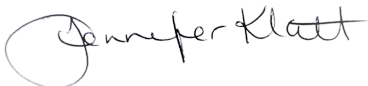
Management maintains a system of internal controls to ensure the integrity of information that forms the basis of the financial statements. The internal controls provide reasonable assurance that transactions are recorded and executed in compliance with legislation and required authority; that assets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



Davin Church
Interim Chief Executive Officer
eHealth Saskatchewan



Jennifer Klatt
Interim Chief Financial 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, 2022, and the statement of operations, statement of change 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, 2022, and the results of its operations, changes in net financial assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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 the 2021-22 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 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 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 21, 2022

Tara Clemett, CPA, CA, CISA
Provincial Auditor
Office of the Provincial Auditor

eHealth Saskatchewan
Statement of Financial Position
As at March 31, 2022
(\$000s)

	2022	2021
Financial Assets		
Due from General Revenue Fund (Statement 4) (Note 3)	\$ 29,587	\$ 20,189
Receivable from Ministry of Health	1,013	595
Other Accounts Receivable	8,264	7,476
	<u>38,864</u>	<u>28,260</u>
Liabilities		
Accounts Payable & Accrued Liabilities	9,773	10,038
Accrued Salaries & Benefits	1,416	1,244
Accrued Vacation	1,113	1,278
Deferred Revenue (Note 11)	4,606	4,376
Obligations Under Capital Leases (Note 9)	2,483	4,610
	<u>19,391</u>	<u>21,546</u>
Net Financial Assets (Statement 3)	<u>\$ 19,473</u>	<u>\$ 6,714</u>
Non-financial Assets		
Tangible Capital Assets (Note 6)	11,363	11,233
Prepaid Assets	16,332	12,470
Inventory	3,276	414
	<u>30,971</u>	<u>24,117</u>
Accumulated Surplus (Statement 2)	<u>\$ 50,444</u>	<u>\$ 30,831</u>

Contractual Obligations (Note 8), Contractual Rights (Note 10) and Contingent Assets (Note 14)

(See accompanying notes to financial statements)

**eHealth Saskatchewan
Statement of Operations
For the year ended March 31, 2022
(\$000s)**

	Budget (Note 4)	2022	2021
Revenue			
Ministry of Health Funding			
General Revenue Fund Grant	\$ 133,209	\$ 132,764	\$ 110,513
Other Ministry of Health	3,968	19,015	27,641
Canada Health Infoway Funding	-	221	5,025
Recoveries / Other	23,845	15,705	12,895
Total Revenue	161,022	167,705	156,074
Expenses			
Amortization	6,000	3,923	4,374
Programs & Technology	122,306	119,080	117,862
Corporate Services	20,341	15,390	16,140
Board & Executive Office	3,490	1,917	1,408
People & Performance	8,121	7,782	6,991
Total Expenses (Schedule 1)	160,258	148,092	146,775
Annual Surplus (Statement 3)	\$ 764	\$ 19,613	\$ 9,299
Accumulated Surplus, at beginning of year		30,831	21,532
Accumulated Surplus, at end of year (Statement 1)		\$ 50,444	\$ 30,831

(See accompanying notes to financial statements)

eHealth Saskatchewan
Statement of Change in Net Financial Assets
For the year ended March 31, 2022
(\$000s)

	<u>Budget</u> (Note 4)	<u>2022</u>	<u>2021</u>
Annual Surplus (Statement 2)	\$ 764	\$ 19,613	\$ 9,299
Acquisition of Tangible Capital Assets (Note 6)	(7,400)	(4,053)	(9,623)
Amortization of Tangible Capital Assets (Note 6)	6,000	3,923	4,374
	<u>(1,400)</u>	<u>(130)</u>	<u>(5,249)</u>
(Acquisition) of Prepaid Assets	(5,700)	(3,862)	(5,784)
(Acquisition) / Use of Inventory	414	(2,862)	276
	<u>(5,286)</u>	<u>(6,724)</u>	<u>(5,508)</u>
Increase (Decrease) in Financial Assets	\$ (5,922)	\$ 12,759	\$ (1,458)
Net Financial Assets, beginning of year	<u>6,714</u>	<u>6,714</u>	<u>8,172</u>
Net Financial Assets, end of year (Statement 1)	<u>\$ 792</u>	<u>\$ 19,473</u>	<u>\$ 6,714</u>

(See accompanying notes to financial statements)

eHealth Saskatchewan
Statement of Cash Flows
For the year ended March 31, 2022
(\$000s)

	2022	2021
Cash Flows From Operating Activities		
Cash Receipts	\$ 166,729	\$ 166,198
Cash Paid To Suppliers And Others	(151,151)	(153,349)
Cash received from Operating Activities	15,578	12,849
Cash Flows From Capital Activities		
Purchase Of Tangible Capital Assets (Note 6)	(4,053)	(9,623)
Cash paid in Capital Activities	(4,053)	(9,623)
Cash Flows From Financing Activities		
Net Change in Obligations Under Capital Leases	(2,127)	1,048
Cash Paid in Financing Activities	(2,127)	1,048
Net Increase In Due From General Revenue Fund	\$ 9,398	\$ 4,274
Due From General Revenue Fund, Beginning Of The Year	20,189	15,915
Due From General Revenue Fund, End Of The Year (Statement 1)	\$ 29,587	\$ 20,189

(See accompanying notes to financial statements)

eHealth Saskatchewan
Notes to the Financial Statements
For the year ended March 31, 2022
(\$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 public sector accounting standards 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.

2. **Significant Accounting Policies (continued)**

j) New accounting standards in effect

PS 3400 Revenue (effective April 1, 2023) is a new standard establishing guidance on the recognition, measurement, presentation and disclosure of revenue. It is not yet effective for governments and has not been applied in preparing these financial statements.

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 2022 was 0.19% (2021 - 0.19%).

4. **Budget Approval**

eHealth's budget was approved by the Board on June 22, 2021.

5. **Accumulated Surplus**

eHealth's accumulated surplus of \$50,444 in 2022 (2021- \$30,831); tangible capital assets not fully amortized (\$11,363); lease obligations \$2,483 and; designated assets held for specific purposes (\$14,329) (Note 13). eHealth's accumulated surplus is \$27,235 after adjusting for the items previously identified.

6. **Tangible Capital Assets**

	March 31, 2022							March 31, 2021	
	Desktop Hardware	Computer Hardware	Computer Software	Office Furniture & Leasehold Improvements	System Development Costs	Work In Progress System Development	Total	Total	Total
Opening Cost	\$ 6	\$ 48,129	\$ 6,045	\$ 3,043	\$ 153,499	\$ 510	\$ 211,232	\$	201,609
Additions During the Year	-	3,474	-	-	-	579	4,053		9,623
Closing Cost	6	51,603	6,045	3,043	153,499	1,089	215,285		211,232
Opening Accumulated Amortization	6	38,389	6,045	2,183	153,376	-	199,999		195,625
Annual Amortization	-	3,587	-	288	48	-	3,923		4,374
Closing Accumulated Amortization	6	41,976	6,045	2,471	153,424	-	203,922		199,999
Total Tangible Capital Assets	\$ -	\$ 9,627	\$ -	\$ 572	\$ 75	\$ 1,089	\$ 11,363	\$	11,233

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 except for the following. As a response to the COVID-19 pandemic, eHealth received staff support by various ministries. The salary costs were borne by the various ministries; eHealth has not been charged. Related party transactions for the year ended March 31, 2022, include the following:

	2022	2021
Revenue		
Health Shared Services Saskatchewan (3S Health)	246	274
Saskatchewan Health Authority	9,895	9,028
Saskatchewan Association of Health Organizations	-	13
Saskatchewan Cancer Agency	463	682
Saskatchewan Ministry of Finance	52	62
Saskatchewan Ministry of Health	151,779	138,154
Saskatchewan Ministry of Corrections	200	-
Saskatchewan Public Safety Agency	35	103
Saskatchewan Ministry of Education	105	-
	\$ 162,775	\$ 148,316

Accounts Receivable		
Health Shared Services Saskatchewan (3S Health)	171	183
Saskatchewan Health Authority	4,838	4,766
Saskatchewan Cancer Agency	226	199
Saskatchewan Public Safety Agency	-	10
Saskatchewan Ministry of Health	1,675	595
Saskatchewan Ministry of Finance	25	6
Saskatchewan Ministry of Corrections	160	-
Saskatchewan Association of Health Organizations	-	2
	\$ 7,095	\$ 5,761

Expenses		
Health Shared Services Saskatchewan (3S Health) ²	1,472	1,183
Other ¹	11	10
Public Employees - Dental Plan ²	-	157
Public Employees - Disability Income Plan	145	131
Public Employees - Extended Health Care Plan ²	-	270
Public Employees - Group Life Insurance Plan	28	40
Public Employees Pension Plan	2,658	2,351
Saskatchewan Health Authority	29,148	30,409
Saskatchewan Cancer Agency	-	35
SaskBuilds and Procurement	118	175
Saskatchewan Ministry of Health	47	-
Saskatchewan Ministry of Justice	83	80
Saskatchewan Ministry of Finance	88	96
Saskatchewan Workers' Compensation Board	655	201
SaskEnergy	26	34
SaskPower	213	244
SaskTel	15,160	14,488
	\$ 49,852	\$ 49,904

Accounts Payable		
Health Shared Services Saskatchewan (3S Health) ²	118	243
Other ¹	1	-
Public Employees - Disability Income Plan	13	14
Public Employees - Group Life Insurance Plan	18	14
Public Employees Pension Plan	263	195
Saskatchewan Health Authority	17	1,063
Saskatchewan Cancer Agency	-	35
SaskBuilds and Procurement	16	16
Saskatchewan Ministry of Finance	-	96
Saskatchewan Workers' Compensation Board	-	(73)
SaskPower	11	14
SaskEnergy	2	1
SaskTel	3,443	1,086
	\$ 3,902	\$ 2,704

¹ Other Expenditures include: Queen's Printer Revolving Fund; Saskatchewan Government Insurance; Saskatchewan Gaming; Sask Chamber of Commerce. Routine operating transactions with related parties are recorded at the rates charged by those organizations and are settled on normal trade terms. In addition, eHealth pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Other transactions with related parties and amounts due to/from them are described separately in the financial statements and the notes thereto.

² In October 2020, eHealth's Health and Dental plans moved from the Public Employees plan to Health Shared Services Saskatchewan (3sHealth).

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. eHealth has 7 operating leases with MacQuarie finance expiring September 2024, 2 operating leases with Dell Financial expiring December 2024, and 2 operating lease with Cisco Capital expiring January 2025. The operating lease payments for the next 4 years are as follows:

2023	5,412
2024	4,157
2025	1,901
2026	1,046
Total Lease Payments	\$ 12,516

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 \$44,300 was spent in 2022 (2021 - \$40,214). This arrangement will likely continue into the future.

iii) Other Contractual Obligations

As of March 31, 2022, eHealth is committed to technical support for internal and IT systems totalling \$162,066 (2021 - \$120,254). The following table outlines the funds dedicated for capital and operational expenditures over the remaining years as follows:

2023	\$ 61,108
2024	35,760
2025	33,743
2026	24,633
2027	5,124
Thereafter	1,698
Total Commitment	\$ 162,066

9. Capital Leases

eHealth currently has 9 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:

2023	1,980
2024	540
2025	43
Total	<u>2,563</u>
Less Interest	21
Net	<u>2,542</u>
Less Maintenance	59
Total Obligation	<u>\$ 2,483</u>

10. Contractual Rights

As of March 31, 2022 eHealth has a contractual right with Canada Health Infoway totalling \$2,000 (2021 - \$0) for the implementation of Virtual Care in Saskatchewan. The Contractual rights over the remaining years is as follows:

2023	\$ 2,000
Total Contractual Right	\$ 2,000

11. Deferred Revenue

As of March 31, 2022, eHealth's deferred revenue balance is \$4,606 (2021 - \$4,376). 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 Saskatchewan and Newfoundland, from Saskatchewan Centre for Patient Orientated Research (SCPOR), Saskatchewan Health Authority, Canada Health Infoway and Service Canada.

Deferred Revenue	April 1, 2021	Recognized in 2021-22	Amounts Received	March 31, 2022
Provider Registry Host Agency	\$ 125	\$ 76	\$ 161	\$ 210
SCPOR	2,114	450	-	1,664
Saskatchewan Health Authority	140	84	-	56
Canada Health Infoway	1,105	223	-	882
Service Canada	892	593	1,495	1,794
Total Deferred Revenue	\$ 4,376	\$ 1,426	\$ 1,656	\$ 4,606

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 8.6%. 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, 2022 is \$14,329 (2021 - \$12,183). In 2021-22, the designated assets consist of a combination of cash and accounts receivable. eHealth's Board of Directors has approved the following designated assets in 2021-22:

Designated Assets	April 1, 2021	2021-22 Expenditures	Amounts Received	March 31, 2022
Community System Enhancements	211	649	995	557
Chronic Disease Management	939	3,559	3,851	1,231
Strategy & Innovation ¹	2,147	2,117	-	30
Population Health	547	1,225	678	-
Acute and Emergency Services	1,371	1,334	172	209
Financial Services Branch	5,492	7,478	13,150	11,164
eHealth Saskatchewan	599	338	-	261
My SK Health Portal	845	-	-	845
Saskatchewan Health Authority	32	-	-	32
Total Designated Assets	\$ 12,183	\$ 16,700	\$ 18,846	\$ 14,329

¹The Ministry of Health, under the authority granted by *The Health Administration Act*, re-allocated \$2,117 of designated assets from the Strategy and Innovation branch to current year operations.

14. Contingent Asset

In January 2020 eHealth was the victim of a cyber attack. Expenses were incurred during 2019-20 and 2020-21 related to the cyber event. eHealth has insurance coverage for these types of events and is currently working with the insurance company to determine the eligibility and potential recovery of the expenses. The amount of this recovery in 2021-22 was \$432. eHealth cannot reasonably estimate if further recoveries are expected.

Schedule 1

**eHealth Saskatchewan
Schedule of Expenses by Object
For the year ended March 31, 2022
(\$000s)**

	Budget		2022		2021
Amortization	\$ 6,000	\$	3,923	\$	4,374
Board	100		-		36
Cabling	-		3		18
Communications	584		2,138		1,669
Community Net	6,692		6,811		7,091
Facilities	500		436		412
Hardware	936		4,965		9,190
Hardware Maintenance	2,479		3,054		2,945
Insurance	200		97		142
Leases	214		484		749
Legal	400		235		428
Membership			12		14
Miscellaneous	342		271		335
Office Supplies	920		412		923
Parking	331		336		332
Professional Fees	11,601		8,681		7,252
Rent	2,862		2,699		2,709
Salary & Benefits	38,127		38,611		35,821
Software License	5,906		1,160		2,448
Software Maintenance	53,400		44,300		40,214
Telephone	330		454		460
Travel	122		13		21
Other ¹	28,212		28,997		29,192
	\$ 160,258	\$	148,092	\$	146,775

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.

Payee List

Salaries

Listed Employees who received \$50,000 or more for the provision of services.

ABDUL WAHEED, AYESHAA P	\$ 68,312.43	BRITTNER, RYAN	\$ 77,657.88
ABDULLAH, MUHAMMAD	\$ 89,022.86	BROCKMAN, DANIEL	\$ 100,084.01
ABE, SAMSON	\$ 56,628.81	CANNON, BRIAN	\$ 88,614.70
ABIAKAM, CHIMA	\$ 133,550.62	CARLSTON, LINDSAY	\$ 53,683.24
ABRAHAM, OLUWAFUNS	\$ 96,917.16	CARR, JESSE	\$ 88,804.78
ADAMS, WILLIAM	\$ 61,612.59	CELIS, ALONSO	\$ 144,696.60
ADEROJU, ADETUNJI	\$ 97,668.23	CHICU, LUDMILA	\$ 64,844.83
AHIRE, PRITAM	\$ 88,151.60	CHIGBOGU, CHUKWUEBU	\$ 143,847.75
AJAYI, OLUGBENGA	\$ 105,158.32	CHURCH, DAVIN	\$ 175,056.11
ALEEM, MUHAMMAD	\$ 86,557.52	CLAUDE, BRIAN	\$ 88,075.13
ALI, NAVEED	\$ 101,749.91	CROOK, BEVERLEY	\$ 85,291.78
ALONI, NAKUL	\$ 54,577.32	CULLINS, KEITH	\$ 57,476.05
ANDERSON, ROBERT	\$ 88,073.98	DABAO, MARK	\$ 95,776.32
ANDERSON, SABRINA	\$ 109,097.78	DASARAJU, ROHITH	\$ 70,805.24
ANDREAS, TRENT	\$ 99,692.60	DAUVA, NADEEM	\$ 68,542.43
ANONUEVO, RONALYN	\$ 56,180.91	DAVE, SHRUTI	\$ 56,422.73
ANTONIO, JUSTIN	\$ 76,163.77	DAWODU, ABRAHAM	\$ 72,627.81
ARMSTRONG, KRISTIN	\$ 120,511.12	DEMAS, ROGENA	\$ 54,404.83
ARORA, SAHIL	\$ 53,543.98	DEOBALD, AARON	\$ 104,634.55
ARORA, GAURAV	\$ 78,519.59	DERIN, CARRIE	\$ 95,755.05
ASHOKKUMAR, NAGA POOR	\$ 60,752.40	DESJARLAIS, TAMARA	\$ 96,439.26
ATKINSON, JOSEPHINE	\$ 112,130.44	DHANJAL, GURSAHIB	\$ 107,871.76
AUTON, LESLIE	\$ 63,610.67	DOBSON-WILLIAMS, TAMARA	\$ 96,302.93
AWESOME, WES	\$ 88,452.52	DOLNEY, DIANE	\$ 109,097.86
AYANLAJA, ADEREMI	\$ 66,864.84	DONG, LI	\$ 88,468.66
AYEJUYO, OMOWUMI	\$ 58,103.08	DRAUDE, MITCHELL	\$ 100,547.07
BACHTIAR, MACHDUM	\$ 96,536.91	DUNN, KELLY	\$ 64,486.76
BACHYNSKI, COLIN	\$ 66,819.03	DUNN, LYDIA	\$ 77,306.19
BALLER, GREGORY	\$ 103,107.04	EBERLE, ROXANE	\$ 115,188.61
BAN, HAO	\$ 97,499.21	EHRMANTRAUT, DONALD	\$ 63,494.21

BAUMGARTNER, DELEE	\$ 54,615.74	ELLIS, JARROD	\$ 106,674.14
BAYNTON, CHRISTINE	\$ 119,897.90	ENGEL, KEVIN	\$ 89,910.39
BECKER, CHRISTOPH	\$ 130,632.09	ENGEL, LISA	\$ 104,816.75
BENHAM, ROBERT	\$ 91,451.21	ENYINNAYA-OKIDI, NENE	\$ 67,095.76
BERG, MARLIN	\$ 110,850.56	FAMUYIBO, OYEBOLA	\$ 106,255.11
BHANDARI, SUMAN	\$ 75,763.56	FEISEL, MICHAEL	\$ 66,621.19
BHATTACHARYYA, PINAKI	\$ 120,548.30	FERNANDO, NILUPUL	\$ 51,141.18
BIENVENUE, MURRAY	\$ 108,659.12	FIDELAK, MARK	\$ 99,425.60
BISHOP, ISAAC	\$ 70,872.40	FLAMAN, LINDA	\$ 57,997.57
BISHT, NEERAJ	\$ 90,317.29	FREI, DEREK	\$ 98,371.12
BISS, JEFF	\$ 78,373.99	FREI, JASON	\$ 109,100.10
BLACKMORE, GORDON	\$ 85,658.92	GABEL, MICHAELA	\$ 90,067.54
BORGARES, MARK	\$ 187,219.21	GARLAPATI, RAMA KRIS	\$ 89,175.76
GEDDES, SEAN	\$ 91,444.94	KEATING, EOIN	\$ 60,516.20
GEORGE, AGNEL	\$ 73,377.74	KECK, SANDRA	\$ 58,188.61
GHATTI, RINI	\$ 136,788.35	KHAN, HARIS	\$ 50,227.25
GORDON, MARCIA	\$ 52,453.47	KHURANA, HITESH	\$ 89,921.96
GRAFF, LISA	\$ 76,218.75	KLIPPENSTEIN, NEIL	\$ 80,789.52
HABIB, SHAMILA	\$ 86,799.77	KONECHNY, LORRAINE	\$ 91,451.14
HAIDER, SYED	\$ 84,579.86	KOSHMAN, NATHAN	\$ 96,738.85
HALIM, MD	\$ 82,775.64	KOTECK, MARVIN	\$ 95,410.74
HAMILTON, DUANE	\$ 94,309.15	KOZAK, CHARENE	\$ 102,568.40
HANCOCK, MICHAEL	\$ 87,011.11	KRAFT, EVAN	\$ 85,136.87
HAYES, ROBERT	\$ 97,290.56	KRAMER, AMY	\$ 131,755.11
HEAD, AIDAN	\$ 56,172.71	KWAN, DEREK	\$ 96,826.26
HEBERT, ANDREW	\$ 103,949.89	KYEI, KWAKU	\$ 78,839.63
HELMOND, WENDY	\$ 81,512.92	LABRADOR, YAZMIN	\$ 105,748.54
HENNENFENT, JAMIE	\$ 90,861.99	LAM, WILLIAM	\$ 74,799.87
HERMANSON, PERRY	\$ 119,348.63	LANE, ROBERT	\$ 108,327.25
HERPERGER, KIM	\$ 51,279.42	LARWOOD, MICHEAL	\$ 59,569.06
HINZMANN, GARY	\$ 122,498.02	LAWRENCE, PAUL	\$ 131,872.29
HOFFMAN, DARYL	\$ 131,802.10	LEFLAR, NICOLE	\$ 133,072.84
HONG, HAIYING	\$ 90,122.67	LEPAGE, BAILEY	\$ 64,268.44
HORNELL, JAMES	\$ 113,088.05	LESTAGE, VALERIE	\$ 88,134.00

HOVANAK, GARY	\$ 75,872.03	LEWIS, DENISE	\$ 52,830.61
HOVIND, MYRNA	\$ 107,815.17	LINDENBACH, JENNIFER	\$ 131,804.63
HOWATT, WENDY	\$ 72,126.73	LINTOTT, NICOLE	\$ 63,183.34
HUMPHREYS, MARK	\$ 101,917.11	LIPINSKI, CRYSTAL	\$ 93,149.78
HUNCHAK, JUSTINE	\$ 112,404.60	LIPINSKI, BRADLEY	\$ 125,139.53
HUTCHINGS, ROBERT	\$ 74,097.86	LOGANATHAN, PRATHEEPA	\$ 88,213.15
HUTCHISON, LAURIE	\$ 175,532.70	LORD, ERIN	\$ 95,359.56
IGBINWEKA, VALERIE	\$ 54,765.98	LOUCKS, DARRYL	\$ 114,672.66
JAMES, CINDY	\$ 123,498.99	LOVE, DANICA	\$ 109,052.39
JAMIL, RAHEEL	\$ 95,542.31	LUCAS, MATTHEW	\$ 50,912.87
JAMIL, MUHAMMAD	\$ 99,512.74	LUND, MICHAEL	\$ 81,882.46
JAMISON, SCOTT	\$ 64,355.84	LY, LILLIAN	\$ 114,893.71
JANZEN, NORINE	\$ 83,404.64	MADITHATI, PAVAN	\$ 79,087.40
JASTER, NICOLE	\$ 97,187.73	MAINDONALD, PAUL	\$ 155,418.62
JEANNOT, JESSICA	\$ 127,802.41	MANJAREKAR, SANDEEP	\$ 98,471.50
JERRY, JESSY	\$ 84,109.52	MANN, GREGORY	\$ 95,421.03
JEWSBURY, KIRSTY	\$ 96,846.37	MARKEWICH, EVAN	\$ 119,457.67
JIANG, MINGDE	\$ 100,058.22	MARTIN, NICK	\$ 84,791.32
JORDAN, JENNIFER	\$ 99,783.26	MARTINSON, JOYCE	\$ 70,395.39
JOSEPH, GERALD	\$ 89,122.32	MATCHETT, HAYDEN	\$ 74,142.22
KALSI, MANJINDER	\$ 84,755.40	MATT, DANIELLE	\$ 72,116.84
KASPERSKI, DAN	\$ 100,598.54	MCBRIDE, HELEN	\$ 64,325.06
KAUR, RAVNEET	\$ 52,759.04	MCCANN, SHAWN	\$ 101,234.77
KAUR, AVNEET	\$ 66,395.55	MCDONALD, CARRIE	\$ 58,264.04
KAVILIGA, SREENIVAS	\$ 102,232.68	MCGEOUGH, MARGO	\$ 75,689.91
MCKAY, SHERRY	\$ 52,671.77	PORTER, SHAUNA-GA	\$ 68,593.32
MCKENZIE, DOUGLAS	\$ 99,147.98	PROCYSHEN, TREVOR	\$ 102,436.66
MCKINNON, GRANT	\$ 113,066.35	PYLE, JOSEPH	\$ 135,062.41
MCLENNAN, CARLA	\$ 52,345.79	QUACH, ANDREW	\$ 77,562.62
MCMURDO, STEVEN	\$ 92,479.29	QURAIISHI, ASHAN	\$ 97,203.00
MERVITZ, JESSICA	\$ 71,076.26	RADFELDER, STACY-LEE	\$ 57,244.59
MICHAEL, YONATAN	\$ 99,276.87	RAHMAN, FAIZUR	\$ 62,105.57
MICHAELS, SCOTT	\$ 80,643.07	RAMBARAN, SHAMMI	\$ 59,397.01
MIHALICZ, ADAM	\$ 90,901.27	RAZA, AMIR	\$ 99,690.33

MILLAR, JOHN	\$ 95,457.59	RAZAQ, ABDUL	\$ 110,651.90
MOELLER, SCOTT	\$ 56,016.53	REECE, DAVID	\$ 80,782.80
MOHAN, ISHA	\$ 52,794.70	REEVES, JANICE	\$ 99,229.30
MOLNAR, BRENT	\$ 108,047.37	REILLY REDLER, ANGELEEN	\$ 93,489.42
MOMIN, ANIS	\$ 117,443.07	RICHARD, MARNIE	\$ 101,001.29
MUDIMALA, NIVEDITHA	\$ 55,423.26	RICHE, KAILEY	\$ 73,095.14
MUDRY, BRENDA	\$ 94,516.64	ROBERTS, GENNINE	\$ 91,515.88
MULA, AARON	\$ 136,499.80	ROBINSON, TREVOR	\$ 100,902.30
MULAMALLA, HIMA BIND	\$ 98,013.47	ROESCH, WILFRED	\$ 95,571.20
MYLES, DARREN	\$ 170,396.97	RONDEROS, ANDRES	\$ 101,279.74
NAGEL, SHERRI	\$ 100,913.17	RUST, JESSICA	\$ 88,658.33
NAVARRO, DANICA	\$ 84,631.90	RUTTEN-JAMES, RABIN	\$ 105,377.94
NEUDORF, CHRISTINA	\$ 52,507.30	SAHOTA, SUKHMENDI	\$ 102,627.33
NICOLSON, KENT	\$ 61,441.42	SALAZAR, SHAYLENE	\$ 165,907.09
OGUNYEMI, AYODELE	\$ 59,454.91	SALEEM, MUHAMMAD	\$ 118,730.78
OLSON, ROSE	\$ 130,349.21	SAWCHYN, COREY	\$ 86,748.33
OLYNICK, NEIL	\$ 105,724.78	SCHESKE, LYNDA	\$ 55,225.93
OMUBO-PEPPLE, ATONYESIG	\$ 51,478.98	SCHICK MYHR, NATJA	\$ 75,584.26
PANESAR, RUPI	\$ 101,175.83	SCHMIDT, KAREN	\$ 96,809.04
PANNEERSELVAM, SUMA	\$ 57,802.13	SCHULTZ, MICHAEL	\$ 86,339.55
PAPP, RANDY	\$ 101,552.17	SELINGER, MELISSA	\$ 82,166.43
PAQUET, DANIEL	\$ 88,089.99	SELINGER, PAUL	\$ 109,101.02
PARMAR, VAISHALIB	\$ 77,928.05	SESULA, JAMES	\$ 107,571.75
PATEL, PRERAK	\$ 56,514.89	SHAH, SHIVANI	\$ 67,449.51
PATEL, MANSI	\$ 75,420.21	SHAH, BINAL	\$ 69,269.24
PAULHUS, CHASE	\$ 53,283.26	SHALABY, KHALED	\$ 81,682.29
PAWLIW, SPENCER	\$ 110,723.22	SHARMA, ANIKET	\$ 69,682.24
PAYETTE, DENISE	\$ 68,725.05	SHARMA, RADHIKA	\$ 107,317.40
PEARCE, RHONDA	\$ 116,509.45	SHERIFF, FODAY	\$ 73,597.78
PEKRUL, SHAUN	\$ 110,302.98	SHEVCHUK, MICHAEL	\$ 88,073.93
PERRAS, BRENDA	\$ 67,892.23	SHIRODKAR, SAYALI	\$ 81,960.79
PETERSEN, WAYNE	\$ 76,264.62	SHIRODKAR, SANDESH	\$ 98,348.47
PETRIEW, JENNIFER	\$ 112,996.94	SHOYOYE, OMOTAYO (\$ 54,670.86
PETTIGROSSO, DIANA	\$ 71,816.20	SIDDIQUE, MUHAMMAD	\$ 109,642.66
PILLIPOW, KELVIN	\$ 100,586.27	SILVER, ROBIN	\$ 110,351.53
POLIQVIN, VINCENT	\$ 100,393.00	SINGH, KARANVIR	\$ 80,015.08
POPOOLA, TOLULOPE	\$ 70,488.26	SINGH, HARKARAN	\$ 103,845.98

SINGH, SATINDER	\$ 108,637.93	ZHANG, HONG	\$ 80,782.76
SINGH, MANMEET	\$ 111,837.42	ZHANG, ZHAOXIANG	\$ 93,675.77
SLOMAN, PAUL	\$ 105,568.49	ZORN, AARON	\$ 79,351.34
SMITH, KENNETH	\$ 68,353.36	ZWIRSKY, NIKKI	\$ 64,718.64
SNELL, AMANDA	\$ 105,943.59		
SONI, RACHIT	\$ 61,058.64		
STEPP, QUINN	\$ 82,403.41		
SUBRAMANIAN, SULOCHANA	\$ 101,884.91		
SWARAY, BRENDA	\$ 93,404.01		
SWYSTUN, JOANNE	\$ 52,700.35		
TAM, MINOAH	\$ 111,433.16		
TESSIER, JENNIFER	\$ 92,021.44		
THACYK, LORRI	\$ 93,465.40		
THACYK, RANDAL	\$ 110,555.96		
TOMPKINS, MEGAN	\$ 56,078.02		
TREMBLAY, CODY	\$ 119,041.75		
TUNSTEAD, DARRELL	\$ 89,972.38		
TURCOTTE, STEVIN	\$ 76,723.92		
ULLAH, MOHABBAT	\$ 56,236.25		
VAGHELA, NIDHI	\$ 81,668.63		
VAXVICK, KEVIN	\$ 123,655.96		
VERMA, VIVEK	\$ 166,329.66		
VIDOVIC, OLEG	\$ 102,811.65		
WELLS, SCOTT	\$ 56,941.15		
WHITFIELD, CARMEN	\$ 77,433.58		
WILSON, BRENTON	\$ 53,685.51		
WINNICKI, KRISTA	\$ 82,166.45		
WONG, MICHAEL	\$ 102,882.64		
WOODS, RHONDA	\$ 52,385.77		
WRIGHT, JASON	\$ 78,290.35		
WRIGHT, MICHAEL	\$ 88,449.31		
YAUCK, RODNEY	\$ 106,854.62		
YESUFU, MAIMUNA	\$ 58,764.74		
ZAMAN, SHAFI	\$ 107,950.48		
ZANGER, KAREN	\$ 52,417.55		
ZHAN, JUNSHENG	\$ 97,647.98		

Goods and Services

Listed payees who receive \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

3sHealth	1,451,611	Lexmark Canada Inc.	802,509
Akinox Solutions Inc.	1,049,999	MLT Aikins	153,918
Allscripts Healthcare, LLC	4,237,259	Macquarie Equipment Finance Ltd.	66,345
ARC Business Solutions Inc.	318,447	Marsh Canada Limited	96,786
ARC Technologies Inc.	529,182	Microsoft Canada Co.	15,739,693
BDM Healthware Inc.	1,313,402	MicroStrategy Services Corporation	114,049
Brown Communications Group	68,553	Minister of Finance	78,253
Canada Post Corporation	114,203	Minister of Finance - PST	645,017
Canada Revenue Agency	10,261,098	Ministry of SaskBuilds and Procurement	105,127
Canadian Bank Note Company Ltd.	95,306	Ministry of Justice and Attorney General	82,815
Canadian Pharmacists Association	138,854	Quantitative Medical Systems Inc.	208,878
Becton Dickinson and Company	204,472	Momentum Healthware Inc.	806,977
CDW CANADA	78,617	Novari Health	108,145
Cerner Canada Ltd.	1,621,494	OCI Inc.	471,821
CGI ISMC Inc.	59,084	Optiv Canada Inc.	865,450
Cisco Systems Capital Canada Co.	2,710,831	Oracle Canada ULC	1,534,850
Citrix Systems Inc.	524,357	Orion Health Limited	568,380
Computrition, Inc.	326,466	Paradigm Consulting Group Inc.	158,788
Cornwall Centre Inc.	1,873,011	Philips Healthcare	4,402,199
Data Communications Management	127,752	PICIS Clinical Solutions Inc.	652,449
Data Innovations LLC	53,437	Powerland Computers	417,796
Dawasco Services Ltd.	229,119	Public Employees Disability	150,439
De Lage Landen Financial Services Canada Inc.	2,641,132	Public Employees-Group Life Insurance	173,669
Dell Financial Services Canada	1,784,469	Public Employees Pension Plan	5,047,963
AlayaCare Inc.	193,915	QHR Technologies Inc.	146,227
Elite Information Systems and Consulting Inc.	382,777	Quadbridge Inc.	76,752
Entco Software Canada Co. Logiciels Entco Canada CIE	106,682	Queue-IT	158,514
Entrust Limited	58,147	rSolutions	431,962
ESTI Consulting Services	1,632,333	SAP Canada Inc.	131,706
Everbridge, Inc.	306,349	SAS Institute (Canada) Inc.	137,744
Express Services of Canada	425,252	SaskPower	225,229

