



ANNUAL REPORT

2019-20

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, 2020

Honourable Jim Reiter:

I have the honour of submitting eHealth Saskatchewan's Annual Report for the fiscal year ending March 31, 2020.

On behalf of the Board of Directors and eHealth's Executive team, I am pleased to present our annual report. It highlights our progress and achievements in the 2019-20 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 written in a cursive-like font.

Jim Hornell
Chief Executive Officer
eHealth Saskatchewan

MESSAGE FROM THE CEO

Last year, I penned my first message for the eHealth Saskatchewan Annual Report, after taking on my new role in the fall of 2018. Honestly, given everything we've been through in the last 12 months, it seems like 100 years ago. So much at eHealth – so much in our world – has changed utterly since my previous message appeared.

We had the ransomware attack, coming to light in our organization on Jan. 5, 2020. Our security people and anti-virus software caught it quickly. Using backups, we were able to restore most of our files fairly quickly. It could have been much worse. However, the hard work is not over yet. Remediation and prevention efforts will be measured in years.

eHealth learned many lessons during the attack, including one I consider to be the most important: No amount of preparation or protection can fully prevent this from happening. Training and vigilance are key, particularly now that the entire health-care sector is becoming an increasingly popular target for hackers around the world.

This is the new reality eHealth is living in. This issue requires our constant attention and a continuing commitment to protect and secure the vital health information entrusted to us by the people of Saskatchewan.

With barely a chance to take a breath, we next found ourselves in the midst of the COVID-19 global pandemic. We were presented with the challenge of adapting very quickly to an emerging health crisis. I'm extremely proud of the role we

played in providing crucial IT support to the front-line health-care workers. As the health system began its work on planning for the anticipated surge, eHealth supported the IT needs of assessment centres across Saskatchewan and planning for field hospitals in Regina and Saskatoon.

We also helped more than 1,000 health care providers set up to deliver virtual care. This happened as the province moved to control the spread of the virus by encouraging more patients to seek out treatment virtually and reduce the risk of spreading COVID-19 in patient-care facilities.

Part of the new reality is a focus on people-centered care and greater involvement of patients and family in their health promotion and monitoring. The availability and expansion of MySaskHealthRecord, which eHealth created and supports for the provincial health system is proving itself as a vital tool for patients, family members and providers. Ready access to test results, immunization and pharmacy records is a key to better health for the people of our province.

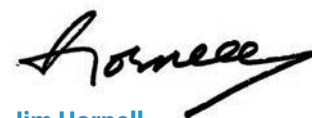
The coronavirus will be remembered for that time when many of us began working from home. This meant thousands of employees in the health sector required a safe and secure mechanism for communicating with their colleagues. eHealth facilitated thousands of these people with establishing VPN (virtual private network) accounts, complete with

two-factor authentication that reduced the possibility of unauthorized access.

No one person can take credit for all the positive things eHealth was able to accomplish during this tumultuous period. It was quite literally a group effort with many adapting quickly to the demands of a new and rapidly changing health crisis.

For my part, I would like to single out the Executive Leadership team, who were relatively new but responded admirably to the seemingly endless demands emerging every day. They onboarded under challenging circumstances. They have worked with our staff and health-system partners to re-establish solid processes and best practices. The team helped me instill a new confidence and professionalism as we continued the important work we do. For that, I am eternally grateful.

My thanks as well to the eHealth Board of Directors who, in addition to their support through our dual crises, guided us and our partners through a process to develop a new and improved strategic plan. It's a document that will be vitally important to our future work and the critically important role eHS plays in the health system of Saskatchewan.



Jim Hornell
Chief Executive Officer
eHealth Saskatchewan

MESSAGE FROM THE BOARD CHAIR



Tyler Bragg

CHAIR, BOARD OF DIRECTORS

The Irish poet, peacemaker and Nobel laureate Seamus Heaney once wrote about how much difference a single generation can make and how despite those differences, a linkage is maintained.

This particular Heaney poem describes how his father and his grandfather cut peat in the damp Irish bogs — a vital source of fuel for many families — and how different that was from Heaney's life as a poet.

*Of soggy peat, the curt cuts of an edge
Through living roots awaken in my head.
But I've no spade to follow men like them.*

*Between my finger and my thumb
The squat pen rests.
I'll dig with it.*

Despite the differences in tasks and tools, Heaney draws a connection between his role and the work of his father and the work of his grandfather. In much the same way, I've been thinking about the past

as eHealth Saskatchewan steers its new course. The world is heading towards an uncertain future.

I don't think I can be accused of exaggeration when I say this has been the most difficult year in our history. In October, we launched MySaskHealthRecord, a website providing medical records and lab test results to the people of our province on a safe and secure website. In many ways, it represents the future of health care: fast, reliable, convenient and digital. We were full of hope.

A few months later, eHealth Saskatchewan was hit by a ransomware attack. Our response was quick, thorough and professional. However, we had to shut down MySaskHealthRecord for several weeks. Our reputation was damaged. Trust was weakened, both in the minds of the public and our health-care partners.

Then a few months later, we faced yet another tremendous challenge: responding to the COVID-19

pandemic. eHealth had a crucial role to play in providing the support and tools needed by health-care providers as they responded to this urgent task.

Many generations ago, our province had the equivalent of Heaney's peat cutters. In this province, we had women and men from around the world who toiled to break the soil. Their work began Saskatchewan's reputation as the breadbasket of the world.

They wouldn't have begun to understand the logistical and technical difficulties encountered recently by eHealth's employees. But they would be able to clearly understand the qualities I have seen in those employees — qualities they share with our pioneers: resilience, steadfastness, creativity and ingenuity.

eHealth has been through a lot since I wrote the introductory message for our last Annual Report. And, no one knows for sure what future challenges we will face. I do know that I am proud of each and every one

of our employees for what they have accomplished in these harrowing times. Through our strength, we will survive what the future brings.



Tyler Bragg
Chair, Board of Directors
eHealth Saskatchewan

BOARD MEMBERS



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. Tyler also served as Board 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 Governance Council and board member of the 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 practising 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 President of Moose Jaw Physical Rehabilitation. His experience in health care also extends to being President of Hillcrest Health Centre, a multi-disciplinary clinic in Moose Jaw. Bill is a founding member and director of Commutron Industries, an electronics manufacturing company in Saskatchewan, and is also CEO of Hillcrest Landing Developments. In addition to his professional accomplishments, Bill has completed 27 marathons, including Boston and New York. 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, sales management, and proposal management 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 as Vice Chair, and is Chair of the Nutrien Wonderhub. She is the owner of CRG Strategies, a Saskatchewan-based company that advises on strategy, governance, 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.



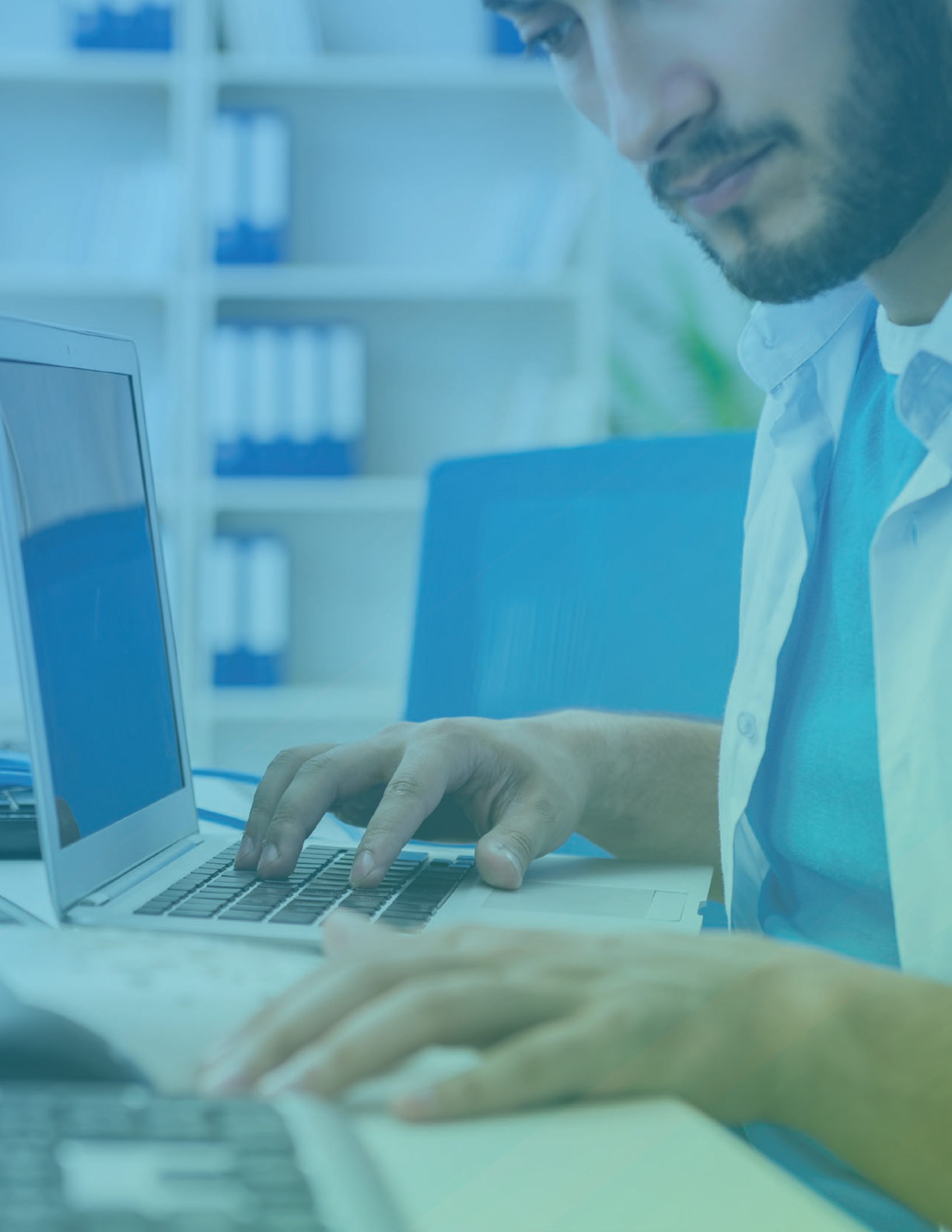
Anne Neufeld

Dr. Anne Neufeld is an educator, health leader, and entrepreneur. As an educator, she's worked as a graduate school lecturer and academic administrator at the University of Saskatchewan. Most recently, she served as Provost and Vice President, Academic, at Saskatchewan Polytechnic from 2014 to 2018. She's held leadership positions across the spectrum of health services and champions mental health awareness. As CFO and Vice President, Administration (interim), with the Saskatoon Health Region (2010-11), she provided oversight of a \$1-billion operating budget. Anne has returned to the private sector as co-founder of Loot Fox Games Inc., a mobile and computer game development startup based in Saskatoon. She's enjoyed serving on multiple boards in health and education. A life-long learner, Anne holds an MHSc in health management (U of T), a PhD in health program evaluation (U of S), and is a CMA, CPA. She joined the eHealth Saskatchewan board in August 2019.



Cory Furman

Cory Furman, Q.C., is an intellectual property and technology lawyer. Cory's legal background includes more than 20 years of counselling clients of all sizes and industries in the capture and monetization of intellectual property and related innovation strategy, along with being recognized in the field of multinational corporate brand and IP portfolio development. His background in technology-creation efforts enables him to help Boards ensure that they are governing with a view of maximizing value and stewardship of intangible intellectual assets. Having held various Crown, business and community board roles over the years, Cory has broad governance and leadership experience and is an experienced advocate on issues of interest to the IP and business community.



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 and the Change of Name Act.
- 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 fulfils 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 but not limited to, promoting the vision, mission, values, objectiveness, 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 and Reporting;
- Financial and Fiduciary Stewardship;
- Risk Identification and Management;
- 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. In addition, written position descriptions set out the roles and responsibilities of the Board Chair, Committee Chairs and individual Directors.

Board Composition

eHealth's Board is representative of the Saskatchewan community and industry. The current composition of the Board holds a variety of attributes, including industry expertise, strategic leadership, entrepreneurial and communication skills, integrity, flexibility and sound judgment.

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.

eHealth's Board composition changed in late 2019 with the addition of two new members and the resignation of one member of the Board. eHealth's 2019-20 Board of Directors consisted of:

- Tyler Bragg, Swift Current (Chair – appointed to the Board on Jan. 24, 2018)
- Twyla Meredith, Regina (Vice-Chair – appointed to the Board on Jan. 24, 2018)
- Bill Elliott, Moose Jaw (appointed to the Board on Jan. 24, 2018)
- Richard Anderson, Kerrobert (appointed to the Board on Jan. 24, 2018)
- Brent Banda, Saskatoon (appointed to the Board on Jan. 24, 2018)
- Catherine Gryba, Saskatoon (appointed to the Board on Jan. 24, 2018)
- Dr. Milo Fink, Regina (re-appointed to the Board on Jan. 24, 2018)
- Anne Neufeld, Saskatoon (appointed to the Board on Aug. 1, 2019)
- Cory Furman, Regina (appointed to the Board on Aug. 1, 2019)

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

Chair: Bill Elliott

Members: Twyla Meredith, Dr. Milo Fink and Anne Neufeld (appointed to the Committee on March 6, 2020), and Tyler Bragg (ex officio)

The Finance, Audit and Risk Management (FARM) 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 Governance, Policy and Human Resources Committee

Chair: Catherine Gryba

Members: Brent Banda, Richard Anderson (resigned Dec. 6, 2019), Cory Furman (appointed to the Committee on March 6, 2020) and Tyler Bragg (ex officio)

The Governance, Policy and Human Resources (GPHR) 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.

Board Attendance

The following are the attendance statistics for the Board and Board Committee meetings from April 1, 2019 to March 31, 2020.

Member	Board (9 mtgs)	FARM (2mtgs)	GPHR (2 mtgs)	Committee of the whole (2mtgs)	Total Possible	Total Attended	%
Tyler Bragg (Chair)	9	2	2	2	15	15	100%
Twyla Meredith (Vice Chair)	7	2	-	1	13	10	77%
Bill Elliott	9	2	-	2	13	13	100%
Richard Anderson**	3	-	2	-	11	5	45%
Brent Banda	9	-	2	2	13	13	100%
Catherine Gryba	9	-	2	2	13	13	100%
Dr. Milo Fink	6	2	-	1	13	9	69%
Anne Neufeld***	6	-	-	2	8	8	100%
Cory Furman***	4	-	-	1	8	5	63%

* Committee of the Whole was established on an interim basis until Committee appointments were completed.

** Letter of resignation received and accepted from Richard Anderson on Dec. 6, 2019.

*** Members appointed to the Board on Aug. 1, 2019.



eHEALTH SASKATCHEWAN 2020-23 STRATEGIC PLAN

The eHealth's commitment to working collaboratively with the health system to develop eHealth's strategic future has manifested as a three-year rolling strategic plan. eHealth's executive leadership team and board have been working to create a vision that is consistent with eHealth 2.0.

Why has a new strategic plan been launched so recently after the previous one? The new leadership's board members and executives wanted a feeling of ownership in the organization's strategic plan. With new leadership, the organization can benefit from a consistent vision.

The 2020-23 Strategic Plan was created to ensure the needs of our system partners were and continue to be incorporated. The executive leadership team also wanted to ensure employees were engaged in the process.

In early October 2019, an environmental scan was conducted to gain a better understanding of the current operating environment. This process included engagement (interviews and surveys) with partners, executives, and eHealth's board of directors to identify organizational strengths, weaknesses, and challenges.

The executive leadership team wanted to hear from employees to gain a better understanding of what is important to them. A values survey was conducted to gain vital information. This information was then incorporated into eHealth's new values.

A facilitated session was also run with senior management to gain a better understanding of how eHealth will support system partner priorities through the identification of departmental initiatives.

Still committed to feedback from the system, a final draft of the strategic plan was distributed to system partners in February 2020. Throughout the process, individual partners were engaged to clarify and seek further feedback. Under direction provided by eHealth's board of directors, sessions were also held with the executive leadership team to review and refine information.



CORPORATE VISION, MISSION + VALUES

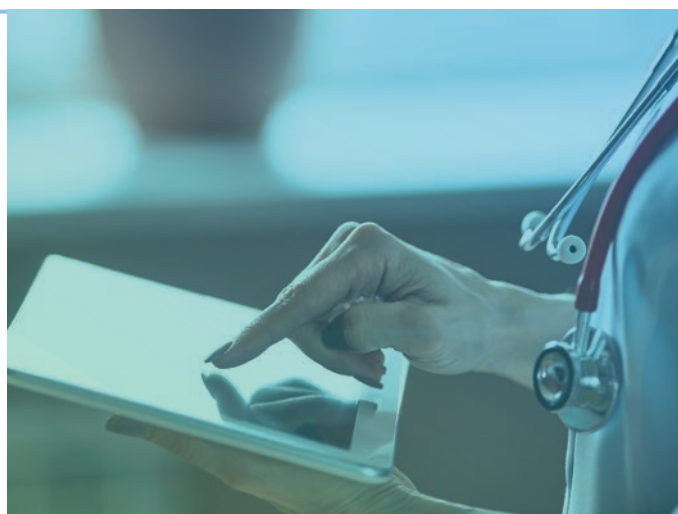


VISION

Connected health care,
accessible to everyone,
everywhere.

MISSION

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



VALUES

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

A young woman with dark hair tied back, wearing blue scrubs, is looking at a tablet computer. The background is a blurred hospital room. The image has a light blue overlay.

**eHEALTH
PROGRAMS
PROGRESS
IN 2019-20**

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 include laboratories, pharmaceuticals and diagnostics. Additional systems that also support patient care and information include Virtual Care, MySaskHealthRecord and the Provincial Electronic Health Record.



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.



CONNECTED CARE PROGRAMS

Saskatchewan's Connected Care Strategy is about improving team-based care in hospital and community settings and improving the way we communicate with patients and providers when patients move between these settings. eHealth Saskatchewan and its Connected Care Programs support this strategy by enabling information flow to patients and providers through technology. The four pillars of the program are Citizen, Provider, Virtual Care and Information Flow.

Citizen Services Program

The Citizen Services Program supports MySaskHealthRecord and will provide a solution for provincial tissue and organ donations in 2020.

MySaskHealthRecord provides Saskatchewan residents with access to their personal health information online to support a more engaged and empowered population with respect to health and well-being. The solution was launched on Oct. 8, 2019.

BY THE NUMBERS

AS OF MARCH 31, 2020

MySaskHealthRecord

43,651

people registered to access their health record.

Information Flow Services Program

The Information Flow Program supports the Electronic Health Record (EHR), Patient Identity Services, and Integration Services.

One of eHealth's mandates is to lead, deliver and manage the Provincial Electronic Health Record. The 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.

BY THE NUMBERS

AS OF MARCH 31, 2020

On average,

248,000

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

8,400

health-care providers actively use the eHR Viewer every month.

Provider Services Program

The Provider Program supports Referral Management and Provider Identity Services.

Referral Management Services (RMS) improves patient access by providing a centralized intake service to non-co-located specialist groups who wish to pool elective patient referrals. The Saskatoon Adult Psychiatry Department began utilizing RMS in June 2019, which also introduced a clinical triage layer to support the allocation algorithm. A 31 per cent decrease in patients waits has been realized since joining RMS.

BY THE NUMBERS

AS OF MARCH 31, 2020

Referral Management

23,501

patient referrals were managed through RMS central intake service, representing a 19.4 per cent increase from the previous year.

Of the 23,501 patient referrals, specialist appointments have occurred for

91%

of all patients.

Virtual Care Services Program

Virtual care is a term that encompasses all the ways health-care providers remotely interact with their patients through technology. The Virtual Care Services Program supports virtual visits, provider-to-provider consultations, home-health monitoring and traditional 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.

INTEGRATED HEALTH PROGRAMS

Integrated Health Programs facilitate and support the delivery and access of health-care information across the continuum of care. This service line works with our partners in the areas of public health, mental health and addictions, primary health care, acute and tertiary care, home care, long-term care, and chronic-disease management. The Integrated Health portfolio focuses on providing technological support for our health partners and the communities they serve.



Public Health and Primary Care

The Public Health and Primary Care Program area focuses on supporting information access and operational supports in the primary-care setting by supporting the adoption and expansion of Electronic Medical Records. This area also supports best practice in the area of chronic-disease management and provides a single integrated platform for public health concerns, such as vaccine inventory management, immunization and communicable disease management.

HIGHLIGHTS

- Electronic Medical Records implemented in northern Saskatchewan with new sites in Ile-a-la-Crosse, Beauval, Buffalo Narrows and La Loche.
- Closed the first full year of support for the Communicable Disease component of the province's public health surveillance tool – Panorama. Much growth and learning occurred after successfully navigating the first full year of support for this service.
- *EMR Interoperability* is available to Accuro EMR users and the team continues to support TELUS's development efforts so that Med Access EMR users are also able to benefit from this information-sharing capability.

BY THE NUMBERS

APRIL 1, 2019 - MARCH 31, 2020

15,114

communicable disease investigations created within Panorama.

752,000

immunization events added to the 1.3 million existing events.

1,752

vaccine requisitions processed.

Primary Health Care sites using EMRs increased to

184

LOOKING AHEAD

- Personal immunization histories will soon be available to subscribers of MySaskHealthRecord.
- Panorama will play a critical role in monitoring cases of COVID-19. Configuration updates and reporting improvements are being made in anticipation of that need.
- Work this year is paving the way for expanded information sharing between the EMRs used in primary-care facilities and the Electronic Health Record.

Community Care Program

The Community Care Program focuses on delivery and access to health-care information for providers in community-based care settings, such as home care, long-term care, and community mental health. Long-term care and home-care support teams were both busy supporting the AIMS initiative by providing interfaces to the Convergence Platform for long-term care and for Procura home care to help meet their information requirements.

HIGHLIGHTS

- Completed upgrade to Momentum’s Convergence platform. As a result of this project, there is a single long-term care record for each resident in the province. This will improve information flow on transfer between sites and result in a better experience for the resident and the care team as repetitive data collection is reduced.
- Implemented the new Long-Term Care Facilities Assessment. This assessment is easier to complete due to consistent terms, definitions and coding options. The new assessment is 39 per cent shorter.
- This new service integrates with provincial registration services to support faster admissions and discharges, and resident information is also more accurate due to integration with the provincial Shared Client Index lookup.
- Worked with Saskatchewan Health Authority (SHA) on the AIMS initiative to support accounting practices for home-care services and provided demographic, billing, and bed utilization information to support SHA billing requirements for long-term care residents.

BY THE NUMBERS

APRIL 1, 2019 - MARCH 31, 2020

The new assessment is **39%** shorter, releasing valuable provider time for improved care.

The observation period has been reduced from **7 to 3** days, allowing quicker assessment for residents and reduced effort for providers.

157 facilities migrated to the new system.

8,800 beds migrated to the new system.

LOOKING AHEAD

- Community mental health and long-term care will benefit from further improvements to the Convergence platform through an upgrade project currently underway.
- An infrastructure upgrade for Procura will ensure home care continues to have a stable and supported system in future years.





Acute and Tertiary Care

The Acute and Tertiary Care Program focuses on the operational and patient-safety needs in the acute-care setting – bringing together an integrated suite of applications, including patient registration, surgical care, patient order sets, and acute electronic medical records.

HIGHLIGHTS

- Sunrise Clinical Manager supports physicians in the acute-care setting. This year's focus was on continuing to support the daily use of the application while planning for critical infrastructure renewal and system upgrades in the coming year.
- eHealth Saskatchewan has been busy working with the AIMS team to integrate the new Provincial Supply Management Chain Application with OR Manager to manage Surgical Supplies within each facility.
- A registration system for the Saskatchewan Hospital North Battleford was implemented.

LOOKING AHEAD

- Upgrades have started for Saskatoon and Regina Sunrise Clinical Manager instances.
- eHealth has procured licensing for the implementation of OR Manager in three facilities in Regina and will begin work in early 2020-21.



BY THE NUMBERS

APRIL 1, 2019 - MARCH 31, 2020

108,232 bookings and **100,815** surgeries were managed provincially.

67,740 bookings and **62,973** surgeries were managed by the OR Manager System.

40,492 bookings and **37,842** surgeries were managed by non-OR Manager Facilities via the Saskatchewan Surgical Care Network (SSCN) for the former smaller regional sites.



PROVINCIAL PROGRAMS

Drug and Pharmacy Services Program

The program's two areas focus on supporting the objectives of both community and acute pharmacy practices. The Pharmaceutical Information Program (PIP) is a provincial drug information system of dispensed drugs in community pharmacies. The former Saskatoon Health Region and 11 former mid-size regions, as well as the Saskatchewan Cancer Agency, belong to the single, shared, acute pharmacy system, BDM.

HIGHLIGHTS

- Expansion of BDM Pharmacy in 2019-20 included the new Jim Pattison Children's Hospital in Saskatoon and the communities of Biggar, Davidson, Preeceville, and Unity.
- In September 2019, PIP began to receive Tuberculosis drugs from Saskatoon TB Clinic.
- Expansion of the Pyxis ES (automated medication distribution system) has occurred in 11 facilities across Saskatchewan. Most recent sites this year include Yorkton Regional Health Centre and Jim Pattison Children's Hospital.

LOOKING AHEAD

- eHealth is anticipating that in the fall of 2020, Regina facilities will begin a multi-year transition onto the Provincial Pharmacy Information System.
- Data from PIP will be made available in MySaskHealthRecord in the summer of 2020.

BY THE NUMBERS

AS OF MARCH 31, 2020

eHealth has integrated

100%

of Saskatchewan pharmacies to PIP.

To date, there are more than

10,000

authorized users for the PIP in Saskatchewan

Total pharmacy orders within the BDM provincial instance during this year was

2,486,425

Total unique patient visits within the BDM provincial instance during this year was

582,892

These visits include

254,521

unique individuals accessing care.

BDM provincial instance is utilized by

638

users across the province to enhance patient care.

Laboratory Services Program

The Laboratory Information System (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 an LIS, including hospitals and community laboratory sites across the province. The SHA LIS systems, along with the Roy Romanow Provincial Laboratory (RRPL), send standardized laboratory test and results to the Saskatchewan Lab Results Repository (SLRR). These results can be accessed through the eHR Viewer and MySaskHealthRecord.

eHealth also distributes results to EMRs across the province, including the Saskatchewan Cancer Agency (SCA).

HIGHLIGHTS

- Implemented LIS SoftLab in La Loche and Île-à-la-Crosse — August 2019.
- Implemented the laboratory interface between the former Regina Qu'Appelle Health Region LIS and the Roy Romanow Provincial Laboratory LIS.

BY THE NUMBERS

AS OF MARCH 31, 2020

79.11%

of laboratory results sent to SLRR are routed to an EMR.

393

EMRs receive electronic laboratory test results.

More than

2,480

providers receive results within an EMR.

LOOKING AHEAD

eHealth continues to partner with Health System Partners on:

- Building and implementing a LIS SoftLab at Stony Rapids within the Athabasca Health Authority.
- Expanding LIS sites across Saskatchewan.





Medical Imaging Service Line

The Medical Imaging Service Line supports the delivery of public and community-based radiology imaging services by supporting several different clinical systems. The Radiology Information System (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. The Picture Archiving and Communication System (PACS) interfaces with RIS to provide a complete imaging solution with interpreted radiology reports.

HIGHLIGHTS

- Medical Imaging Reports are now one of the resources available to Saskatchewan residents via MySaskHealthRecord.
- RIS/PACS/PS360 was implemented in the Jim Pattison Children's Hospital.
- Community-Based Radiology Providers, Saskatoon Medical Imaging and Associated Radiologists, were integrated with the Provincial PACS and eHR Viewer. These partners are projected to contribute data a further estimated 300,000 studies per annum to the longitudinal health records of patients.
- PACS images are now accessible for providers via the eHR Viewer due to the development of Launch in Context functionality.
- The Performance Bridge Practice analytics project was completed, providing health-system leadership access to critical information to enable more efficient management of medical imaging resources and departments.

BY THE NUMBERS

AS OF MARCH 31, 2020

Approximately

150 radiologists
are actively using provincial
PACS, which contains

13 million
studies containing

1.5 billion
images.

4,398

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

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

25,000

radiology reports.

The overall contribution of
Community-Based Radiology
Clinics is now approximately

470,000

studies per annum.

LOOKING AHEAD

- RIS, PACS, and PowerScribe 360 will be upgraded to newer versions in order to stay current with technology.
- 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.





PARTNERSHIP PROGRAMS AND STRATEGIC HEALTH INITIATIVES

The Partnership Programs and Strategic Health Initiatives portfolio oversees the business technology solutions for health partners to ensure alignment with stakeholders' needs and roadmaps, as well as innovative and transformational change initiatives aimed at enhancing health-care delivery. This includes supporting the Ministry of Health business applications and cross-jurisdictional applications hosted by eHealth Saskatchewan. The portfolio is also responsible for the planning and execution of new strategic projects, and follow on transition to operational processes with internal and external stakeholders.

Partnership Programs

The Ministry of Health (MoH) Partnership Program supports the business technology work for the various branches at the MoH. The MoH utilizes more than 100 different business applications to support services used by the health-care partners, such as the Saskatchewan Health Authority (SHA), the Saskatchewan Cancer Agency (SCA), affiliated health-care organizations and a diverse group of health-care professionals, many of whom are in private practice.

HIGHLIGHTS

The program supports a number of key services that the Medical Service Branch (MSB) provides. This includes:

- Physician Registry - a repository of provider information used to ensure service providers and clinics are paid for their health services.
- Internet Claims System (ICS) - used by the majority of Saskatchewan physicians and other providers to upload their claims to be validated and paid
- Medical Claims Payment System (MCPS) - validates the uploaded claims biweekly and prepares files for payment by the Financial Services Branch.
- Other applications that are supported and used to manage out-of-province and out-of-country claims, Worker's Compensation Board (WCB) claims, and third-party liability claims.

LOOKING AHEAD

The MoH Partnership Program will continue to provide effective and reliable access to the wide variety of applications and services used by the many individuals throughout the province. A comparison of the incident reporting from 2019-20 against the 2018-19 fiscal year shows a 40 per cent reduction in system downtime, while continuing a high level of customer support. The program is committed to continuous improvement to maintain this positive trend in the coming 2020-21 fiscal year.

BY THE NUMBERS

The MCPS was built in 1964 and processes more than

\$500 million annually in medical

claims for approximately **1,800** Saskatchewan physicians, dental surgeons, and optometrists.





Strategic Health Initiatives

MySaskHealthRecord is a secure website that enables Saskatchewan residents to quickly and easily access their personal health information. Those who sign up will be able to access their information, including laboratory test results, medical imaging reports, and clinical visit history (displayed as an inpatient, outpatient or emergency visit to a health-care facility). All personal information in MySaskHealthRecord is stored securely, and can only be accessed through a highly secure, personalized login.

Having access to timely personal health information may help residents to be more:

- Proactive in managing chronic conditions and overall health
- Informed to make better decisions about their health and care
- Engaged with health-care providers
- Prepared with travelling

HIGHLIGHTS

- MySaskHealthRecord was made available to the public on Oct. 8, 2019, and on that first day of launch, more than 5,000 users signed up.
- More than 3.8 million results, events, and reports were sent to MySaskHealthRecord users.
 - More than 3 million lab results were made available to residents
 - About 200,000 medical imaging reports were made available to residents
- A registration system for the Saskatchewan Hospital North Battleford was implemented.
- MySaskHealthRecord was key in supporting residents during the COVID-19 pandemic, and ensuring residents got access to their results in a timely manner.
 - The Government of Saskatchewan declared a state of emergency on March 18, 2020, and MySaskHealthRecord had already supported more than 200 users in getting access to their results through the comfort of their home.

BY THE NUMBERS

By the end of the 2019-20 fiscal year, about

42,000 residents

had access to their personal health information online.

LOOKING AHEAD

MySaskHealthRecord will look to continue expanding on the features and functionalities offered to residents. This includes providing additional provincial data sets, such as immunization history data and prescription fill history data. Further, the option for users to share their MySaskHealthRecord information with those they trust, such as a family member or caregiver, will be available to better support continuity of care.





IN FOCUS

IN FOCUS: MySaskHealthRecord



MySaskHealthRecord is a secure website that enables Saskatchewan residents to quickly and easily access their personal health information. All personal health information in MySaskHealthRecord is stored securely and can only be accessed through a highly secure, personalized login.

Having access to timely personal health information may help residents to be more:

- Proactive in managing chronic conditions and overall health
- Informed to make better decisions about their health and care
- Engaged with health-care providers
- Prepared with travelling

MySaskHealthRecord allows patients to track information, including:

- Medical Record – Clinical Visit History (displayed as inpatient, outpatient or emergency), Laboratory Test Results, Medical Imaging Reports, Prescription History, and Immunization History
- Personal Health Summary – Allergies, Family History, Medical Conditions/ Procedures, and Emergency Contacts
- Measurements – Body Dimensions, Diabetic Health, Heart Health, Personal Logs, and Respiratory Health
- Personal Scheduling Log – Appointments, Reminders, Health-care Provider Contacts

MySaskHealthRecord was made available to the public on Oct. 8, 2019, and on that first day of launch, more than 5,000 users signed up. At the end of the 2019-20 fiscal year, about 42,000 residents had access to their personal health information online through MySaskHealthRecord.

Each patient has the ability to collect and track health information from a variety of data sources in their MySaskHealthRecord account.

The three data source types are:

Provincial Health Data

Clinical data as collected from facilities with information systems that share data to the provincial repository. This includes data for clinical visit history, laboratory test results, medical imaging reports, and immunization history.

Device-Entered Data

Patients can connect their personal health and fitness applications or devices, such as an activity tracker or blood glucose monitor, to sync and upload data into their MySaskHealthRecord.

Self-Entered Data

Patients can manually enter in their own personal health information such as allergies, surgical history, emergency contacts, etc., for their own tracking purposes.



More than 3.8 million results, events, and reports were sent to MySaskHealthRecord users in 2019-20, with lab results making up about 3 million of those results and medical imaging reports making up about 200,000. MySaskHealthRecord was also key in supporting residents during the COVID-19 pandemic and ensuring residents got access to their results in a timely manner. The Government of Saskatchewan declared a state of emergency on March 18, 2020 and MySaskHealthRecord had already

supported more than 200 users in getting access to their results through the comfort of their home.

MySaskHealthRecord will look to continue to expand on the features and functionalities offered to residents. This includes providing additional provincial data sets, such as immunization history data and prescription fill history data. Further, the option for users to share their MySaskHealthRecord information with those they trust, such as a family member or caregiver, will be available to better support continuity of care.





STOP



Save Free Cash

Wash Your Hands Now by entering the coupon

125/80

75

97%

INVACARE

HEALTH REGISTRIES + VITAL STATISTICS



Health Registries

Health cards are an important piece of identification for Saskatchewan residents, as they are required to access the province's publicly funded health system. eHealth's Health Registries team is responsible for verifying Saskatchewan residency in order to provide health coverage and issue health cards. This includes ensuring that residents' personal health information is up-to-date on the provincial health registry to ensure continued eligibility for provincial health services and benefits.

Vital Statistics

eHealth's Vital Statistics team is essential to assisting Saskatchewan residents in establishing their foundational identity. Vital Statistics registers every vital event that citizens experience — birth, stillbirth, marriage and death. They also assist customers when applying for new or replacement vital event certificates.

BY THE NUMBERS

JAN. 1 – DEC. 31, 2019

154,845

phone calls were handled.

59,672

vital event certificates issued.

24,352

customers were assisted at the front counter.

30,041

emails were answered.

138,746

health registrations and updates were processed.

134,688

incoming and outgoing pieces of mail were handled.

38,371

vital events and amendments were registered.

661,116

total work items were processed.

LOOKING AHEAD

Health card renewal is a provincial audit that occurs every three years to ensure that only eligible residents receive Saskatchewan health benefits. The project spans almost an entire year and includes the hiring of additional staff to handle the approximately 2,500 phone calls per day during the peak months. Health card renewal is being undertaken in the 2020 fiscal year.



POLICY

Policies and procedures are a strategic link between eHealth's vision and its operations. As such, sound policy development ensures strong and consistent corporate direction. eHealth's policy area provides public, corporate and business policy development services to all eHealth business areas.

HIGHLIGHTS

Effective Feb. 18, 2020, Saskatchewan made legislative amendments to require individuals older than 18 to provide a criminal record check as part of the change of name process. Saskatchewan is the first jurisdiction in Canada to deny a change of name where a person has been convicted of certain types of criminal offences. The changes were implemented to prevent offenders who prey on the most vulnerable in our society from changing their name to avoid public disclosure and scrutiny.

Significant work was also completed this year on various corporate policies to improve internal administration, reduce the organization's corporate risk and deliver on eHealth's vision.

LOOKING AHEAD

eHealth is responsible for administering several pieces of legislation for the province. eHealth continues to work through a legislative framework and roadmap to modernize some legislation.



INFORMATION + ANALYTIC SERVICES

The Information and Analytic Services team provides high-quality, actionable data to health-care providers, system administrators, policy-makers, researchers as well as other government organizations. The team continues to increase its data holdings to enable greater access within the health system and improve patient care. In an effort to continually improve the services we offer, this year we realigned the three functional areas that made up Information and Analytic Services (Data Warehouse, Information Services and Data Quality). The result is restructured, cross-functional teams that are better equipped to handle the evolving data needs of our customers as well as continue to maintain the data infrastructure, all in a more responsive way.



HIGHLIGHTS

The team was successful on a number of different initiatives, providing their data expertise to enable reporting, analytics, data solutions and data tools. The team's output was used to make decisions, automate processes, and provide business-continuity capabilities. Through automation, the team was able to save 66 hours of work on a monthly basis across different teams in the health system.

In response to the ransomware attack on health systems and the COVID-19 pandemic situation that emerged in 2020, the Information and Analytic Services team was able to establish analytics and reporting to consolidate

critical information quickly to support monitoring and decision-making.

The Information and Analytic Services team also collaborated with a number of other health-system organizations throughout the year. One example was the work HQC led to provide physicians with better information about their practices. The Information and Analytic Services team at eHealth was able to provide the platform and data expertise for the solution to work effectively.

LOOKING AHEAD

The health system in Saskatchewan formed a provincial Data and Analytics Governing Committee this year. The committee's goal is to advance data and analytics within the health sector in Saskatchewan. eHealth will be aggressively trying to help propel this work forward to help enable better use of data and analytics within the province. In addition, eHealth will continue to promote our existing tools and services (data warehousing, business intelligence and visualization tools, advanced analytics, etc.) to other organizations in an effort to support and enable the adoption of business intelligence throughout the province.

BY THE NUMBERS

1,400

requests for information, data warehouse and data quality services handled.

99.8%

data and information systems availability.

63%

data quality improvement for hospital data.

90,119

data quality errors remediated.

31.4%

increase in data holdings in the Data Warehouse.

3,973

minutes saved monthly through automation.





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 2019-20, eHealth's Privacy, Access, and Patient Safety Unit completed a data-sharing agreement with the Northern Health Region in Manitoba. This will allow Flin Flon Hospital to have access to the eHR Viewer. For many Saskatchewan residents, the nearest location to receive health care is across a provincial border. Ensuring those hospitals and clinics have access to the information of their Saskatchewan patients allows for those patient to receive better care and treatment.

eHealth's website was also updated with a new tab for Privacy and Access to Information across the top of the page. This change has made it easier for individuals to find answers to their privacy questions, such as how to place a mask on their record or request access to information.

BY THE NUMBERS

APRIL 1, 2019 - MARCH 31, 2020

eHealth's Privacy Service received

1,464

general requests for information in 2019-20.

338

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

388

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

Less than

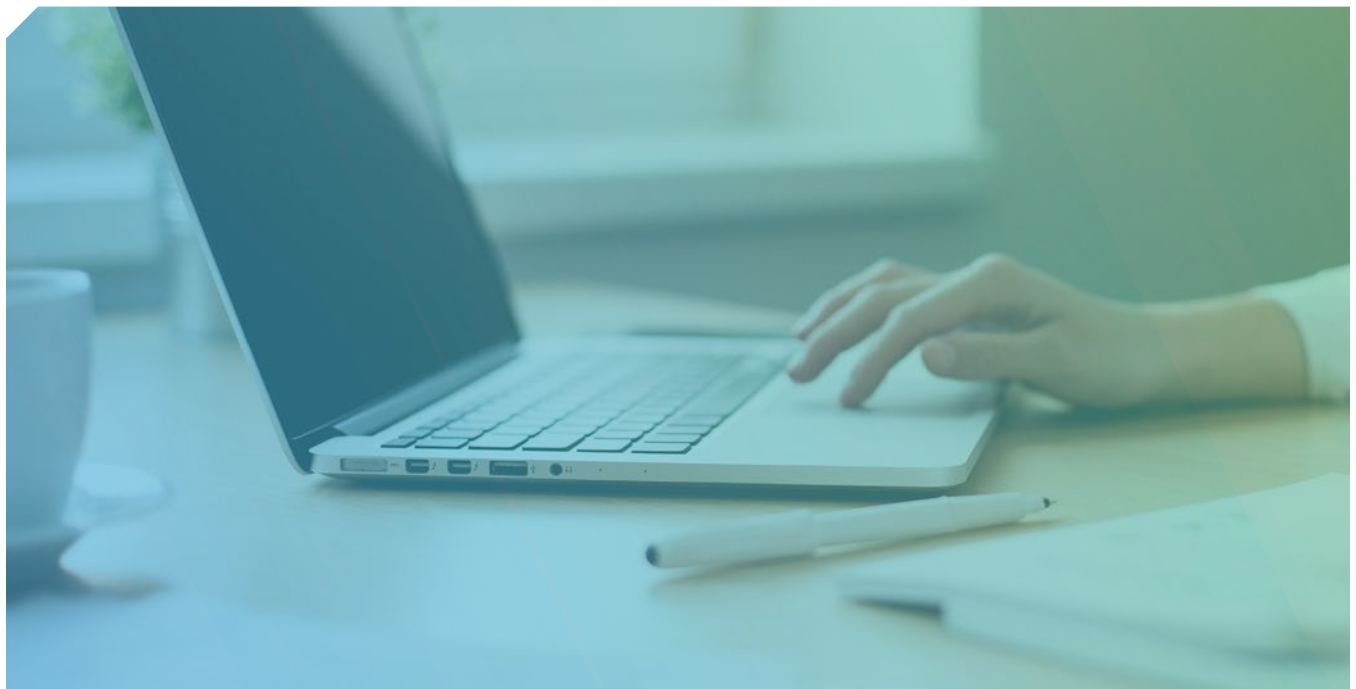
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patients have a full block on their personal health information in the eHR Viewer.

LOOKING AHEAD

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

- Implementing recommendations from the Office of the Information and Privacy Commissioner to improve access-to-information processes;
- Making improvements to the electronic Provincial Privacy Audit and Monitoring (ePPAM) service to allow for more robust auditing and monitoring of access to personal health information; and
- Updating the eHR Viewer Joint Services/Access Policy (JSAP) to make it easier for users of the eHR Viewer to understand.





IT SECURITY

Cyber security is a concern across all industries and is particularly important in health services. As the provincial health system IT services provider, eHealth Saskatchewan has made cyber security a top priority.

The increasing number of cyber attacks leading to data breaches and major security incidents across all industries has highlighted the importance of protecting information assets. eHealth Saskatchewan manages a secure computing environment on behalf of its health-care partners, and with a significant malware incident in early 2020, enhanced its focus on maturing security programs. eHealth is working with health-system partners, as well as regulatory bodies, to mature the fortification of health data. As part of this, eHealth has introduced targeted investments and process improvements to enhance governance and management capabilities.

Foundational Components

- Information Security Framework – eHealth introduced an Information Security Framework to track progress of Governance and Management functions for Security Framework Controls alignment.
- Security Roadmap – A comprehensive action plan in the form of a Security Roadmap was introduced to continually strengthen eHealth's security posture and protect health care across the province from cyber-security threats.
- Security Risk Management – A risk-assessment program and policy enhancements are in process to provide risk identification and guidance related to security.
- Physical Security – Measures are in place to prevent unauthorized physical access inspect/verify authorized access to eHealth's information-processing facilities.
- Secure Network – Capabilities have been enhanced to improve network management as part of the overall security position of eHealth Saskatchewan.
- Systems and Applications – Technology and Processes are being matured to be able to identify and mitigate any threats to IT systems and applications.
- Computing Devices – Investments have been made to enhance technical end-point controls and ensuring the most current software protections are in place.
- User Awareness and Training – A new initiative was commenced to strengthen user behaviour that will include setting up user awareness and a comprehensive training program to launch in 2020-21.



ORGANIZATIONAL DEVELOPMENT

eHealth Saskatchewan went through a reorganization in 2019. Through this, the Organizational Development Department was created and incorporates Continuous Improvement, Change Management, Staff Recognition, Learning and Development and Engagement. Organizational Development's key contribution to achieving eHealth's vision and mission is to coach, mentor, consult, train and assist staff to build capacity, spread knowledge and foster problem-solving thinking and behaviour throughout the organization. This team supports eHealth's Centre of Excellence journey through the following priorities:

- Embedding organizational best practice, standards and tools;
- Building capacity through education, training and coaching;
- Supporting others as they apply new methods and tools through initiatives; and
- Coaching and advising leaders on deploying the organization's strategic plan.

HIGHLIGHTS

In September 2019, eHealth launched the sixth wave of its leadership program to create two 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.

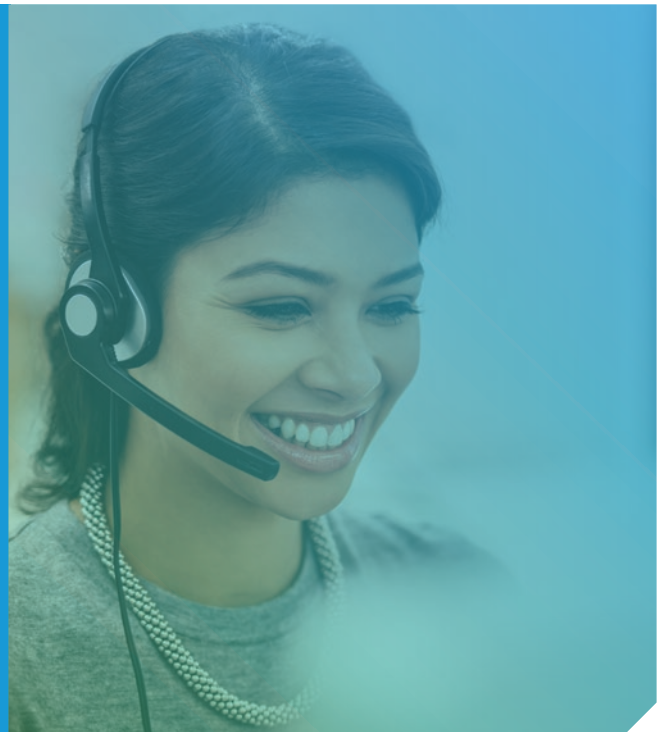
eHealth is in the process of an organization-wide inventory of learning and development requirements to assess corporate

needs for now and into the future. Once the inventory and assessment is complete, eHealth will develop learning and development opportunities for our employees. These opportunities will further support our partner organizations and providers in delivering better care and solutions for the people of Saskatchewan.

INFORMATION TECHNOLOGY

The Information Technology (IT) 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

Improving Processes and Investment Decisions

In the 2019-20 fiscal year, the Technology Division made a number of significant steps forward in the continuing work to integrate provincial IT leadership, services and technology.

In 2019, a new integrated, provincial IT organization structure was implemented. The goal of this new functional model was to create centres of excellence across the lifecycle of planning, delivery and support. This allows centralized and co-ordinated planning for significant technology investments while keeping local engagement for projects and support.

A key strategic priority was the initiation of an IT Asset Management Program. The practice of asset management in information technology allows organizations

to understand the importance of each piece of installed software and hardware and its importance to health-system operations. This allows for targeted investments for technology refresh, consolidation and modernization where it will make the most difference. This first phase focused on collecting information about environment and identifying top risks to support 2020-21 fiscal year budget requests.

Innovative Solutions and Delivery

The Jim Pattison Children's Hospital was designed by teams of patients, families, staff and physicians. They based their design on transforming the care experience for Saskatchewan children, teenagers, pregnant women and their families. Teams identified ways to improve the flow of patients and families, clinicians, medications, supplies, information and equipment.

On Sept. 29, 2019, the Jim Pattison Children's Hospital opened its doors, providing a new level of care to the people of Saskatchewan.

More than 10 years of planning, design and construction went into making JPCH a reality. Throughout this time, eHealth worked closely with more than 30 different business units, as well as the design and construction team, to understand and deliver the technology needs for building. In the months after substantial completion and before opening, eHealth installed and tested the end-user devices throughout the building to ensure everything worked successfully on Day 1. A close partnership with the SHA throughout the project ensured that clinical systems could be accessed as required throughout the building. There were many simulations run in

the final months before opening that both eHealth and the SHA supported to ensure all systems functioned as required. This detailed planning paid off, and on opening day, the new hospital opened with only limited technical issues. The strong relationships developed with the entire project team over the course of the project enabled such a successful opening. The many valuable lessons learned that can be shared and the experience with JPCH have already been leveraged in the planning of new hospitals in the province.

BY THE NUMBERS

ON-SITE TECHNOLOGY

21,000

desktops and devices.

6,000

printers.

More than

6,000

mobile devices.

More than

5,000

virtual desktops.

BY THE NUMBERS

NETWORK CONNECTIVITY

2,100

Wireless Access Points.

BY THE NUMBERS

DATA CENTRE

More than

4,500

servers.

Approximately

44,000

user accounts.

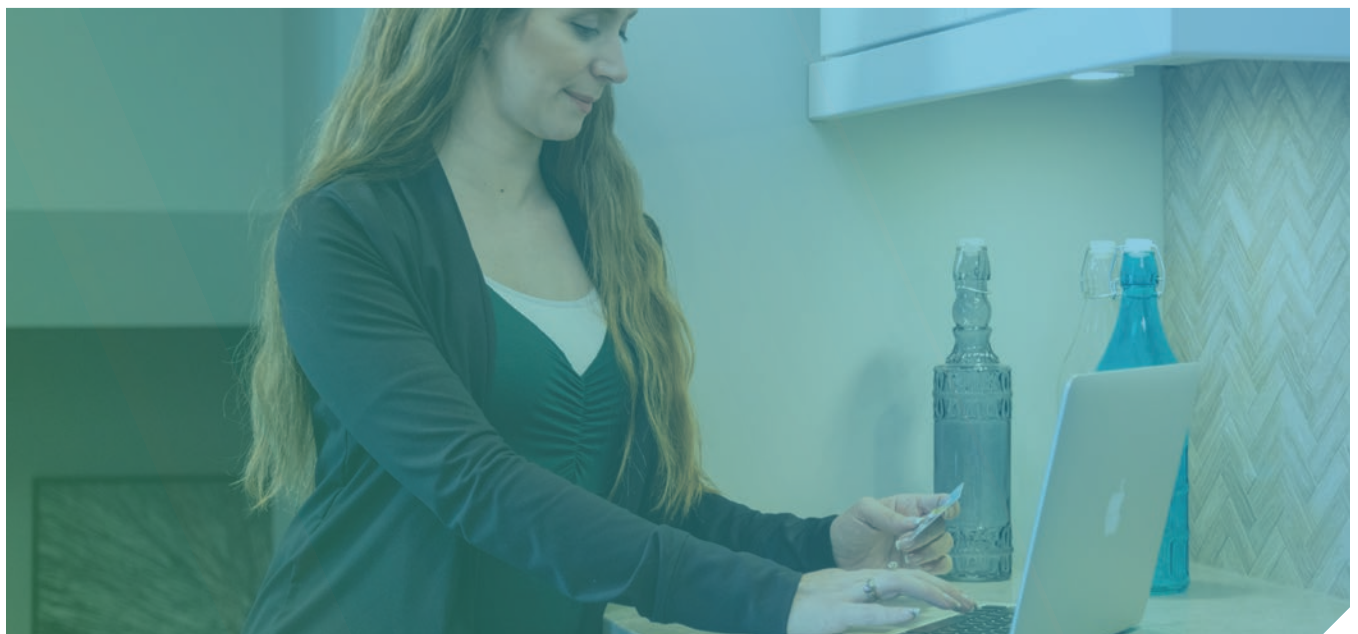
2 PB

of storage.

Approximately

54,000

email accounts.



BY THE NUMBERS

UNIFIED COMMUNICATIONS

Approximately

20,000

patients supported by Telehealth.

20,000

phones.

Approximately

23,000

Webex meetings quarterly.

BY THE NUMBERS

SERVICE ASSURANCE

Approximately

330,000

Service Desk tickets annually.

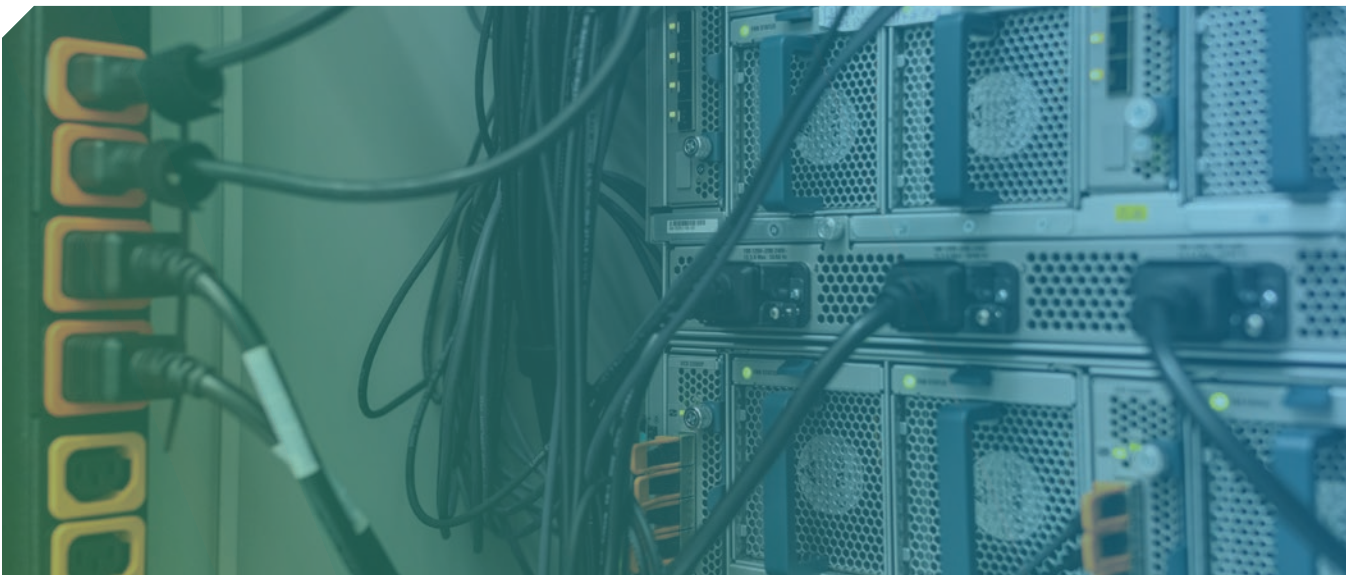
Approximately

200

IT changes processed monthly.

LOOKING AHEAD

1. Continue to develop risk-based Information Technology Asset Management Program: Identifying the most critical areas for investment and working collaboratively with health-system partners to surface key technology risks to clinical business processes and workflows.
2. Modernize core infrastructure: Refresh and expand core technologies to meet the increasing demands of the health system for performance, reliability and capacity in IT solutions.
3. Improving and Aligning Processes and Practices: Continue to develop a multi-year technology architecture and roadmap while aligning and updating operational processes to improve quality and responsiveness of services.
4. Standards: Aligning technology standards, change management, configuration and management control standards to reduce risk.





PORTFOLIO MANAGEMENT

IT governance exists to inform and align decision-making for information technology planning, policy and operations in order to meet business objectives, assure stakeholders that risks are managed appropriately and verify that resources are being used responsibly and strategically. Because information technology services account for significant capital and operational expenses in the operation of the health-care system, it is vital that we employ a set of formalized processes within our governance framework to ensure that health-system needs and requirements ultimately drive planning decisions for information technology resources.

Formalizing governance processes also helps ensure that technology and business leaders are in agreement on what is an appropriate level of risk in the information technology that powers day-to-day operations and helps to transform stakeholder needs into an Enterprise Actionable Strategy.

To date, eHealth has successfully facilitated the development of the first cross-organizational forum, the Integrated Advisory Committee (IAC), responsible to ensure the accountability and success of IT governance objectives. The prime purpose of the IAC is to serve as a

forum for technology leadership to ensure that all technology decisions align with system- and partner-level goals, strategies, objectives, and needs. The current focus is to incorporate IT governance into the budget preparation process for the upcoming planning cycle. These initial structures will evolve and mature over time to align with the evolving needs of partners and changes in health-care needs.

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, 2020, the Board was comprised of 7 out of 8 independent directors.	Yes
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		
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 directors, including basic duties to attend meetings and review materials in advance.	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, policies and monitoring the corporation’s communication strategies; f) Take reasonable steps to ensure the implementation and integrity of the organization’s internal controls and management information systems by which the organization operates; and g) Approve the organization’s approach to corporate governance, including approval of and monitoring compliance with a set of corporate governance principles and policies. 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). Expectations and responsibilities of directors, including participation in and preparation for meetings are outlined in the Committee/Board position profiles.	Yes

Position Descriptions		
<p>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.</p>	<p>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.</p>	Yes
Orientation and Continuing Education		
<p>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.</p>	<p>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.</p>	Yes
<p>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.</p>	<p>The Board of Directors has a Continuing Education Policy, which outlines a framework of training in the following categories:</p> <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. <p>A training calendar is created and approved by the Board annually, which identifies training opportunities for the fiscal aligned to the continuing education framework.</p>	Yes
Code of Business Conduct and Ethics		
<p>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 wrongdoing. The Code should address:</p> <p>(a) conflicts of interest, including transactions and agreement where a director or officer has a material interest;</p> <p>(b) protection and proper use of corporate assets and opportunities;</p> <p>(c) confidentiality of corporate information;</p> <p>(d) fair dealing with the corporation's security holders, customers, suppliers, competitors and employees;</p> <p>(e) compliance with laws, rules and regulations; and</p> <p>(f) reporting of illegal or unethical behaviour.</p>	<p>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.</p>	Yes
<p>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 officers 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.</p>	<p>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.</p> <p>There were no waivers granted to any director during the year ending March 30, 2020, with respect to the Code compliance by directors, officers or employees.</p>	Yes

<p>NP 58-201, section 3.10 3.10 The board should appoint a nominating committee composed of entirely independent directors.</p>	<p>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 2019-20, all three members of the Governance, Policy and Human Resources Committee were independent directors.</p>	<p>Yes</p>
<p>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.</p>	<p>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.</p>	<p>Yes</p>
<p>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.</p>	<p>A skills profile, identifying the desired mix of experience and competencies required for the Board to effectively discharge its responsibilities has been developed.</p> <p>The Governance, Policy and Human Resources Committee with assistance from Management maintains and updates the skills profile of existing members. With the changes to Board Composition in 2019 the skills profile was updated to provide a comprehensive assessment of overall skill set.</p>	<p>Yes</p>
<p>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.</p>	<p>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.</p>	<p>Yes</p>
<p>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.</p>	<p>The Terms of Reference for the Governance, Policy and Human Resources Committee states:</p> <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. 	<p>Yes</p>
<p>Compensation</p>		
<p>NP 58-201, section 3.15 3.15 The Board should appoint a Compensation Committee composed entirely of independent directors.</p>	<p>All members of the Governance, Policy and Human Resources Committee are independent.</p>	<p>Yes</p>
<p>NP 58-201, section 3.16 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>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 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>Yes</p>

<p>NP 58-201, section 3.17</p> <p>3.17 The compensation committee should be responsible for:</p> <p>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;</p> <p>b) making recommendations to the board respecting non-CEO officer and director compensation, incentive compensation plans and equity-based plans; and</p> <p>c) reviewing executive compensation prior to public disclosure.</p>	<p>The Governance, Policy and Human Resources Committee are responsible for:</p> <ul style="list-style-type: none"> - Recommending to the Board for approval of 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>Director remuneration is determined by the Lieutenant Governor in Council.</p>	<p>Yes</p>
<p>Regular Board Assessments</p>		
<p>NP 58-201, section 3.18</p> <p>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> <p>(a) in the case of the Board or a Board committee, its mandate or charter; and</p> <p>(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>	<p>The Governance, Policy and Human Resources Committee co-ordinates the assessment process with the assistance of Management or an external service provider. Performance evaluations are conducted annually of some or all of the Board, each Board Committee, the Board and Committee Chairs and individual Directors. In the year ended March 31, 2020, the Board evaluations were conducted.</p>	<p>Yes</p>

The background is a blue-tinted photograph of a desk. In the foreground, a silver and black fountain pen lies on a document. Below the pen, a calculator is visible, and in the lower right corner, a portion of a white keyboard is shown. The overall scene is softly blurred, creating a professional and focused atmosphere.

2019-20 FINANCIAL STATEMENTS

MANAGEMENT'S RESPONSIBILITIES

The accompanying financial statements included in the Annual Report for the year ended March 31, 2020, 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 has the responsibility for approving financial statements. The Board fulfils 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.



Jim Hornell
Chief Executive Officer
eHealth Saskatchewan



Mark Borgares
VP, Corporate Services and CFO
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, 2020, and the statement of operations, changes in net financial assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of eHealth Saskatchewan as at March 31, 2020, 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 2019-20 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 24, 2020

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>2020</u>	<u>2019</u>
Financial Assets		
Due from General Revenue Fund (Note 3)	\$ 15,915	\$ 14,763
Receivable from Ministry of Health	4,853	970
Other Accounts Receivable	13,718	10,437
	<u>34,486</u>	<u>26,170</u>
Liabilities		
Accounts Payable & Accrued Liabilities	16,394	9,075
Accrued Salaries & Benefits	845	1,082
Accrued Vacation	761	609
Deferred Revenue (Note 11)	4,752	4,774
Obligations Under Capital Leases (Note 9)	3,562	9,368
	<u>26,314</u>	<u>24,908</u>
Net Financial Assets (Statement 3)	<u>\$ 8,172</u>	<u>\$ 1,262</u>
Non-financial Assets		
Tangible Capital Assets (Note 6)	5,984	14,454
Prepaid Assets	6,686	5,185
Inventory	690	-
	<u>13,360</u>	<u>19,639</u>
Accumulated Surplus (Statement 2)	<u>\$ 21,532</u>	<u>\$ 20,901</u>

Contractual Obligations (Note 8)

Contractual Rights (Note 10)

Contingent Asset (Note 16)

(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>2020</u>	<u>2019</u> (Note 14)
Revenue			
Ministry of Health Funding			
General Revenue Fund Grant	\$ 103,145	\$ 103,145	\$ 102,633
Other Ministry of Health	10,063	16,444	12,490
Canada Health Infoway Funding	1,267	3,446	6,432
Recoveries / Other	22,223	22,801	19,522
Total Revenue	<u>136,698</u>	<u>145,836</u>	<u>141,077</u>
Expenses			
Amortization	10,000	9,378	10,395
Programs & Technology	92,625	107,101	101,353
Corporate Services	16,919	12,967	14,100
Board & Executive Office	3,899	1,756	1,155
New Facility Support	5,900	5,215	7,500
Governance & Risk	10,812	8,788	8,190
Total Expenses (Schedule 1)	<u>140,155</u>	<u>145,205</u>	<u>142,693</u>
Annual (Deficit) / Surplus (Statement 3)	\$ (3,457)	\$ 631	\$ (1,616)
Accumulated Surplus, at beginning of year	<u>20,901</u>	<u>20,901</u>	<u>22,517</u>
Accumulated Surplus, at end of year (Statement 1)		<u>\$ 21,532</u>	<u>\$ 20,901</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)

	<u>Budget</u> (Note 4)	<u>2020</u>	<u>2019</u>
Annual Surplus (Deficit) (Statement 2)	\$ (3,457)	\$ 631	\$ (1,616)
Acquisition of Tangible Capital Assets	(750)	(908)	(667)
Amortization of Tangible Capital Assets	10,000	9,378	10,395
	<u>9,250</u>	<u>8,470</u>	<u>9,728</u>
(Acquisition) / Use of Prepaid Assets	(500)	(1,501)	(514)
(Acquisition) / Use of Inventory	-	(690)	-
	<u>(500)</u>	<u>(2,191)</u>	<u>(514)</u>
Decrease in Financial Assets	\$ 5,293	\$ 6,910	\$ 7,598
Net Financial Assets (debt), beginning of year	<u>1,262</u>	<u>1,262</u>	<u>(6,336)</u>
Net Financial Assets, end of year (Statement 1)	<u>\$ 6,555</u>	<u>\$ 8,172</u>	<u>\$ 1,262</u>

(See accompanying notes to financial statements)

Statement 4

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

	<u>2020</u>	<u>2019</u>
Cash Flows From Operating Activities		
Cash Receipts	\$ 138,650	\$ 139,276
Cash Paid To Suppliers And Others	(130,784)	(131,222)
Cash received from Operating Activities	<u>7,866</u>	<u>8,054</u>
 Cash Flows From Capital Activities		
Purchase Of Tangible Capital Assets	(908)	(667)
Cash paid in Capital Activities	<u>(908)</u>	<u>(667)</u>
 Cash Flows From Financing Activities		
Net Change in Obligations Under Capital Leases	(5,806)	(7,668)
Cash Paid in Financing Activities	<u>(5,806)</u>	<u>(7,668)</u>
 Net Increase/(Decrease) In Due From General Revenue Fund	\$ 1,152	\$ (281)
 Due From General Revenue Fund, Beginning Of The Year	14,763	15,044
 Due From General Revenue Fund, End Of The Year	<u>\$ 15,915</u>	<u>\$ 14,763</u>

(See accompanying notes to financial statements)

eHealth Saskatchewan
Notes to the Financial Statements
for the Year ended March 31, 2020
(\$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.

j) New accounting standards in effect

PS 3400 Revenue (effective April 1, 2022) 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 2019 was 1.72% (2019 - 1.54%).

4. **Budget Approval**

eHealth's budget was approved by the Board on June 26, 2019.

5. **Accumulated Surplus**

eHealth's accumulated surplus of \$21,532 in 2020 (2019- \$20,901); tangible capital assets not fully amortized (\$5,984); lease obligations \$3,562 and; designated assets held for specific purposes \$10,178 (Note 13). eHealth's accumulated surplus is \$8,932 after adjusting for the items previously identified.

6. **Tangible Capital Assets**

	March 31, 2020					March 31, 2019	
	Desktop Hardware	Computer Hardware	Computer Software	Office Furniture & Leasehold Improvements	System Development Costs	Total	Total
Opening Cost	\$ 6	\$ 38,108	\$ 6,045	\$ 3,043	\$ 153,499	\$ 200,701	\$ 200,034
Additions During the Year	-	908	-	-	-	908	667
Closing Cost	6	39,016	6,045	3,043	153,499	201,609	200,701
Opening Accumulated Amortization	6	27,504	6,045	1,608	151,084	186,247	175,852
Annual Amortization	-	6,940	-	288	2,150	9,378	10,395
Closing Accumulated Amortization	6	34,444	6,045	1,896	153,234	195,625	186,247
Total Tangible Capital Assets	\$ -	\$ 4,572	\$ -	\$ 1,147	\$ 265	\$ 5,984	\$ 14,454

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 for the year ended March 31, 2020, include the following:

	2020	2019
Revenue		
Health Shared Services Saskatchewan (3S Health)	548	168
Saskatchewan Health Authority	19,214	14,292
Saskatchewan Association of Health Organizations	7	6
Saskatchewan Cancer Agency	523	955
Saskatchewan Ministry of Finance	265	325
Saskatchewan Ministry of Health	119,589	115,123
Other ¹	-	2
Saskatchewan Workers' Compensation Board	-	7
Saskatchewan Public Safety Agency	64	-
SaskTel	1	-
	\$ 140,211	\$ 130,878
Accounts Receivable		
Health Shared Services Saskatchewan (3S Health)	164	117
Saskatchewan Health Authority	8,432	5,344
Saskatchewan Cancer Agency	171	263
Saskatchewan Public Safety Agency	21	-
Saskatchewan Ministry of Finance	58	-
Saskatchewan Ministry of Health	4,853	970
	\$ 13,699	\$ 6,694
Expenses		
Health Shared Services Saskatchewan (3S Health)	141	121
Other ¹	22	18
Public Employees - Dental Plan	337	338
Public Employees - Disability Income Plan	112	103
Public Employees - Extended Health Care Plan	571	586
Public Employees - Group Life Insurance Plan	180	152
Public Employees Pension Plan	4,024	3,769
Saskatchewan Health Authority	42,924	47,155
Saskatchewan Ministry of Central Services	183	233
Saskatchewan Ministry of Health	-	60
Saskatchewan Ministry of Justice	68	182
Saskatchewan Workers' Compensation Board	317	344
SaskEnergy	32	38
SaskPower	233	255
SaskTel	9,875	11,030
	\$ 59,019	\$ 64,384
Accounts Payable		
Health Shared Services Saskatchewan (3S Health)	33	20
Other ¹	13	1
Public Employees - Dental Plan	26	39
Public Employees - Disability Income Plan	9	13
Public Employees - Extended Health Care	20	44
Public Employees - Group Life Insurance Plan	13	13
Public Employees Pension Plan	140	165
Saskatchewan Health Authority	172	367
Saskatchewan Ministry of Central Services	55	76
Saskatchewan Ministry of Justice	30	45
SaskPower	-	21
SaskEnergy	3	-
SaskTel	1,009	1,751
	\$ 1,523	\$ 2,555

¹ Other Expenses include Saskatchewan Government Insurance; Saskatchewan Gaming Corp; and Publications Saskatchewan. 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. eHealth has 6 operating leases with MacQuarie finance expiring March 21, 2024. The operating lease payments for the next 5 years are as follows:

2021	2,849
2022	2,868
2023	2,864
2024	2,449
2025	222
Total Lease Payments	\$ 11,252

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 \$33,126 was spent in 2020 (2019 - \$28,907). This arrangement will likely continue into the future.

iii) Other Contractual Obligations

As of March 31, 2020, eHealth is committed to technical support for internal and IT systems totalling \$102,735 (2019 - \$118,225). The following table outlines the funds dedicated for capital and operational expenditures over the remaining years as follows:

2021	\$ 36,965
2022	22,007
2023	15,641
2024	10,959
2025	10,098
Thereafter	7,065
Total Commitment	\$ 102,735

9. **Capital Leases**

eHealth currently has 35 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:

2021	3,386
2022	694
2023	343
2024	126
2025	43
Total	<u>4,592</u>
Less Interest	77
Net	<u>4,515</u>
Less Maintenance	953
Total Obligation	<u>\$ 3,562</u>

10. **Contractual Rights**

As of March 31, 2020 eHealth has a contractual right with Canada Health Infoway totalling \$628 (2019 - \$5,583) for the implementation of a provincial wide Citizen Health Portal. The contractual rights over the remaining year is as follows:

2021	628
Total Contractual Right	<u>\$ 628</u>

11. **Deferred Revenue**

As of March 31, 2020, eHealth's deferred revenue balance is \$4,752 (2019 - \$4,774). 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, and Newfoundland, from Saskatchewan Centre for Patient Orientated Research (SCPOR), Saskatchewan Health Authority and Canada Health Infoway.

Deferred Revenue	April 1, 2019	Recognized in 2019-20	Amounts Received	March 31, 2020
Provider Registry Host Agency	\$ 139	\$ 222	\$ 213	\$ 130
SPCOR	2,408	294	-	2,114
Saskatchewan Health Authority	677	384	-	293
Canada Health Infoway	1,550	222	887	2,215
Total Deferred Revenue	\$ 4,774	\$ 1,122	\$ 1,100	\$ 4,752

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, 2020 is \$10,178 (2019 - \$11,797). In 2019-20, the designated assets consist of a combination of cash and accounts receivable. eHealth's Board of Directors has approved the following designated assets in 2019-20:

Designated Assets	April 1, 2019	2019-20 Expenditures	Amounts Received	March 31, 2020
Drug Plan System Enhancements	\$ 23	\$ -	-	\$ 23
Community System Enhancements	769	370	541	940
Chronic Disease Management	835	-	-	835
Strategy & Innovation	7,362	5,215	-	2,147
Population Health	5	5	-	-
Acute and Emergency Services	123	-	250	373
Financial Services Branch	59	3,597	7,275	3,737
eHealth Saskatchewan	1,744	498	-	1,246
My SK Health Portal	845	-	-	845
Saskatchewan Health Authority	32	-	-	32
Total Designated Assets	\$ 11,797	\$ 9,685	\$ 8,066	\$ 10,178

14. Comparative Information

Certain of the comparative figures have been reclassified to conform to the financial statement presentation adopted in the current year

15. Subsequent Event

In March 2020, the World Health Organization declared the outbreak of novel coronavirus (COVID-19) as a pandemic which continues to spread throughout Canada. On March 18, 2020, the Government of Saskatchewan declared a provincial state of emergency due to the pandemic. The COVID-19 pandemic is complex and rapidly evolving and will have a major impact on the health sector and eHealth Saskatchewan. The pandemic is expected to lead to an increase in demand for health services which could impact eHealth's financial position and operations but the full impact cannot be reasonably estimated at this time.

16. Contingent Asset

In January 2020 eHealth was the victim of a cyber attack. Expenses were incurred during 2019-20 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 cannot be reasonably estimated at this time.

Schedule 1

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

	Budget	2020	2019
Amortization	\$ 10,000	\$ 9,378	\$ 10,395
Board	104	54	55
Communications	481	690	439
Community Net	7,101	6,901	7,773
Facilities	647	496	472
Hardware	248	4,415	1,287
Hardware Maintenance	1,415	1,770	1,447
Insurance	140	123	114
Leases	945	991	1,252
Legal	400	115	116
Membership	11	92	26
Miscellaneous	601	351	303
Office Supplies	1,004	656	471
Other ¹	34,500	38,777	39,000
Parking	331	194	332
Professional Fees	11,835	10,062	15,550
Rent	2,755	2,725	2,448
Salary & Benefits	33,649	30,539	30,394
Software License	2,459	3,364	1,466
Software Maintenance	30,726	33,126	28,906
Telephone	179	253	258
Travel	624	133	189
	\$ 140,155	\$ 145,205	\$ 142,693

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 KHADER, AZARUDEEN	74,481	DERIN, CARRIE	91,847
ABDULLAH, MUHAMMAD	92,677	DESJARLAIS, TAMARA	95,301
ADEROJU, ADETUNJI	76,433	DHANJAL, GURSAHIB	103,916
AJAYI, OLUGBENGA	79,329	DOBSON, TAMARA	75,219
ALI, NAVEED	96,687	DOLNEY, DIANE	105,114
AMOR, MARIE	121,801	DONG, LI	81,274
ANDERSON, ROBERT	84,098	DRAUDE, MITCHELL	107,016
ANDERSON, SABRINA	104,939	DUNN, KELLY	83,820
ANDREAS, TRENT	94,876	EBERLE, ROXANE	113,838
ANTONIO, JUSTIN	58,591	ELLIS, JARROD	94,185
ANTOSH, SUSAN	131,280	ENGEL, KEVIN	85,115
ARMSTRONG, KRISTIN	97,067	ENGEL, LISA	94,214
ATKINSON, JOSEPHINE	116,336	EVENSON, DANIELLE	67,146
AUTON, LESLIE	54,539	FALLAS, IAN	96,151
AWESOME, WES	81,407	FAMUYIBO, OYEBOLA	83,513
BACHTIAR, MACHDUM	91,761	FIDELAK, MARK	95,008
BALDWIN, ROXANNE	58,623	FLAMAN, LINDA	53,591
BALLAN, MILDRED	80,624	FREI, DEREK	93,496
BALLER, GREGORY	92,175	FREI, JASON	99,310
BAN, HAO	85,809	GABEL, MICHAELA	84,500
BAYNTON, CHRISTINE	115,063	GEDDES, SEAN	87,386
BENHAM, ROBERT	87,030	GHATTI, RINI	110,220
BENSON, JAY	115,232	GRAFF, LISA	64,468
BERG, MARLIN	106,198	GRAY, JENNIFER	63,449
BHANDARI, SUMAN	60,706	HABIB, SHAMILA	58,955
BHATTACHARYYA, PINAKI	89,981	HALIM, MD	78,802
BIENVENUE, MURRAY	92,226	HAMILTON, DUANE	78,909
BISHT, NEERAJ	84,723	HANCOCK, MICHAEL	81,639
BISS, JEFF	72,919	HANNA, IAN	97,417
BJORND AHL, STERLING	57,388	HAYES, ROBERT	87,395
BLACKMORE, GORDON	91,381	HEAD, AIDAN	50,161
BORGARES, MARK	162,055	HEBERT, ANDREW	83,176
BRADLEY, SEAN	77,849	HEINRICH, BETTY	77,205
BRITTNER, RYAN	95,420	HENNENFENT, JAMIE	84,176
BROCKMAN, DANIEL	91,896	HERMANSON, PERRY	106,293
BROQUEZA, BRIAN	56,337	HINZMANN, GARY	111,508
CANNON, BRIAN	73,434	HOLLINGSHEAD, GARY	66,867
CARR, JESSE	83,651	HOMROY, HOMARGHYA	79,646
CELIS, ALONSO	123,752	HONG, HAIYING	80,252
CHURCH, DAVIN	164,781	HORNELL, JAMES	263,252
CLAUDE, BRIAN	84,174	HOVANAK, GARY	91,761
CROOK, BEVERLEY	80,776	HOVIND, MYRNA	98,690
DABAO, MARK	71,383	HOWATT, WENDY	51,456

DAUVA, NADEEM	64,707	HUMPHREYS, MARK	96,557
DEASON, JOSEPH	79,455	HUNCHAK, JUSTINE	92,015
DEOBALD, AARON	85,688	HUTCHINGS, ROBERT	70,819
HUTCHISON, LAURIE	108,709	MANN, GREGORY	85,262
IGBINWEKA, VALERIE	68,320	MARKEWICH, EVAN	82,657
ILORI, KAYODE	87,011	MARTIN, NICK	91,779
ISLAM, MOHAMMAD	82,652	MARTINSON, JOYCE	53,280
JAMES, CINDY	104,962	MATCHETT, HAYDEN	66,021
JAMIL, MUHAMMAD	95,336	MATT, DANIELLE	63,335
JAMIL, RAHEEL	66,092	MCBRIDE, HELEN	61,892
JANZEN, NORINE	77,095	MCCANN, SHAWN	87,855
JASTER, NICOLE	91,408	MCGEOUGH, MARGO	64,292
JEANNOT, JESSICA	103,452	MCKENZIE, DOUGLAS	95,221
JEWSBURY, KIRSTY	93,603	MCKINNON, GRANT	92,310
JIANG, MINGDE	95,982	MCMURDO, STEVEN	69,472
JOHNSON, ANGELA	124,417	MICHAEL, YONATAN	83,299
JORDAN, JENNIFER	72,713	MICHAELS, SCOTT	65,025
JOSEPH, GERALD	62,657	MIHALICZ, ADAM	76,921
JOSHI, KHUSHBU	52,404	MILLAR, JOHN	87,847
KASPERSKI, DAN	84,374	MOLNAR, BRENT	100,713
KATIPELLY, NAVEEN	64,196	MOMIN, ANIS	107,394
KECK, SANDRA	50,753	MUDRY, BRENDA	83,805
KHURANA, HITESH	91,373	MULA, AARON	117,910
KLIPPENSTEIN, NEIL	70,667	MULAMALLA, HIMA BIND	77,464
KONECHNY, LORRAINE	87,019	MYLES, DARREN	153,272
KOSHMAN, NATHAN	73,513	NAGEL, SHERRI	95,680
KOSIOR, CASSEY	85,103	NEIGUM, DARWIN	106,185
KOTECK, MARVIN	83,995	NEUDORF, CHRISTINA	82,063
KOVACH, KAREN	64,641	NICHOLS, LUKE	85,337
KOZAK, CHARENE	93,262	OLYNICK, NEIL	98,524
KRAFT, EVAN	75,698	OZOH, LORRETTA	79,860
KRAMER, AMY	121,309	PAIDEL, JEFF	51,941
KWAN, DEREK	91,762	PANESAR, RUPI	94,496
LABRADOR, YAZMIN	93,074	PANNELL, RICHARD	93,182
LAM, WILLIAM	58,862	PAPP, RANDY	95,789
LANE, ROBERT	104,049	PAQUET, DANIEL	83,820
LANGSHAW, NICHOLAS	158,566	PAWLIW, SPENCER	102,334
LAWRENCE, PAUL	112,861	PEARCE, RHONDA	111,616
LEFLAR, NICOLE	120,836	PEKRUL, SHAUN	86,537
LEPAGE, BAILEY	54,489	PERRAS, BRENDA	59,941
LESTAGE, VALERIE	84,176	PETERSEN, WAYNE	60,391
LINDENBACH, JENNIFER	126,779	PETRIEW, JENNIFER	89,583
LINTOTT, NICOLE	54,238	PILLIPOW, KELVIN	87,668
LIPINSKI, BRADLEY	110,822	POLIQVIN, VINCENT	87,039
LIPINSKI, CRYSTAL	83,793	PROCYSHEN, TREVOR	100,808
LITTLEMORE, LORRAINE	64,295	PYLE, JOSEPH	124,796
LOGANATHAN, PRATHEEPA	70,801	QUACH, ANDREW	63,546
LOUCKS, DARRYL	90,375	QURAISHI, ASHAN	89,993
LY, LILLIAN	120,824	RADFELDER, STACY-LEE	50,380
MAINDONALD, PAUL	132,029	RAZA, AMIR	94,872
MANJAREKAR, SANDEEP	67,167	RAZAQ, ABDUL	91,749

REECE, DAVID	77,205	TRIANTAFYLLOU, LISA	65,009
REEVES, JANICE	95,008	TUNSTEAD, DARRELL	90,529
REILLY REDLER, ANGELEEN	78,523	TURCOTTE, STEVIN	65,913
RICHARD, MARNIE	85,508	TURLEY, KARA	105,251
RICHE, KAILEY	64,703	TUTOO, VITESTA	83,101
ROBERTS, GENNINE	80,257	VERMA, VIVEK	97,939
ROBERTS, JOHN	67,280	VIDOVIC, OLEG	99,504
ROBERTS, SHAUNA-GA	79,236	WELLS, SCOTT	121,520
RONDEROS, ANDRES	91,700	WILL, AMANDA	55,649
RUST, JESSICA	86,011	WILLIS, PETER	75,773
RUTTEN-JAMES, RABIN	100,975	WILSON, BRENTON	73,238
SAHOTA, SUKHMENDI	93,498	WINNICKI, KRISTA	76,889
SALAZAR, SHAYLENE	164,842	WRIGHT, JASON	61,361
SAWCHYN, COREY	70,711	WRIGHT, MICHAEL	80,336
SCHMIDT, KAREN	79,575	YAUCK, RODNEY	92,611
SCHULTZ, MICHAEL	67,038	ZAMAN, SHAFI	99,998
SELINGER, MELISSA	73,574	ZHAN, JUNSHENG	91,613
SELINGER, PAUL	95,361	ZHANG, BONING	92,695
SELISKE, JEFF	67,072	ZHANG, HONG	77,205
SESULA, JAMES	91,944	ZHANG, ZHAOXIANG	89,310
SHAH, BINAL	53,988	ZORN, AARON	59,725
SHARMA, ANIKET	57,248	ZWIRSKY, NIKKI	60,448
SHARMA, RADHIKA	88,853		
SHEVCHUK, MICHAEL	84,176		
SHIRODKAR, SANDESH	90,833		
SHIRODKAR, SAYALI	72,472		
SHOBAMOWO, FOLAKE JA	67,907		
SIDDIQUE, MUHAMMAD	84,143		
SILVER, ROBIN	97,837		
SINGH, GURINDERP	64,095		
SINGH, HARKARAN	113,604		
SINGH, KARANVIR	72,368		
SINGH, MANMEET	95,453		
SINGH, SATINDER	74,491		
SLOMAN, PAUL	83,718		
SMITH, KENNETH	62,804		
SNELL, AMANDA	94,142		
STEPP, QUINN	67,454		
SUBRAMANIAN, SULOCHANA	80,626		
SWARAY, BRENDA	84,920		
SYNK, LUANNE	108,124		
TAM, MINOAH	90,479		
TANVEER, FAISAL	87,387		
TAYLOR, DAVID	72,836		
TESSIER, JENNIFER	87,113		
THACYK, RANDAL	89,414		
TOMPKINS, MEGAN	52,752		
TREMBLAY, CODY	95,050		

GOODS and SERVICES

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

3sHealth	117,469	Minister of Finance - PST	836,946
Allscripts Healthcare, LLC	3,851,206	Ministry of Central Services	185,128
Antosh, Susan	91,896	Ministry of Justice Civil Law	60,388
ARC Business Solutions Inc.	148,183	Momentum Healthware Inc.	776,450
ARC Technologies Inc.	361,041	Momentum HVAC Services	52,866
Axiell ALMCanada Inc.	99,162	Ontario Telemedicine Network	96,351
BDM IT Solutions	1,200,515	Oracle Canada ULC	1,103,533
Becton Dickinson and Company	130,939	Orion Health Limited	654,217
Brown Communications Group	256,546	Philips Healthcare	1,534,023
Canada Post Corporation	147,602	PICIS Clinical Solutions INC.	428,854
Canada Revenue Agency	4,797,057	Powerland Computers	502,761
Canadian Bank Note Company Ltd	135,995	Public Employees - Disability Income Plan	116,650
Canadian Pharmacists Association	101,600	Public Employees Pension Plan	3,764,634
Cerner Canada Ltd.	664,095	Public Employees-Dental Plan	350,964
CGI ISMC Inc.	52,361	Public Employees-Extended Health Care Plan	604,464
Christie Innomed Inc.	52,043	Public Employees-Group Life Insurance	153,130
Cisco Systems Capital Canada Co.	7,298,715	QHR Technologies Inc.	591,903
Citrix Systems Inc.	119,043	Quantitative Medical Systems Inc.	292,570
Cornwall Centre Inc.	1,838,101	Receiver General of Canada	4,196,361
De Lage Landen Financial Services Canada	6,727,875	rSolutions	236,660
Dell Canada Inc	260,588	SAP Canada Inc	96,229
Develus Systems Inc. dba Procura	185,370	SAS Institute (Canada) Inc.	133,739
Elite Information Systems and Consulting I	136,190	Saskatchewan Government Employees Union	629,209
Entco Software Canada Co. Logiciels Entco	104,706	Saskatchewan Health Authority	44,692,577
ESTI Consulting Services	117,677	Saskatchewan Workers' Compensation Board	465,562
First Data Bank Inc.	598,596	SaskPower	263,987
Gartner Canada, Co.	219,947	SaskTel	11,655,393
GDI Services (Canada) LP	96,993	SCC Soft Computer	900,600
Gerrand Rath Johnson LLP in Trust	103,997	Sierra Systems Group Inc.	171,907
Gevity Consulting Inc.	143,401	Solvera Solutions	301,085
Hyland Software Canada ULC	362,059	Telus Health Solutions Inc.	5,065,121
IBM Canada Ltd.	1,239,277	Think Research Group	506,547
Imprivata, Inc	249,568	Unilogik Systems Inc	56,320
Infor (Canada), Ltd.	100,775	VIVVO Application Studios Ltd	126,873
Informatica LLC	261,864	WBM Office Systems	2,902,699
Inverness Consulting	461,776	Zerr, Don	50,430
ITC Information Technology Consultants Lt	58,631	ZU	208,820
Lab Ware Inc.	106,326		
Lexmark Canada Inc.	99,201		
Macquarie Equipment Finance Ltd.	56,806		
Marsh Canada Limited	123,470		
Mastech Infortrellis Digital, Ltd.	202,620		
Matrix Video Communications Corp.	77,857		
Microsoft Canada Co.	2,727,211		
MicroStrategy Services Corporation	105,887		



NOTES
