CIHI's Annual Report

2020–2021

Canadian Institute for Health Information
Institut canadien d'information sur la santé

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About CIHI

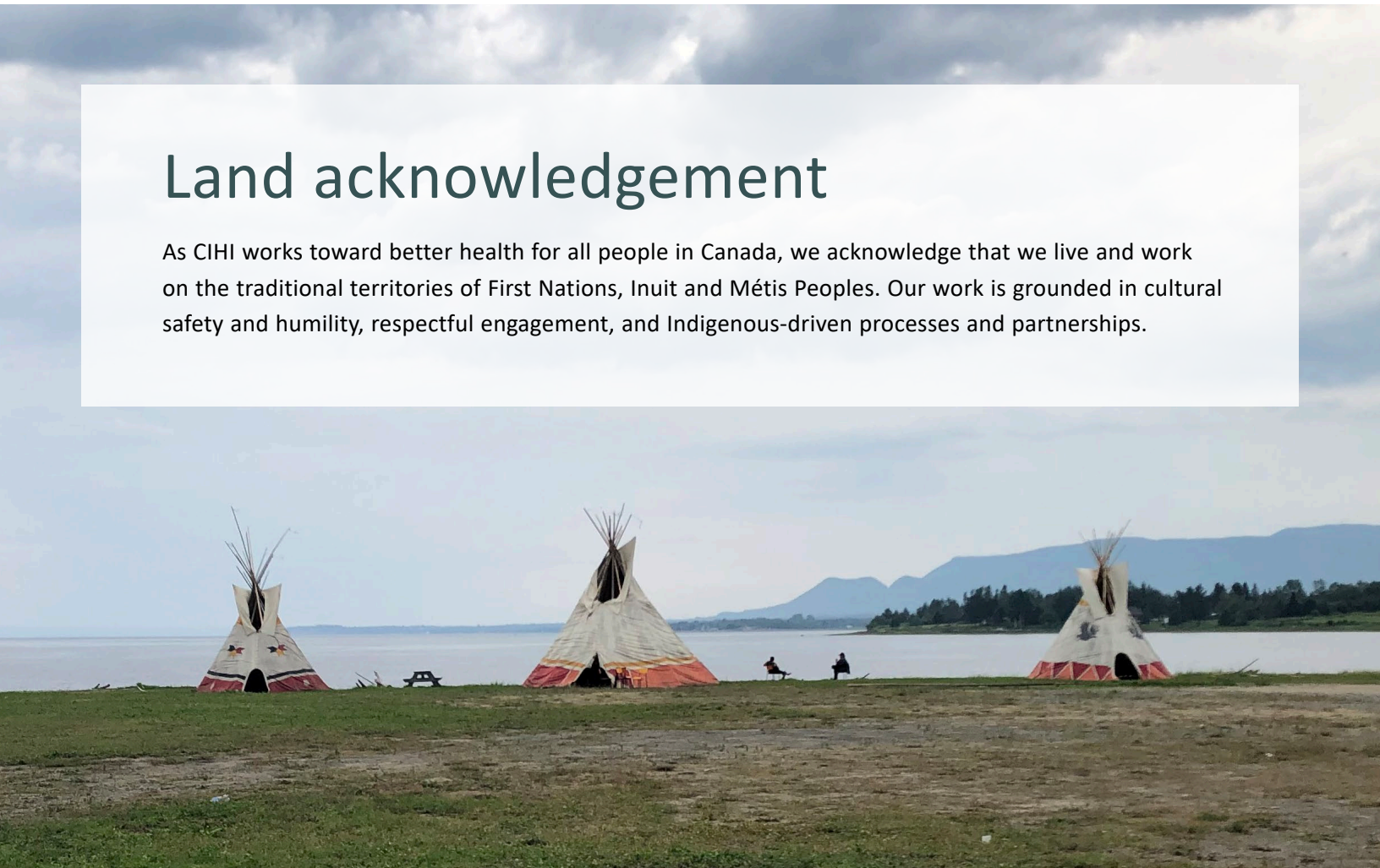
The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential information on Canada's health systems and the health of Canadians.

Health information has become one of society's most valuable public goods. It informs policy, management, care and research, leading to better, more equitable health outcomes for all Canadians.

CIHI has earned the trust of health systems as the main gatherer, packager and disseminator of information. To succeed in this role, we have evolved to be both knowledge leaders and service providers — in tune with the health systems' needs while setting the pace on data privacy, security, accessibility and innovation.

We are facing rapid change from a place of strength, thanks to the expertise, curiosity and integrity of our people, collaborating with stakeholders at every level throughout Canada's health systems.

Better data. Better decisions. Healthier Canadians.



Land acknowledgement

As CIHI works toward better health for all people in Canada, we acknowledge that we live and work on the traditional territories of First Nations, Inuit and Métis Peoples. Our work is grounded in cultural safety and humility, respectful engagement, and Indigenous-driven processes and partnerships.

Message from CIHI's Board Chair and President

At publication time, most health systems across the country were emerging from the third wave of COVID-19 and managing the challenges of balancing re-openings with appropriate public health measures. Throughout the pandemic, we have remained committed to providing accurate, timely data and information to support those working and making decisions in our health systems.

To begin, we want to recognize those who have been working on the front lines of health care and in other essential services — caring for and treating our families and loved ones — and thank them for their efforts in keeping all of us safe.

Over the last challenging year, we have provided our partners with the COVID-19 data and analysis they have needed. We've produced reports about the pandemic and its impact on our health systems, while supplying other health information and data that our stakeholders rely on to make decisions.

To enable our ability to respond quickly to changing jurisdictional priorities, we extended our strategic plan by a year to 2022, and will continue to focus on our priority themes and populations: seniors; children and youth; recipients of mental health and addictions services; and First Nations, Inuit and Métis Peoples. We are creating a new strategic plan for the next 5 years, and are working with the Board and stakeholders to develop our path forward from April 1, 2022.

The top priority for the executive team over the last year has been the well-being of our colleagues and employees. They are instrumental to our achievements, and we have supported them in efforts to balance work and personal lives, and to keep themselves and their families healthy and safe.

We have a diverse staff who come from many different backgrounds and cultures. Commitment to diversity and inclusion has always been important for CIHI and we're increasing our efforts to make our organization stronger. With the help of our diversity consultant, we are developing an action plan that will take into account policies and practices throughout the organization, including at the governance level.

Our work with our Indigenous partners has continued to grow and develop, in spite of the pandemic circumstances, and we look forward to working with colleagues across the country in identifying priorities and activities that will continue to strengthen our relationships.

As vaccines roll out across Canada, we are hopeful for a better year ahead. We will continue to work with our stakeholders and to provide timely COVID-19 data and information to help shape the pandemic response but also to help address the health and economic challenges that lie ahead across the country.

This annual report highlights our key accomplishments in 2020–2021, including work related to the COVID-19 pandemic.

Thank you to our partners, our Board and our advisory committee members for their support in and commitment to helping us achieve our goal of producing quality and reliable data that will ultimately improve the health of Canadians.

Janet Davidson
Board Chair

David O'Toole
President and CEO

We are grateful to all of our front-line workers who have supported us through the pandemic — the doctors and nurses who work endless shifts, the personal support workers who help our most vulnerable residents, the grocery store staff who make sure we can buy essentials, and many others. Thank you. I've seen CIHI accomplish so much in my 5 years as Board Chair and I am confident that the organization will continue to succeed under Dr. Goel's leadership. It has been a pleasure serving as Board Chair and I am grateful to all our Board members for their valuable and thoughtful contributions over the years.

Janet Davidson

CIHI staff and our partners have had to quickly pivot in order to focus on COVID-19 and provide information to help inform the pandemic response. COVID-19 will be an important part of our work over the next few years as the data allows us to understand the full impact on our health systems. We are pleased to welcome Dr. Goel as Board Chair this year. He brings to the Board his expertise as a medical professional and academic in health administration and biostatistics. I want to thank Janet for her leadership — it has been a joy to work alongside her to improve the health of Canadians.

David O'Toole

Our accomplishments

COVID-19 has significantly impacted health systems across Canada, including many of our partners. We decided to extend our strategic plan by 1 year because of the pandemic and are currently working with our stakeholders and the Board to develop a new path forward for 2022.

In 2020–2021, we continued to focus on our priority themes and populations and work toward our 3 strategic goals:

1

Be a trusted source of standards and quality data

2

Expand analytical tools to support measurement of health systems

3

Produce actionable analysis and accelerate its adoption

Be a trusted source of standards and quality data

CIHI is recognized across the country as a leader in information and data quality. This section showcases some of our accomplishments from the past year. The table Comprehensiveness of CIHI's data holdings as of March 31, 2021 provides a snapshot of all of our current holdings.

Understanding COVID-19's impact on Canada's most vulnerable residents

Long-term care (LTC) and retirement homes have been disproportionately affected by COVID-19. As of March 2021, most of Canada's COVID-19 deaths had occurred in these homes, which has fuelled a strong interest in gathering and reporting on information about LTC.

We worked closely with our stakeholders to report on how the pandemic affected LTC residents and we produced reports on LTC ownership, international comparisons of the LTC sector, and the impact of the first and second waves on LTC and retirement homes.

These reports helped to shed light on the pandemic experience for residents and staff and how care changed in LTC homes as a result of measures that were put in place to reduce the spread of COVID-19. International comparisons with Organisation for Economic Co-operation and Development countries also highlighted the greater impact of COVID-19 in Canada's LTC homes.

It's clear from the data that we must do better to protect our most vulnerable people from COVID-19. There are many ways we can both improve care and limit the spread of COVID-19 in LTC homes, including enhanced staffing and family presence, improvements to infection control and prevention strategies, and mandating de-crowding policies.

Dr. Samir Sinha
Director, Health Policy Research
National Institute on Ageing

Responding to the COVID-19 pandemic

We are committed to collecting, analyzing and sharing credible health data to help improve our health care systems. This year, we've had to shift quickly to meet the needs of our stakeholders and produce information to help with the COVID-19 response. Below are a few highlights of our ongoing work related to the pandemic.

COVID-19 resources web page

At the beginning of the pandemic, we created a web page for our COVID-19–related reports and resources. We update this page regularly with new information.

COVID-19 Intervention Scan and Timeline

The interactive timeline highlights selected interventions from our COVID-19 Intervention Scan. It displays a high-level timeline of federal, provincial and territorial government interventions to reduce the spread of COVID-19 and improve health outcomes — things like travel restrictions and school closures. These resources will serve as a long-standing, consolidated record of decisions as researchers, governments and organizations study the impact over time.

Data

In addition to producing COVID-19–specific reports, we've also provided preliminary reporting about COVID-19 to organizations or individuals that ask for our help. This data is sourced through our National Ambulatory Care Reporting System (NACRS), which contains data for all hospital- and community-based ambulatory care.

Understanding the impact of COVID-19 on Canada's health care systems

COVID-19 has challenged health systems across Canada — and all Canadians — as we collectively learn about, and adapt and respond to the pandemic.

To understand the impact of COVID-19 on our health systems during the first wave (March to June 2020), we looked at changes in several areas: emergency department (ED) visits, access to hospital care (including surgeries and intensive care units), how Canadians received care from physicians, and assessments of home care clients.

The data highlighted 2 stories about system transformation and human behaviour. For example, physicians adapted quickly by providing 52% of patient care virtually. Our behaviour also changed, with Canadians accessing health care differently. ED visits decreased by almost 50% across Canada in April 2020 as people reconsidered their need for care or sought care elsewhere. While these changes ensured that resources were available for a potential surge of COVID-19 patients, there may also have been unintended consequences.

Our findings help health system leaders evolve their responses to COVID-19 and better understand how to adapt health systems as the pandemic continues. The amount of information generated and the rapidly changing knowledge about the virus will take time to understand, but we are committed to continuing our work to help our partners manage the COVID-19 pandemic.

> I think we were all a little surprised to see how readily the health care system could shift to the use of virtual care to enable access and to maintain certain operations. The flip side is that virtual care doesn't suit everything, and in a climate of infection transmission, we still had to find ways to safely offer in-person care. Also, virtual care is far more complicated than it may seem. Privacy and security, documentation, the connectedness of the technology and how providers are paid for virtual care are just some of the factors to consider.

Cassie Chisholm
Director, Primary Health Care, Department of Health and Community Services
Government of Newfoundland and Labrador

Working to improve health data and information governance practices

The challenges brought on by COVID-19 this past year have shone a light on the need for timely and consistent health data and information, and governance of this data is as critical as ever.

In 2019, following the Privacy and Health Data Access Symposium and consultations with more than 200 stakeholders and experts across Canada, we developed the Health Data and Information Governance and Capability Framework. Its purpose was to help organizations better govern their data and information.

We expanded the framework in 2020, following input from our stakeholders, adding companion toolkits to provide organizations with foundational knowledge, a checklist of capabilities, and guides for performing assessments in organizations and networks.

These tools continue to be used today among provinces and territories, and within health data organizations and networks to advance data governance practices.

Recognition from the World Health Organization

We collect comparable pan-Canadian data on Canada's health systems. For several decades, we have supported the work of the World Health Organization (WHO) with health classifications, including the *International Classification of Diseases*, also known as the ICD. It is the global standard for reporting information related to deaths, illnesses, injuries and other health-related problems. We set the national standard for morbidity data reporting and manage the application of ICD-10-CA (the Canadian version of the 10th revision of the ICD).

This year, the Pan American Health Organization/World Health Organization designated CIHI as a Collaborating Centre for the WHO Family of International Classifications (WHO-FIC). Collaborating Centres form an international network set up by WHO to support its work at the country, regional and global levels.

This designation reflects the high level of expertise within our Classifications and Terminologies team and our commitment to international collaboration. Statistics Canada continues to be a key partner in this important work and its support has been integral to this designation. The Canadian Collaborating Centre will continue to provide expertise to WHO and assess the implications of implementing ICD-11 in the future.

Our WHO designation as a host organization for Canada is valid for 4 years until March 3, 2025.

Statistics Canada is pleased with the official designation of a WHO-FIC Network Collaborating Centre in Canada. We look forward to working with our colleagues at CIHI to continue to demonstrate leadership and expertise in health and mortality classification at home and to bring a strengthened Canadian voice to an important international table.

Lynn Barr-Telford
Assistant Chief Statistician, Social, Health and Labour Statistics Field
Statistics Canada

Expand analytical tools to support measurement of health systems

This section provides examples of the reporting tools, methods and information that enable improvements in health system performance and population health.

Predicting hospitals' capacity to manage COVID-19

CIHI has worked to share information and provide expertise to all levels of government and to partner organizations. Our Health System Capacity Planning Tool is an example of how we helped partners plan for the pandemic through modelling the expected demand on hospitals.

Information Sheet

Predicting Risk of Hospitalization for COVID-19

The Canadian Institute for Health Information (CIHI) has developed a new model to help identify population cohorts at risk of hospitalization for severe respiratory illnesses (e.g., pneumonia) and COVID-19.

Overview of the model

This model is part of the Population Grouping Methodology (POP Grouper) suite of products. It uses demographic information (age and sex) and the health profiles generated from the POP Grouper to assign a risk score to every individual in the population.

POP Grouper clinical profiles

POP COVID-19 predictive model

Risk scores: Hospitalization for COVID-19

The first iteration of this model predicts an individual's risk of inpatient hospitalization for pneumonia or acute infectious respiratory disease (as a proxy for COVID-19). As record-level inpatient hospitalization data for COVID-19 cases becomes available, CIHI will be able to update the model to predict the risk of hospitalization for COVID-19.

The tool was created with input from other modelling experts and potential users, and builds on our data expertise and our experience in forecasting demand for health system capacity. Decision-makers can use the tool to create their own scenarios and understand expected health resource demands and supply shortfalls. These predictions help inform COVID-19 responses — including public health measures — to try to reduce the risk of the virus.

More than 75 organizations used the tool to help inform their pandemic response, including ministries of health, public health units, academia, federal agencies and private-sector agencies. We have received over 230 client requests related to the tool and presented to over 500 users.

The City of Toronto showed results from CIHI's tool at a public briefing to warn residents of a potential COVID-19 surge in October 2020. Dr. Eileen de Villa, Toronto's medical officer of health, outlined how implementing additional public health measures could curb the spread of the virus. CIHI's tool demonstrated the powerful, positive impact that public health measures could have on hospital capacity. The Government of Newfoundland and Labrador also used the tool to develop early pandemic projections for hospital capacity.

CIHI's regional support and COVID-19 modelling team has been instrumental in supporting Newfoundland and Labrador's modelling efforts for short- and long-term health capacity forecasting. It has helped with pandemic planning for hospitalizations, intensive care units, ventilators and personal protective equipment. CIHI's model helped clearly convey to the public the limitations in our health care system if the virus wasn't contained in our province.

Dr. Proton Rahman
Member of Newfoundland and Labrador's COVID-19 data modelling team
Rheumatologist, Eastern Health
Professor, Faculty of Medicine
Memorial University of Newfoundland

Improving access to health services

Measurement and public reporting are key to assessing progress on access to mental health and substance use services, and to home and community care.

As the population ages, more Canadians will need home care or services in the community to help them manage their health conditions and live safely at home. As well, Canadians of all ages need timely access to mental health and substance use services, which is an area of growing concern.

In 2017, federal, provincial and territorial (FPT) governments[i] endorsed A Common Statement of Principles on Shared Health Priorities to lead to improvements in access to mental health and addictions services, and to home and community care. We continue to work with FPT governments, sector stakeholders, measurement experts and the public to develop and report on 12 pan-Canadian health system performance indicators to measure improvements in these sectors.

We have successfully developed and reported on 6 of the 12 indicators:

- Hospital Stays for Harm Caused by Substance Use
- Frequent Emergency Room Visits for Help With Mental Health and/or Addictions
- Hospital Stay Extended Until Home Care Services or Supports Ready
- Self-Harm, Including Suicide
- Caregiver Distress
- New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home

In May 2021, we released updated results for those 6 indicators, along with 2 new indicators:

- Wait Times for Community Mental Health Counselling
- Wait Times for Home Care Services

Statistics Canada is leading the development of an additional new indicator: Home Care Services Helped the Recipient Stay at Home. The results for this indicator will be available from Statistics Canada in summer 2021.

By 2022, all 12 indicators will have been released; results are updated annually. Over time, these indicators will begin to tell a clearer story about access to care across the country, identify where there are gaps in services and help make meaningful changes to improve the experiences of Canadian patients and their families.

i. The federal government agreed to an asymmetrical arrangement with Quebec, distinct from the Common Statement of Principles.

Strengthening data through partnerships

In September 2020, we partnered with the Canadian College of Health Information Management (the College) and the Canadian Health Information Management Association (CHIMA) to strengthen how health data is captured, curated and used in Canada.

The partnership recognizes the growing importance of health information and the mutual dependencies along the information supply chain. It will better connect the standards developed by CIHI with the professionals who manage Canadians' health information. The goal of the partnership is to further enhance data quality and to support high-quality education and training for health information professionals across the country.

This partnership reinforces that certified health information professionals are critical to managing the data that helps inform policy and the care that Canadians receive across the country. These standards of practice for data collection, management and governance are based on industry needs, best practices and the rigorous standards and governance developed by CIHI, the College and CHIMA.

Jeff Nesbitt
CEO, CHIMA
Registrar, Canadian College of Health Information Management

Proposed standards for race-based and Indigenous identity data

There is growing awareness of the importance of collecting race-based, ethnic and Indigenous identity data to understand patient diversity and to measure inequalities.

The lack of race-based data in Canada's health sector makes it difficult to measure health inequalities and identify inequities that may stem from racism and discrimination. To harmonize collection and ensure high-quality data, we released *Proposed Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada*. It includes the standards and detailed considerations for the appropriate collection and use of race-based, ethnic and Indigenous identity information.

To understand the impact of the pandemic within racialized communities, the Public Health Agency of Canada adopted the standards on its COVID-19 Case Report Form. Several public health units in various jurisdictions are collecting this type of data.

The Nova Scotia government has also begun the process of adopting the race-based data standards and has established a community-based working group to support this work. This will help to identify and address inequities in health care and better serve racialized people.

We continue to engage with a variety of stakeholders and partners on the proposed race-based and Indigenous identity standards, with plans to release final standards in early 2022.

Proposed Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada

Canadian Institute for Health Information
Institut canadien d'information sur la santé

Cloud computing at CIHI

Last fall, CIHI moved our business applications and data over to a cloud environment. This shift to the cloud allows us to collect and process massive amounts of data quickly and to become a lead adapter in the health care sector.

The transition to the cloud was a change that came from inside the organization. From the beginning, our IT staff were involved in the process and took on expanded roles and technical skills. The cloud allowed us to create an environment with more flexibility, and better security and disaster recovery.

Our decision to migrate to the cloud aligns with CIHI's robust information security management system. We continue to do routine privacy, security and risk management assessments, and shortly after we moved to the cloud, we recertified under ISO 27001. This certification outlines requirements for an information security management system.

The move to the cloud will allow us to meet our stakeholders' needs faster and more efficiently with future near-real-time data collection and integration.

Our response to the COVID-19 pandemic is one example of how the cloud successfully allowed us to react and provide quality data. We were able to fulfill requests for COVID-19 modelling to help our stakeholders with their pandemic response. The cloud gave us a great deal of flexibility and responsiveness, which wasn't possible before.

Ron Huxter
Vice President and Chief Information Officer
CIHI

Produce actionable analysis and accelerate its adoption

This section provides examples of our collaboration with stakeholders to increase their ability to use data and analysis to accelerate improvements in health systems and the health of populations.

Providing data to improve Ontario's COVID-19 response in long-term care

The pandemic has had a devastating impact on LTC homes across Canada. The Ontario government created the Long-Term Care COVID-19 Commission to investigate the spread of COVID-19 in LTC homes, how residents, staff and families were impacted, and the measures taken to reduce the spread.

The Impact of COVID-19 on Long-Term Care in Canada

Focus on the First 6 Months

Canadian Institute for Health Information
Institut canadien d'information sur la santé

In September 2020, CIHI presented information about the LTC sector to the Commission and explained how to assess LTC health system performance. Following this presentation, the Commission asked us to analyze factors associated with outbreaks and outcomes of COVID-19 in LTC homes. Our expertise in standards, data collection, methodology, comparative analysis and advanced analytics allowed us to conduct this analysis and help further inform the inquiry.

The Commission released a survey to all Ontario LTC homes in January 2021. CIHI led the development of the survey in collaboration with Dr. John Hirdes at the University of Waterloo, in consultation with the Commission.

CIHI staff and Dr. Hirdes presented our findings to the Commission in March 2021. The analysis focused on the first wave of the pandemic and found that a number of factors had contributed to poor outcomes, including critical staffing shortages, use of agency personal support workers, and the presence of a medical director who was on site less than one day a week. LTC homes that performed poorly on CIHI's quality indicators — which measure factors in homes like restraint use, potentially inappropriate use of antipsychotics, and depression — were more likely to experience negative outcomes.

CIHI's analysis, along with data from other organizations, will help inform how we improve care for LTC residents — one of our most vulnerable populations. In this challenging period for health systems, we've taken an active role in sharing information and lending our expertise to governments at all levels, and to partner organizations.

CIHI's publicly reported quality indicators, like the ones included in the Your Health System tool, could be used to help identify LTC homes at higher risk at the beginning of a crisis or future pandemic and help prevent negative outcomes.

Natalie Damiano
Director, Specialized Care
CIHI

Expanding coverage of ED data

NACRS contains data for hospital- and community-based ambulatory care. Data is collected about ED, day surgery, outpatient and community-based clinic visits.

We have been working with our stakeholders in the provinces and territories to expand ED data coverage. Currently, NACRS has 84% coverage of ED data across Canada, with 100% ED coverage in Quebec, Ontario, Alberta and Yukon. We have also made improvements to ED data timeliness with public reporting of provisional data (i.e., preliminary in-year data). For example, COVID-19 data on ED visits and hospitalizations for January to November 2020 was released in March 2021 instead of in August 2021.

This year, we focused on ED data expansion in Saskatchewan. Saskatchewan's Ministry of Health mandated all hospitals to submit ED data to CIHI in order to reach 100% coverage. Together with the province, we advanced coverage in Saskatchewan to 70%, up from 52% last year.

We will be working to achieve 100% coverage in Saskatchewan next year and will continue to increase ED coverage where there is interest across Canada. Details of our progress are published regularly on cihi.ca through our data quality reports. NACRS ED data is used in a number of releases each year.

CIHI's NACRS data is a valuable source of information for one of the busiest parts of Canada's health care systems — the emergency department. The data provides more timely information about ED wait times, COVID-19, the Shared Health Priorities, opioid poisoning and the use of ED resources, to name a few. Increasing ED data coverage in Saskatchewan and across Canada will allow our stakeholders to have a more complete picture of what's happening inside the ED and to better allocate resources and make changes to improve patient care.

Greg Webster
Director, Acute and Ambulatory Care Information Services
CIHI

Reviewing products to ensure they meet stakeholder needs

We are committed to ensuring that our products — including our data sets, indicators and reports — continue to resonate with our stakeholders and reflect the evolving Canadian health care landscape.

In May 2021, we finished a review of our Health Human Resources (HHR) product suite, which includes 6 annual releases about nurses, occupational therapists, pharmacists, physicians, physiotherapists and other health care providers.

These releases provide essential information to FPT governments, health systems and non-government organizations about health human resources and their distribution within the broader health systems to deliver care.

Recommendations based on stakeholder feedback included focusing on streamlining and integrating HHR data, such as socio-demographic information, and increasing reporting on regulated and unregulated providers. These recommendations provide a strong foundation for our future work on HHR.

Additional products slated for review include releases for Health System Inputs and Characteristics as well as Pharmaceuticals. We will continue to work with our partners and evolve products to ensure our stakeholders get the data they need, when they need it.

Providing health information to House of Commons committees

House of Commons committees regularly invite individuals to appear before them to present evidence and help inform their work. CIHI appeared as a witness at 2 standing committee briefings this year that focused on COVID-19 and unpaid women's work.

Kathleen Morris, vice president of Research and Analysis, presented information about COVID-19 to the Standing Committee on Health in July 2020. She highlighted CIHI's work to maintain the current data supply, develop products to help with the pandemic response and provide data to the stakeholders who need it.

In February 2021, Tracy Johnson, director of Health System Analytics, presented on unpaid work at the Standing Committee on the Status of Women. She presented CIHI data about caregiver distress and caregivers for individuals with dementia or who require palliative care.

Following our presentations to the House of Commons Standing committees, members of Parliament had an opportunity to ask questions and get more information. Standing committee appearances provide a unique opportunity to share CIHI data and to help inform decisions at the highest levels of government.

Helping guide decisions for rural health services

About 1 in 5 Canadians live in rural areas, and there are significant differences between urban and rural populations in terms of health behaviours, health status, prevalence of disease or disability, use of health services, costs and outcomes.

Rural health system leaders often have to decide whether to deliver health care services locally or send patients to larger centres. Planners may ask questions like *Should we start orthopedic surgeries at our local hospital? What should we do when our general surgeon retires next year? Is our obstetrics program sustainable?*

We created the *Rural Health Service Decision Guide* to help answer these and other questions, with support from CIHI's Sparsely Populated Regions Advisory Group.

The guide provides an objective and systematic approach to help local planners and managers consider the key factors in decisions about rural health service delivery.

Several jurisdictions have expressed interest in using the guide, which was launched in June 2021. We are working closely with them to help implement it in their region.

The process described in CIHI's new guide will be helpful for us as we re-examine the provision of primary care services in our remote northern communities. Some of our communities have seen a number of transitions, which have dramatically changed the population served by the local health centre — prompting a re-evaluation of health services to best meet the needs in the current environment. This guide will help us ensure we consider all the key questions, and will also support engagement with local residents, care providers and other stakeholders in the process.

Helga Bryant
CEO, Northern Health Region, Manitoba

What's next?

We extended our strategic plan by 1 year because of the pandemic and will continue our work that focuses on priority populations and health system performance themes into 2021–2022. In the meantime, we are busy laying the groundwork for a renewed strategic plan and talking to stakeholders about how to meet their future needs and how we can help them emerge from the pandemic.

Welcoming Dr. Vivek Goel as Board Chair

Dr. Vivek Goel assumed the role of CIHI's new Board Chair in June 2021, succeeding Janet Davidson. He previously served on our Board as a member and vice chair and brings a wealth of experience to CIHI as a physician and respected public health researcher. A member of the Order of Canada, Dr. Goel was the founding president of Public Health Ontario and, more recently, the vice-president of Research, Innovation and Strategic Initiatives at the University of Toronto.

Dr. Goel is president and vice-chancellor of the University of Waterloo, and a licensed physician and Fellow of the Royal College of Physicians of Canada. He holds a medical degree from McGill University, a master's degree (MSc) in health administration from the University of Toronto and a master's degree (SM) in biostatistics from Harvard University's School of Public Health.

I look forward to working with colleague Board members and our partners to develop and implement our new strategic plan. As we emerge from the global pandemic, there is an increased need and responsibility for us to deliver timely, quality health data and information to our partners to improve health for all Canadians.

Dr. Vivek Goel
Board Chair
CIHI

Supporting Indigenous-led priorities

The health of First Nations, Inuit and Métis Peoples was included as a priority in CIHI's strategic plan in 2016. We are working to increase our foundational capacity as an organization. We've engaged with First Nations, Inuit and Métis communities, governments and organizations, aligned our policies with the principles of Indigenous data sovereignty, and provided support to advance Indigenous-led priorities.

This year, guided by Indigenous partner organizations, we implemented a policy that supports Indigenous data governance and contributed to the collection and reporting of community-level data. We signed a memorandum of understanding with the First Nations of Quebec and Labrador Health and Social Services Commission to help provide quality information and indicators while respecting and supporting Quebec First Nations governance and capacity.

Anti-Indigenous racism in our health care systems was brought to light this year with Joyce Echaquan's death and British Columbia's report In Plain Sight. The report identified a role for CIHI — to help with measurement — and we've started exploring how we can support First Nations, Inuit and Métis partners.

On December 1, 2020, during a virtual ceremony, our president and CEO signed CIHI's Declaration of Commitment to Advance Cultural Safety and Humility. This declaration expresses our commitment to support First Nations, Inuit and Métis Peoples in addressing their health and data priorities and to embed cultural safety and humility in our work. Indigenous partners, staff and Board members witnessed the declaration signing.

We will continue to work with and learn from First Nations, Inuit and Métis partners across the country. Over the next few years, CIHI will make it a priority to align our practices with the principles of Indigenous data sovereignty, support Indigenous-led initiatives and priorities, and measure systemic racism and cultural safety in health care.

As our partner, you've been a great support to our team members by listening, understanding and sharing your knowledge in an unconditional manner. Partnerships are built on trust and respect, and this is now the kind of relationship we are building with your team and your organization. Thank you for your continued support.

Marjolaine Siouï
Executive Director, First Nations of Quebec and Labrador Health and Social Services Commission

Engaging patients and families

Patients[ii] have become more involved in decisions about their health care, working with organizations and providers to shape care delivery. Patients have unique insights that help us better understand the data and ensure that our work remains relevant to decision-makers.

CIHI's work on patient-reported experience and outcome measures, Shared Health Priorities, and the Commonwealth Fund Survey already involves patients. These activities will continue as we find new opportunities for patient involvement in our projects. In addition, we will continue to feature patient stories in our reports and analyses — we know it's important to talk about the people behind the data.

We believe that patients represent an important voice, one that is integral to driving improvements within our health systems. CIHI is committed to establishing a culture that enables patients to contribute to our activities in meaningful, purposeful and authentic ways.

I attended the Virtual Care Data and Evaluation Forum in February 2021. As a patient partner in a group to discuss a topic that was somewhat foreign to me, I felt a bit unsure of how best to contribute my experience and opinions. The CIHI team arranged a comprehensive orientation session, carefully addressed all my questions and concerns, and confirmed the importance of my role. They offered resource materials, information and support, which enabled me to feel prepared and confident to be a contributor on an equal footing with the "experts." Their careful attention to detail speaks volumes about the organization's priority of authentic patient engagement.

Anne O'Riordan
Patient Advisor
Kingston Health Sciences Centre

ii. The term "patients" includes clients, residents and family members/caregivers with lived and living experiences of health systems.

It has been an honour and a pleasure to work with CIHI as one of their patient partners. They demonstrate a sincere commitment to authentic engagement, and are open to feedback and continuously evolving their engagement practice. I look forward to sharing the next steps of their journey.

Susan Dunn
Patient Partner and Engagement Advisor
Nova Scotia Health

Improving the user experience

We are committed to improving how we deliver value to our clients and to making it easier for our stakeholders to get the information they need, when they need it.

We're reimagining how to present data and information on our website to improve user experience. We strive to keep pace with today's technologies and to simplify our internal processes in order to adapt more quickly to changing stakeholder needs. This year, we acquired the technology and developed the roadmap that will enable this transformational work.

Our people

Embracing diversity

Over the past 2 years, we have worked to improve cultural responsiveness and to promote cultural intelligence at CIHI. We have a formal Indigenous Program and employee training programs, and we have publicly declared our commitment to cultural safety and humility.

This year, we hired a consultant to help guide us on improving diversity and inclusiveness. We recognize that, as in many organizations, there are opportunities to improve. By building an inclusive culture at CIHI, we hope to create a stronger community where we have a better sense of belonging. This can help to foster a more diverse workforce, which evidence shows is more creative and innovative, and better reflects the Canadians we serve — people from all cultures, ages, ethnicities, races, gender identities and abilities.

Diversity Month

We are proud of our diversity at CIHI! Our Cultural Intelligence, Diversity and Inclusion Committee helps foster cultural intelligence and supports initiatives that celebrate and recognize diversity.

Last year, committee co-chair Nupur Garg proposed the idea of Diversity Week. It was such a success that the committee extended it to a month-long celebration this year, with support from CIHI's senior management team.

Diversity Month focused on 6 themes: Ethnicity and Culture, Gender and Sexual Orientation, Indigenous Heritage, Mental Health, Disabilities and Unpacking Racism.

Over 750 staff participated in 18 virtual activities like powerful talks from external speakers and lunchtime engagement sessions. Algonquin knowledge keeper Daniel "Pinock" Smith showed staff how to make a hand drum and explored its meaning, while Sandy Hudson, founder of the Black Lives Matter movement in Canada, spoke about activating anti-racism.

Diversity and inclusion is something I've been passionate about since an early age. Diversity Month was so rewarding because my colleagues really embraced it. There was so much involvement from staff across the country. CIHI has always valued diversity, but now it's about promoting it in a way where everyone is working toward a common cause.

Nupur Garg
Senior Analyst, CIHI
Co-Chair, CIHI's Cultural Intelligence, Diversity and Inclusion Committee

Giving back to our community

Our annual United Way campaign went virtual this year and staff contributed a grand total of $55,740, surpassing our fundraising goal of $35,000.

Employees from across the country participated in activities like email Bingo, drawing contests and even a singing competition to support the organization-wide fundraising efforts.

A top employer in the nation's capital — 3 years in a row

We are proud to have been recognized, for the third consecutive year, as one of the National Capital Region's Top Employers.

This special designation recognizes the employers in the Ottawa–Gatineau metropolitan area that lead their industries in offering exceptional places to work. The annual competition, which forms part of Canada's Top 100 Employers, also identifies those employers that lead in attracting and retaining employees.

Working during a pandemic

This year saw our employees work from home in an effort to reduce the spread of COVID-19. We provided support to our staff and their families through increased mental health resources, and regular updates from our CEO.

Our Business Continuity Management team came together early in the pandemic to ensure that all of our important work could continue uninterrupted, and that our staff had information and, more importantly, support. An employee engagement group was formed to act as a secondary response team to address employees' issues or concerns related to COVID-19. The Infrastructure and Technology Services department also played a critical role, managing the infrastructure that made it possible for staff to work from home.

2 CIHI employees discuss working from home

Kitchen tables, living rooms and sometimes even ironing boards have become part of our new work spaces during the pandemic. Below, 2 CIHI employees share their experience of working from home.

Shraddha Sankhe
Digital Content Specialist, Communications

Leslie Choy
Senior Coordinator, Indicator Research and Development

The last year has been challenging. How did you manage working from home?

Shraddha: One word to describe my experience over the last year is "isolating." I had a baby in 2019 and was still on leave when the pandemic started. We couldn't do things we normally would like visit grandparents or go to the zoo. However, my biggest personal and professional accomplishment of 2020 was finding a daycare spot for my son, which provided social interaction for him and peace of mind for me to transition back to work.

Leslie: I loved coming into the office, so working from home 5 days a week is not something I would have considered before. I found myself working with a 4-year-old colleague (my son), so I had to block family time and time for myself. My son also attended many of my meetings through the year.

How did CIHI support this new work situation?

Shraddha: CIHI's digital transformation was in the works before the pandemic started. Working from home came naturally to me — albeit with occasional adjustments when my toddler hid under my desk or chased a beach ball during video calls. My team checked in with me regularly to keep me updated on things, and honestly, I welcomed the human interaction!

Leslie: CIHI was great. There was genuine concern about my well-being and open communication throughout the organization. We heard from the CEO every 2 weeks or so and there was the idea that "we're all in this together."

What do you miss the most about the office?

Shraddha: I miss small talk with colleagues and being part of the Toronto Social Committee.

Leslie: I miss the social interaction, and the impromptu conversations with colleagues.

What do you miss the least?

Shraddha: A lot of CIHIers don't miss the commute, but mine was short so I can't complain. I do enjoy having all the hot water from the kettle to myself for making tea.

Leslie: Obviously the commute in Toronto. I gain 2 hours a day from not commuting. I'm also saving a fortune by not going to Starbucks every other day. I don't miss wearing dress shirts and socks to work in the summer.

What are you looking forward to in the next year as we (hopefully) start to return to life as it was before the pandemic?

Shraddha: I want to celebrate team birthdays! Virtual celebrations are no comparison to real cake!

Leslie: I'm looking forward to social interaction and in-person meetings. A distinct separation between home and work life will also be nice.

Our leadership and governance

Board of Directors as of March 31, 2021

Canada at large

Ms. Janet Davidson (Chair)
Former Special Advisor
Alberta Health

Dr. Vivek Goel (Vice Chair)
Special Advisor to the President and Provost
University of Toronto

Dr. Alexandra T. Greenhill
Founder, CEO and Chief Medical Officer
Careteam Technologies Inc.

Region 1 • British Columbia

Mr. Martin Wright
Assistant Deputy Minister
Health Sector Information, Analysis and Reporting
British Columbia Ministry of Health
(Government)

Dr. Maureen E. O'Donnell
Executive Vice President
Clinical Policy, Planning and Partnerships
Provincial Health Services Authority
(Non-government)

Region 2 • Prairies

Mr. Réal Cloutier
Former President and CEO
Winnipeg Regional Health Authority
(Non-government)

Ms. Karen Herd
Deputy Minister
Health and Seniors Care
Province of Manitoba
(Government)

Region 3 • Ontario

Mr. Karim Mamdani
President and CEO
Ontario Shores Centre for Mental Health Sciences
(Non-government)

Ms. Helen Angus
Deputy Minister
Ontario Ministry of Health
(Government)

Region 4 • Quebec

Dr. Denis Roy
Vice President, Strategy
Institut national d'excellence en santé et en services sociaux
(Non-government)

Mr. Marc-Nicolas Kobrynsky
Assistant Deputy Minister
Strategic Planning and Performance Measurement Branch
Ministère de la Santé et des Services sociaux du Québec
(Government)

Region 5 • Atlantic

Mr. Gilles Lanteigne
Past President and CEO
Vitalité Health Network, New Brunswick
(Non-government)

Ms. Christine Grimm
Senior Executive Director
Digital Health, Analytics and Privacy
Nova Scotia Department of Health and Wellness
(Government)

Region 6 • Territories

Mr. Bruce Cooper
Deputy Minister
Northwest Territories Department of Health and Social Services

Health Canada

Dr. Stephen Lucas
Deputy Minister
Health Canada

Statistics Canada

Ms. Lynn Barr-Telford
Assistant Chief Statistician
Social, Health and Labour Statistics Field
Statistics Canada

The Board met virtually in June 2020, November 2020 and March 2021.

Board committees as of March 31, 2021

Finance and Audit Committee

Members
Gilles Lanteigne (Chair)
Lynn Barr-Telford
Réal Cloutier
Bruce Cooper
Janet Davidson
Christine Grimm
Karim Mamdani

Meetings
June 11, 2020
November 13, 2020
February 18, 2021

Governance and Privacy Committee

Members
Vivek Goel (Chair)
Helen Angus
Karen Herd
Stephen Lucas
Marc-Nicolas Kobrynsky
Martin Wright

Meetings
May 25, 2020
November 2, 2020
February 25, 2021

Human Resources Committee

Members
Janet Davidson (Chair)
Vivek Goel
Alexandra Greenhill
Maureen O'Donnell
Denis Roy

Meetings
November 4, 2020
March 2, 2021

Senior management as of March 31, 2021

David O'Toole
President and CEO

Neala Barton
Vice President
Communications and Client Experience

Brent Diverty
Vice President
Data Strategies and Statistics

Caroline Heick
Vice President
Corporate Services

Ron Huxter
Vice President and Chief Information Officer
Information Technology and Services

Georgina MacDonald
Vice President
Western Canada

Cal Marcoux
Chief Information Security Officer
Information Security and
Technology Services

Kathleen Morris
Vice President
Research and Analysis

Louise Ogilvie
Vice President
Special Projects

Stephen O'Reilly
Executive Director
Federal Relations

Elizabeth Blunden
Director
Human Resources and Administration

Herbet Brasileiro
Director
ITS Product Delivery

Deborah Cohen
Director
Pharmaceuticals and Health Workforce
Information Services

Natalie Damiano
Director
Specialized Care

Mélanie Josée Davidson
Director
Health System Performance

Keith Denny
Director
Clinical Data Standards and Quality

Hassan Gesso
Director
Infrastructure, Business Operations and
Technology Services

Matthew Godycki
Director
Strategy, Architecture and Standards

Cheryl Gula
Director
Thematic Priorities

Jean Harvey
Director
Population and Indigenous Health

Kimberly Harvey
Executive Director
Hub Implementations

Jeffrey Hatcher
Director
Advanced Analytics

Shawn Henderson
Director
Client Experience

Michael Hunt
Director
Spending, Primary Care and
Strategic Initiatives

Tracy Johnson
Director
Health System Analytics

Connie Paris
Director
Strategy and Operations

Chantal Poirier
Director
Finance

Francine Anne Roy
Vice President
Eastern Canada

Stefany Singh
Director
Digital Innovation

Greg Webster
Director
Acute and Ambulatory Care
Information Services

Rhonda Wing
Executive Director, Chief Privacy Officer
and General Counsel
Privacy and Legal Services

Some members of CIHI's Board of Directors and CEO David O'Toole
(photo taken before the pandemic)

Risk management

Audit Program

CIHI maintains an Audit Program that serves to

- Evaluate the extent to which operations are compliant with applicable administrative policies, procedures and government regulations;
- Assess the overall effectiveness of controls and processes currently in place; and
- Identify opportunities for improvement.

In 2020–2021, activities included

- Penetration testing and vulnerability assessments of the information technology network, server infrastructure and selected applications;
- An audit of staff and consultant access to CIHI's IT networks and systems;
- An audit of staff rights to access health data;
- An internal audit of ISO 27001 and an ISO 27001 version 2013 surveillance audit; and
- An access management audit.

We developed action plans to address the recommended areas for improvement that resulted from these audits.

Risk management activities

CIHI's Strategic Risk Management Program focuses on identifying risks that could impede our ability to meet commitments and deliver high value to stakeholders, harm CIHI's reputation, and/or impact the achievement of the overarching goals in our strategic plan.

The program's goal is to foster reasonable risk-taking based on risk tolerance, and to create action plans that focus on mitigating the risks in question. Our approach to risk management is to proactively anticipate potential events and build consensus on how to reduce or minimize their impact. Our Strategic Risk Management Program serves to support effective management, strengthen accountability and improve future performance.

CIHI is committed to focusing on corporate strategic risks that

- Cut across the organization;
- Have clear links to achieving our strategic goals and priorities;
- Are likely to remain evident for 2 to 3 years; and
- Can be managed by our senior leadership.

CIHI's Risk Management Framework

Risk management activities for 2020–2021

The executive team identified and assessed a number of key risks based on the likelihood of their occurrence and their potential impacts. 4 of these were identified as strategic risks due to their high level of residual risk (risk level after considering existing mitigation strategies):

1. **Current and emerging technology needs —** A risk that the organization will not achieve its strategic goals because of our inability to maintain existing technologies and to keep pace with emerging technologies

   To mitigate this risk, CIHI continued to implement technology and business modernization initiatives, including completing our move to the cloud and establishing cloud optimization activities. We also expanded our multi-year comprehensive IT roadmap to ensure ongoing technology remediation and implementation of relevant emerging technologies in order to meet the evolving needs of our stakeholders.

2. **Current and emerging data supply —** A risk that CIHI will not fulfill its strategic objectives due to an inability to acquire or gain access to required data

   The COVID-19 pandemic elevated the risk that CIHI would face challenges acquiring or accessing required data to inform health system decision-making, impacting our value to stakeholders and the fulfillment of our mandate. To moderate this risk, CIHI put new

structures in place — such as rapid consultations with our FPT partners, and a COVID-19 monitoring and management system — to ensure that data supply and quality needs were addressed. Through these structures, we were able to minimize operational data loss, identify new and key data gaps, and develop a comprehensive plan that supported the emerging COVID-19–related data priorities of our funders and stakeholders.

In addition to these new data needs, CIHI ensured that we met our commitments under the Shared Health Priorities initiative to acquire data and develop health indicators for mental health and addictions services and for home and community care.

3. **Relevancy with stakeholders —** A risk the organization will be unable to deliver on the objectives that align with our strategic plan and that are responsive to stakeholder needs

   To manage this risk, we had to pivot to support our stakeholders as they coped with COVID-19 on the front lines. CIHI formed a business response team to streamline and coordinate the responses to information needs. Specific initiatives related to stakeholder needs included updating guidelines on diagnostic codes for COVID-19 cases; publishing coding direction for COVID-19 vaccine encounters; developing a pan-Canadian hospital capacity and utilization tool; and delivering more timely priority COVID-19 data and information for use by governments, health systems, the media and other stakeholders, both privately and through a COVID-19 resources web page.

   Other activities to manage this risk included updating our stakeholder mapping framework, implementing our partnership framework and holding pan-Canadian stakeholder consultations to inform the next iteration of our strategic plan.

4. **Susceptibility to a major privacy and security breach —** A risk that current privacy and security risk mitigation strategies are not sufficient to prevent a privacy and security breach

   Our Privacy and Security Risk Management Program is one of our core strengths; however, there is always a need to monitor and plan for emerging threats as social engineering techniques become more sophisticated, and as business processes and technologies evolve. We addressed this risk by continuing to mature the Privacy and Security Risk Management Program, including continuously reviewing the risk register and increasing staff training activities in light of 100% of our staff working from home during the pandemic. We incorporated new privacy and security requirements and activities into new and existing processes, and we reviewed the Privacy and Audit programs to ensure that privacy and security risks are adequately addressed. Finally, we proactively monitored the privacy and security landscape to ensure that CIHI continues to respond to emerging risks and to the evolving privacy needs of stakeholders and regulators.

Leading practices

This section provides an overview of our operations and an explanation of our financial results. It should be read along with the financial statements in this annual report.

Who does what

- Management prepares the financial statements and is responsible for the integrity and objectivity of the data in them. This is in accordance with Canadian accounting standards for not-for-profit organizations.
- CIHI designs and maintains internal controls to provide reasonable assurance that the financial information is reliable and timely, that the assets are safeguarded and that the operations are carried out effectively.
- The Board of Directors carries out its financial oversight responsibilities through the Finance and Audit Committee (FAC), which is made up of directors who are not employees of the organization.
- Our external auditors, KPMG LLP, conduct an independent audit in accordance with Canadian generally accepted auditing standards and express an opinion on the financial statements. The auditors meet on a regular basis with management and the FAC and have full and open access to the FAC, with or without the presence of management.
- The FAC reviews the financial statements and recommends their approval by the Board of Directors. For 2020–2021 and previous years, the external auditors have issued unqualified opinions.

Disclaimer

This section includes some forward-looking statements that are based on current assumptions. These statements are subject to known and unknown risks and uncertainties that may cause the organization's actual results to differ materially from those presented here.

Revenue

Annual sources of revenue

Revenue source ($ millions)	2017–2018 Actual*	2018–2019 Actual*	2019–2020 Actual*	2020–2021 Planned*	2020–2021 Actual*	2021–2022 Planned*
Federal government — Health Information Initiative†	79.9	85.0	88.7	93.3	91.7	109.9
Provincial/territorial governments — Core Plan	17.7	18.1	18.4	18.8	18.8	19.1
Other‡	6.9	7.4	6.2	5.3	5.7	7.4
Total annual source of revenue	**104.5**	**110.5**	**113.3**	**117.4**	**116.2**	**136.4**

Notes

* Actual is the recorded revenues for the fiscal year whereas planned is an estimate or budget of what is expected to transpire.

† Reflects annual revenue on a cash basis, adjusted for the carry-forward projects. Therefore, excludes depreciation expense–related revenue. In addition, the 2019–2020 actual amount includes $306,525 transferred from pension plan deferred funds.

‡ Includes contributions from provincial/territorial governments for special-purpose programs/projects as well as lease inducements for 2016–2017, 2019–2020 and 2020–2021.

Funding agreements

CIHI receives most of its funding from the federal government and the provincial/territorial ministries of health.

- The proportion coming from these 2 levels of government has evolved over time, and Health Canada's proportion has grown since the renewal of the Health Information Initiative (HII) agreement.
- Our total annual source of revenue averaged $111.1 million for the 4 years between 2017–2018 and 2020–2021. This pays for our ongoing program of work related to our core functions and priority initiatives.

Since 1999, Health Canada has significantly funded the building and maintenance of a comprehensive and integrated national health information system. Funding has come through a series of grants and contribution agreements referred to as the Roadmap Initiative or HII.

- Our base HII funding is $77.7 million per year.
- In 2017–2018, the HII funding agreement was renewed, providing $53 million over 5 years in addition to our base funding: $3 million in year 1 (2017–2018), $5 million in year 2, $10 million in year 3, $15 million in year 4 and $20 million in year 5.
- The 2021–2022 planned funding from Health Canada includes an approved carry forward of $8.5 million from 2020–2021 related to unspent funds caused by COVID-19–related issues that prevented or reduced activities (e.g., travel, advisory group meetings) as well as a delay in key initiatives underway in 2020–2021 that will in turn continue in 2021–2022. Similarly, the results presented for 2020–2021 include a carry forward of $581,525 from 2019–2020, the results presented for 2019–2020 include a carry forward of $750,000 from 2018–2019 and the results presented for 2018–2019 include a carry forward of $1.8 million from 2017–2018.
- As well, CIHI and Canada Health Infoway secured additional funding of $500,000 in 2019–2020 and $3.4 million in 2020–2021 for an anticipated 5-year initiative focused on developing and implementing a pan-Canadian system to collect and report on organ donation and transplantation (ODT) across Canada. Although the 2020–2021 amount was not included in the planned funding, the $3.7 million that Health Canada is committed to providing CIHI for Year 3 of this initiative does form part of the 2021–2022 planned funding.
- CIHI also secured additional funding of $3.5 million in 2020–2021 from the federal government's Safe Restart Agreement, which was not included in the 2020–2021 planned funding.
- Finally, the HII funding agreement also included a multi-year program of work on prescription drug abuse, for a total of $4.42 million over 5 years (2014–2015 to 2018–2019).

Through bilateral agreements, the provincial/territorial ministries of health continued to fund our Core Plan (a set of products and services provided to the ministries and identified health regions and facilities).

- These agreements provided $18.8 million in funding in 2020–2021.
- They were renewed in 2020–2021 for 3 years, through 2022–2023. $19.1 million has been budgeted for 2021–2022, which reflects a 2% increase as outlined in the 3-year agreements.

Expenses

Operating expenses

Operating expenses ($ millions)*	2017–2018 Actual†	2018–2019 Actual†	2019–2020 Actual†	2020–2021 Planned†	2020–2021 Actual†	2021–2022 Planned†
Salaries, benefits and pension expenses	79.9	85.4	87.5	88.6	89.3	99.7
External and professional services, travel and advisory committee expenses	8.8	8.6	8.8	11.0	8.6	16.2
Occupancy, information technology and other expenses‡	15.7	17.5	19.0	18.1	18.1	19.7
Total operating expenses	**104.4**	**111.5**	**115.3**	**117.7**	**116.0**	**135.6**

Notes

* Reflects operating expenses; therefore, includes amortization of capital assets and a loss on impairment in 2019–2020.

† Actual is the recorded expenses for the fiscal year whereas planned is an estimate or budget of what is expected to transpire.

‡ Effective April 1, 2018, CIHI changed its accounting policy related to the capitalization of capital assets. The capitalization threshold was increased from $1,000 to $2,500 to more accurately reflect the organization's assets with future economic value. CIHI has applied this policy change retrospectively, but only in CIHI's audited financial statements.

Total operating expenses, 2020–2021: $116.0 million

These include compensation costs, external and professional services, occupancy costs and information technology costs required to deliver on several key projects undertaken in 2020–2021. Additional information about employee remuneration is provided in the table below. Total remuneration paid to CIHI's Board of Directors was $16,250.

Occupational category	Salary range ($)	Taxable benefits ($)*	Number of employees†
Administration	35,760–54,980	56–248	5
Support	52,380–78,870	5–1,110	140
Professional/technical	76,610–114,880	5–1,937	506
Management	110,310–203,360	39–1,487	98
Vice presidents	195,580–243,270	598–1,179	7
President and CEO	311,390–386,690	991	1

Notes

* Taxable benefits paid include insurance benefits.

† Number of employees as of March 31, 2021.

Total operating expenses, 2020–2021 planned versus actual

The net underspending of $1.7 million in 2020–2021 versus the planned amount is mainly explained by the following:

- There was an increase in expenses totalling $6.9 million to support the unplanned ODT and Safe Restart initiatives funded by Health Canada.
- This was partially offset by an approved carry forward by Health Canada of $8.5 million attributable to the impact of COVID-19 on CIHI's operations as well as by operational work displaced by Safe Restart initiatives. The COVID-19 pandemic reduced planned spending for travel, advisory committee meetings, conferences, construction and compensation. Re-allocations were made where possible, including $100,000 to capital investments, although ultimately not all budget dollars were spent.

Capital investments

Capital investments ($ millions)	2017–2018 Actual*	2018–2019 Actual	2019–2020 Actual	2021–2022 Planned	2020–2021 Actual	2021–2022 Planned
Furniture and office equipment	0.1	0.0	0.1	0.0	0.0	0.0
Computers and telecommunications equipment	2.0	0.5	0.1	0.2	0.1	0.0
Leasehold improvements	0.2	0.6	0.0	0.0	0.2	0.0
Total capital investments	**2.3**	**1.1**	**0.2**	**0.2**	**0.3**	**0.0**

Note

* Effective April 1, 2018, CIHI changed its accounting policy related to the capitalization of capital assets. The capitalization threshold was increased from $1,000 to $2,500 to more accurately reflect the organization's assets with future economic value. CIHI has applied this policy change retrospectively, but only in CIHI's audited financial statements.

Acquisition of capital assets, 2020–2021: $0.3 million

- Capital investments for 2020–2021 were slightly higher than planned, mainly due to expenditures on leasehold improvements related to the data centre. This was partially offset by delayed acquisition of information technology equipment.
- Capital investments over the years are based on an ongoing roadmap of planned acquisitions and upgrades to ensure that equipment and software are robust and adequate to meet changing operational demands.
- The amount of capital asset disposals during 2020–2021 was $7.2 million, related mainly to decommissioning the data centres and right-sizing the hub rooms in the Ottawa office. The balance of capital disposals related to this project in the Toronto office is planned to occur in 2021–2022.

Audited financial statements

Independent Auditors' Report

To the Board of Directors of the Canadian Institute for Health Information

Opinion

We have audited the financial statements of the Canadian Institute for Health Information ("CIHI"), which comprise:

- the statement of financial position as at March 31, 2021
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of CIHI as at March 31, 2021, its results of operations, its changes in net asset and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

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 "*Auditors' Responsibilities for the Audit of the Financial Statements*" section of our auditors' report.

We are independent of CIHI in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other 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.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, 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 CIHI's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the CIHI or to cease operations, or has no realistic alternative but to do so.

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

Auditors' 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 auditors' 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 CIHI'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 CIHI's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' 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 auditors' report. However, future events or conditions may cause CIHI 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.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Ottawa, Canada

June 17, 2021

Statement of financial position

As at March 31, 2021, with comparative information for 2020

	Notes	2021	2020
Assets			
Current assets			
Cash and cash equivalents	3	$9,095,998	$7,104,703
Accounts receivable	4	14,951,843	7,139,948
Prepaid expenses		4,690,336	3,968,144
Total current assets		**28,738,177**	**18,212,795**
Long-term assets			
Capital assets	5	2,010,425	2,331,508
Other assets	6	154,179	192,370
Total long-term assets		**2,164,604**	**2,523,878**
Total assets		**$30,902,781**	**$20,736,673**
Liabilities and net assets			
Current liabilities			
Accounts payable and accrued liabilities	8	$8,769,666	$6,382,801
Unearned revenue		1,523,421	1,588,723
Deferred contributions	9a	11,839,860	3,572,394
Total current liabilities		**22,132,947**	**11,543,918**
Long-term liabilities			
Deferred contributions			
Expenses of future periods	9a	151,389	189,565
Capital assets	9b	916,575	1,065,790
Lease inducements	10	1,205,628	1,441,158
Total long-term liabilities		**2,273,592**	**2,696,513**
Total liabilities		**$24,406,539**	**$14,240,431**
Net assets			
Invested in capital assets		703,119	784,904
Unrestricted		5,793,123	5,711,338
Total net assets		**6,496,242**	**6,496,242**
Commitments	14		
Total liabilities and net assets		**$30,902,781**	**$20,736,673**

See the accompanying notes to the financial statements.

On behalf of CIHI's Board:

Director

Director

Statement of operations

Year ended March 31, 2021, with comparative information for 2020

	Notes	2021	2020
Revenue			
Core Plan	11	$18,756,132	$18,420,430
Sales		2,656,044	2,626,678
Funding — other	12	3,040,035	3,341,998
Health Information Initiative	9	91,513,904	90,086,936
Other revenue		34,074	212,454
Total revenue		**116,000,189**	**114,688,496**
Expenses			
Compensation		89,307,625	87,527,220
External and professional services		8,403,542	5,552,707
Travel and advisory committee		211,907	3,255,800
Office supplies and services		717,171	1,127,272
Computers and telecommunications		9,790,736	10,267,880
Occupancy		7,569,208	7,552,617
Total expenses		**116,000,189**	**115,283,496**
Excess (deficiency) of revenue over expenses		**$0**	**$(595,000)**

See the accompanying notes to the financial statements.

Statement of changes in net assets

Year ended March 31, 2021, with comparative information for 2020

	Invested in capital assets	Unrestricted	Total 2021	Total 2020
Balance, beginning of year	$784,904	$5,711,338	$6,496,242	$7,091,242
Excess (deficiency) of revenue over expenses	(241,283)	241,283	0	(595,000)
Change in invested in capital assets	159,498	(159,498)	0	0
Balance, end of year	**$703,119**	**$5,793,123**	**$6,496,242**	**$6,496,242**

See the accompanying notes to the financial statements.

Statement of cash flows

Year ended March 31, 2021, with comparative information for 2020

	Notes	2021	2020
Cash provided by (used in)			
Operating activities			
Excess (deficiency) of revenue over expenses		$0	$(595,000)
Items not involving cash			
Amortization of capital assets		593,643	1,348,039
Amortization of lease inducements		(238,561)	(234,064)
Amortization of deferred contributions — capital assets		(328,879)	(1,180,383)
Loss on disposal of capital assets		66,602	12,844
Loss on impairment of capital assets	5	0	1,042,133
Change in non-cash operating working capital	13	(6,212,524)	664,583
Net change in other assets		38,191	103,169
Net change in deferred contributions		8,408,954	(747,574)
Cash provided by operating activities		**2,327,426**	**413,747**
Investing activities			
Acquisition of capital assets		(339,162)	(169,896)
Cash used in investing activities		**(339,162)**	**(169,896)**
Financing activities			
Lease inducement received		3,031	20,969
Cash provided by financing activities		**3,031**	**20,969**
Increase in cash and cash equivalents		**1,991,295**	**264,820**
Cash and cash equivalents, beginning of year		7,104,703	6,839,883
Cash and cash equivalents, end of year		**$9,095,998**	**$7,104,703**
Represented by			
Cash		$5,095,998	$104,703
Short-term investments		4,000,000	7,000,000
		$9,095,998	**$7,104,703**
Supplemental information			
Interest received		$47,276	$207,292

See the accompanying notes to the financial statements.

Notes to financial statements

Year ended March 31, 2021, with comparative information for 2020

1. Organization

The Canadian Institute for Health Information (CIHI) is a national not-for-profit organization continued under Section 211 of the *Canada Not-for-profit Corporations Act*.

CIHI's mandate is to deliver comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum.

CIHI is not subject to income taxes under paragraph 149(1)(l) of Canada's *Income Tax Act*.

2. Significant accounting policies

These financial statements have been prepared by management in accordance with the Canadian accounting standards for not-for-profit organizations in Part III of the *CPA Canada Handbook — Accounting* and include the following significant accounting policies:

a) Revenue recognition

CIHI follows the deferral method of accounting for contributions for not-for-profit organizations.

Funding contributions are recognized as revenue in the same period as the related expenses are incurred. Amounts approved but not received at the end of the period are recorded as accounts receivable. Excess contributions that require repayment in accordance with the agreement are recorded as accrued liabilities.

Contributions provided for a specific purpose and those restricted by a contractual arrangement are recorded as deferred contributions, and subsequently recognized as revenue in the same period as the related expenses are incurred.

Contributions provided for the purchase of capital assets are recorded as deferred contributions — capital assets, and subsequently recognized as revenue over the same terms and on the same basis as the amortization of the related capital assets.

Interest revenue is recorded as period income on the basis of the accrual method.

Restricted investment revenue and investment losses on restricted contributions are debited or credited to the related deferred contributions account and recognized as revenue in the same period as eligible expenses are incurred.

b) Capital assets

Capital assets are recorded at cost and are amortized on a straight-line basis over their estimated useful lives, as follows:

Assets	Useful life
Tangible capital assets	
Computers and telecommunication equipment	5 years
Furniture and equipment	5 to 10 years
Leasehold improvements	Term of lease
Intangible assets	
Computer software	5 years

c) Lease inducements

Lease inducements, consisting of leasehold improvement allowances, free rent and other inducements, are amortized on a straight-line basis over the term of the lease.

d) Foreign currency translation

Revenue and expenses are translated at the exchange rates prevailing on the transaction date. Any resulting foreign exchange gains or losses are charged to miscellaneous income or expenses. Foreign currency monetary assets and liabilities are translated at the prevailing rates of exchange at year end.

e) Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of revenue and expenses during the year. Actual results could differ from management's estimates. These estimates are reviewed annually; as adjustments become necessary, they are recognized in the financial statements in the period they become known.

3. Cash and cash equivalents

Cash and cash equivalents are made up of cash and short-term investments that have a variety of interest rates and original maturity dates of 90 days (2020: 100 days) or less.

4. Accounts receivable

	2021	2020
Operating	$11,937,114	$3,984,280
Funding — other	3,014,729	3,155,668
Total accounts receivable	**$14,951,843**	**$7,139,948**

Government refunds receivable at the end of the year are $0 (2020: $27,791).

5. Capital assets

	Cost	Accumulated amortization	2021 Net book value	2020 Net book value
Tangible capital assets				
Computers and telecommunication equipment	$3,778,807	$3,217,497	$561,310	$658,709
Furniture and equipment	3,177,558	3,104,511	73,047	86,177
Leasehold improvements	9,966,825	8,696,118	1,270,707	1,351,893
Intangible assets				
Software	8,769,333	8,663,972	105,361	234,729
Total capital assets	**$25,692,523**	**$23,682,098**	**$2,010,425**	**$2,331,508**

Cost and accumulated amortization as at March 31, 2020, amounted to $32,508,504 and $30,176,996, respectively.

During the year ended March 31, 2020, CIHI determined that certain tangible and intangible computer assets were impaired due to the movement of CIHI's applications and data to a cloud environment. The $1,042,133 net book value of the assets, with a cost of $6,688,617 and accumulated amortization of $5,646,484, was recorded as an impairment loss as their fair value was assessed as $Nil. As at March 31, 2021, there remain impaired assets with a cost and accumulated amortization both equal to $1,435,015 that have not yet been disposed of.

6. Other assets

Other assets consist of rent deposits to landlords for office space as well as prepaid software, equipment support and maintenance expenses.

7. Bank indebtedness

CIHI has a line of credit of $5,000,000 (2020: $5,000,000) with a financial institution bearing interest at the prime rate. This credit facility is secured by a general security agreement on all assets with the exception of information systems.

As at March 31, 2021, there are no draws on the line of credit (2020: $0).

8. Accounts payable and accrued liabilities

Accounts payable and accrued liabilities are operational in nature.

The government remittance payable at the end of the year is $1,039,674 (2020: $21,469).

9. Deferred contributions

a) Expenses of future periods

Since 1999, Health Canada has been significantly funding the building of a comprehensive national health information system and infrastructure to provide Canadians with the information they need to maintain and improve Canada's health systems and the population's health. Health Canada's funding contribution is received annually based on CIHI's capital resource requirements.

Deferred contributions related to expenses of future years represent unspent restricted contributions. The changes for the year in the deferred contributions — expenses of future years are as follows:

	2021	2020
Balance, beginning of year	$3,761,959	$4,509,533
Contribution received from Health Canada	99,593,979	88,158,979
Amount recognized as funding revenue	(91,185,025)	(88,906,553)
Amount transferred to deferred contributions — capital assets	(179,664)	0
Balance, end of year	**11,991,249**	**3,761,959**
Less current portion	11,839,860	3,572,394
Balance, end of year, long-term portion	**$151,389**	**$189,565**

b) Capital assets

Deferred contributions related to capital assets include the unamortized portions of restricted contributions with which capital assets were purchased.

The changes for the year in the deferred contributions — capital assets balance are as follows:

	2021	2020
Balance, beginning of year	$1,065,790	$2,246,173
Amount received from Health Information Initiative	179,664	0
Amount recognized as funding	(328,879)	(1,180,383)
Balance, end of year	**$916,575**	**$1,065,790**

10. Lease inducements

The lease inducements include the following amounts:

	2021	2020
Leasehold improvement allowances	$390,731	$480,814
Free rent and other inducements	814,897	960,344
Total lease inducements	**$1,205,628**	**$1,441,158**

During the year, a leasehold improvement allowance of $0 (2020: $20,969) and free rent of $3,031 (2020: $0) were received. The amortization of leasehold improvement allowances was $90,083 (2020: $85,889). The amortization of free rent and other inducements was $148,478 (2020: $148,175).

11. Core Plan

The Core Plan revenue relates to a set of health information products and services offered to Canadian health care facilities, regional health authorities and provincial/territorial ministries of health. Provincial/territorial governments have secured CIHI's Core Plan on behalf of all facilities in their jurisdiction.

12. Funding — other

	2021	2020
Provincial/territorial governments	$2,674,131	$3,099,468
Other	365,904	242,530
Total funding — other	**$3,040,035**	**$3,341,998**

13. Change in non-cash working capital items

	2021	2020
Accounts receivable	$(7,811,895)	$1,116,432
Prepaid expenses	(722,192)	(376,621)
Accounts payable and accrued liabilities	2,386,865	(285,683)
Unearned revenue	(65,302)	210,455
	$(6,212,524)	**$664,583**

14. Commitments

CIHI leases office space under different operating leases, which expire on various dates. In addition, CIHI is committed under various agreements with respect to professional contracts and software and equipment maintenance and support. The minimum amounts payable over the next 5 years and thereafter are as follows:

2022	$18,097,976
2023	12,756,069
2024	9,979,460
2025	8,485,894
2026	5,971,976
2027 and thereafter	10,329,519
	$65,620,894

15. Financial instruments

Financial instruments are measured at fair value on initial recognition. Subsequent to initial recognition, they are accounted for based on their classification. Cash and cash equivalents as well as investments are measured at fair value. Accounts receivable net of allowance for doubtful accounts and accounts payable and accrued liabilities are carried at amortized cost. Because of the short-term nature of the accounts receivable as well as the accounts payable and accrued liabilities, amortized cost approximates fair value.

It is management's opinion that CIHI is not exposed to significant interest rate, credit, liquidity, current or other price risks arising from the financial instruments.

a) Interest rate risk

Interest rate risk refers to the adverse consequences of interest rate changes on CIHI's cash flows, financial position and investment income.

b) Credit risk

Credit risk relates to the potential that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur financial loss.

Credit risk concentration exists where a significant portion of the portfolio is invested in securities that have similar characteristics or similar variations relating to economic, political or other conditions. CIHI monitors the financial health of its investments on an ongoing basis.

c) Liquidity risk

Liquidity risk is the risk that CIHI will be unable to fulfill its obligations on a timely basis or at a reasonable cost. CIHI manages its liquidity risk by monitoring its operating requirements. CIHI prepares budget and cash forecasts to ensure that it has sufficient funds to fulfill its obligations.

In addition, as disclosed in note 7, CIHI has an available line of credit that is used when sufficient cash flow is not available from operations to cover operating and capital expenditures.

d) Other

Management does not believe that CIHI is exposed to significant current, foreign currency or other price risks.

The ultimate duration of the COVID-19 pandemic and the magnitude of its impact are not known at this time. CIHI is continually monitoring the impact of market volatility on its financial instruments. These financial risks are not considered significant to operations by management; as such, there have been no significant changes in the policies, procedures and methods used to measure the risks.

16. Effects of COVID-19

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The pandemic has had a significant financial, market and social dislocation impact.

Management has been forthright in undertaking certain strategies and actions to respond to the COVID-19 outbreak. The health and safety of all staff have been reinforced as a priority for CIHI, and management invoked a work-from-home regime, suspended non-essential domestic and international travel, and shifted face-to-face meetings to digital methods.

Financial statements require adjustments for events occurring between the date of the financial statements and the date of the auditors' report that provide additional evidence relating to conditions that existed at year-end. Management has assessed the financial impacts and there are no additional adjustments required to the financial statements at this time.

The ultimate duration and magnitude of the pandemic's impact on CIHI's operations and financial operations is not known at this time. These impacts could include a decline in future cashflows, changes to the value of assets and liabilities, and the use of accumulated net assets to sustain operations. An estimate of the financial effect of the pandemic is not predictable at this time.

Appendix

Text alternatives for images

Text alternative for CIHI's Rural Health Service Decision Process

There are 5 steps in the process:

Step 1: Clearly state the question to be answered

Step 2: Quantify the need for services

Step 3: Identify potential service options

Step 4: Assess viable service options

Within Step 4, you will assess viable service options against 6 themes: quality and safety; patient experience; provider experience; internal capacity and context; funding and payment models, costs; and engagement.

Step 5: Summarize your results

Following the 5-step process, you will be well-positioned to communicate your decision to relevant audiences.

Text alternative for CIHI's Risk Management Framework

The first process is Establish framework (which involves the policy and governance frameworks, as well as the process, methods and tools). The second process is Assess the risks (which involves identification of strategic goals and risks, as well as risk assessment). The third process is Risk response and treatment (which involves key risk indicators, strategy and action plans, and risk champions). The fourth process is Monitor and communicate (which involves reviewing the framework, executive and Board oversight and risk management reporting).

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