



CIHI's Annual Report, 2023–2024

30 Years of CIHI



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

Production of this document is made possible by financial contributions from Health Canada and provincial and territorial governments. The views expressed herein do not necessarily represent the views of Health Canada or any provincial or territorial government.

All rights reserved.

The contents of this publication may not be reproduced, in whole or in part, without the prior express written permission of the Canadian Institute for Health Information.

For permission or information, please contact CIHI:

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6
Phone: 613-241-7860
Fax: 613-241-8120
cihi.ca
copyright@cihi.ca

ISBN 978-1-77479-270-4 (PDF)

© 2024 Canadian Institute for Health Information

How to cite this document:

Canadian Institute for Health Information. *CIHI's Annual Report, 2023–2024: 30 Years of CIHI*. Ottawa, ON: CIHI; 2024.

Cette publication est aussi disponible en français sous le titre *Rapport annuel de l'ICIS, 2023-2024 : l'ICIS a 30 ans*.

ISBN 978-1-77479-271-1 (PDF)

Table of contents

About CIHI	4
Messages from CIHI's Board Chair and CEO	5
Our accomplishments	8
Our people	46
Risk management	58
Leading practices	63
Audited financial statements	70
Appendix: Text alternative for framework	85

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.



Messages from CIHI's Board Chair and CEO

A message from the Board Chair

As we mark CIHI's 30th anniversary, the need for credible health information has never been more evident.

Our organization opened its doors in 1994 with 3 databases in place: the Discharge Abstract Database, Ontario Trauma Registry and Canadian Organ Replacement Register. Needless to say, much has changed: today, CIHI is home to 28 data holdings, more than 10 billion records and a suite of analytical products, publications and interactive tools.

Over the past 3 decades, CIHI has earned its reputation as a trusted source of actionable information, contributing to improvements in Canadians' health and the performance of our health systems. Our linkable, pan-Canadian data has proven invaluable — particularly in the wake of the pandemic, as better health data has become a national priority.



We are fortunate at CIHI to have an array of interdisciplinary experts and dedicated teams, led by our outgoing CEO, David O'Toole — who has worked hard to advance priority initiatives and whose positive impact stretches across the organization. Retiring now after 10 years leading CIHI, David's broad efforts in building relationships across the system have been essential in elevating the organization's status and breaking down barriers to significant achievements.

David has helped build strong, collaborative relationships with federal and provincial/territorial governments and with national and international partners across the health sector. He leaves our organization well-positioned to tackle the challenges facing Canadian health care. I look forward to working with CIHI's new CEO, Dr. Anderson Chuck, to continue that progress.

Dr. Vivek Goel

Board Chair



A message from the CEO

For me, the past 10 years have been an exercise in continuous learning: about our health care systems and the challenges they face; and about the necessity of having timely, high-quality data in order to meet those challenges.

Changes in our models of care combined with advances in precision medicine, bioengineering and artificial intelligence (among others) are combining to transform how care is delivered as well as the expectations of patients across the country.

The transformation of Canada's health data infrastructure will require CIHI to transform as well, and to continue to provide thoughtful leadership in the sector.

It's an exciting time and, in collaboration with trusted partners, we are building the organization Canada needs us to be — providing timely information to inform health care decisions and save lives. Data holds the key to a more collaborative and person-centred system, one that can continuously improve.

I leave CIHI more inspired than ever by the power of good data, transparency and public reporting to drive change. Thank you to everyone I have met and worked with while at CIHI. It's been a privilege to be a part of such a smart, committed, professional community.

I look forward to seeing what you accomplish next.

Sincerely,

David O'Toole
President and CEO



Our accomplishments



CIHI's 30th anniversary: 3 decades of better data and better decisions

For 30 years, CIHI has provided Canadians with comparable, actionable data to accelerate improvements in health care, health system performance and population health. It's a milestone worth celebrating, encompassing **a long list of achievements** that includes meaningful partnerships, ground-breaking reports and novel resources to support all stakeholders.



Pre-1994

1991

Health Information for Canada, 1991: A Report by the National Task Force on Health Information (a.k.a. the Wilk Report) recommends creating a national health information coordinating council and an independent institute for health information.



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

1994 to 2006

1994

On February 1, CIHI opens doors through merger of Hospital Medical Records Institute (HMRI) and The Management Information Systems (MIS) Group.

CIHI starts with 3 databases: Discharge Abstract Database (DAD), Ontario Trauma Registry (OTR) and Canadian Organ Replacement Register (CORR).

CIHI releases first report on organ replacements.



2001

CIHI releases first report on drug expenditures.



First employee survey shows high staff satisfaction.

Work starts on implementing ICD-10-CA (*International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada*) and CCI (*Canadian Classification of Health Interventions*). Canada is the first country with electronic format.

1995

Privacy, confidentiality and security policy is adopted.



1996

First bilateral agreements signed with 9 provinces and territories. (CIHI now has one with every province and territory.)

2000

CIHI releases first report on nurses.



2006

CIHI produces more than 50 analytical products and is featured as one of Ottawa's top 15 employers.



2007 to 2012



2007

CIHI Portal goes online.

CMG+ grouping methodology implemented (except in Quebec), developed with ICD-10-CA/CCI data; Canada is the only country with methodology that addresses both higher-cost patients and data quality.

First report on hospital standardized mortality ratio (HSMR) produced; eHSMR helps track mortality rates.



2011

Wait Times web tool displays 4 years of comparable provincial data and allows for trending over time.

2009

Patient Cost Estimator released; innovative online tool provides data on costs of many inpatient health services.

CIHI takes to Twitter: first tweet is about drug spending.



2012

Submission to the Canadian Joint Replacement Registry (CJRR) is mandated for the first time in Canada, starting with Ontario and British Columbia.



2013 to 2019

2013

Interactive web tool created for general public: YourHealthSystem.cihi.ca.

2015

Funding received to support federal initiatives related to **prescription drug abuse**; CIHI starts publicly releasing opioid data.

2016

Canadian Patient Experiences Reporting System (CPERS) data holding added.

Our project **Care Planning Tools: Changing Practice Among Alberta First Nations Communities** wins awards from the Canadian Health Informatics Association and the Information Technology Association of Canada.

2017

CIHI commits to a meaningful partnership with the British Columbia First Nations Health Authority (BC FNHA) to work together to improve the health and well-being of First Nations individuals, families and communities in B.C. and to contribute to the broader national process of reconciliation.

2018

CIHI begins working closely with federal, provincial and territorial governments to develop a **set of common indicators** focused on measuring pan-Canadian **access to mental health and substance use services and to home and community care**.

2019

CIHI recognized as one of the National Capital Region's Top Employers.



2020 to 2024



2021

CIHI and Canada Health Infoway co-lead the **Pan-Canadian Organ Donation and Transplantation (ODT) Data and Performance Reporting System Project** — a \$40.4 million project funded by Health Canada over 5 years to develop a modernized reporting system to support improvements in ODT access, care and outcomes.

2020

CIHI compiles key reports and resources with information related to the **COVID-19 (coronavirus disease) pandemic** to support governments, health providers and decision-makers in responding to the pandemic.

On December 1, 2020, CIHI signed a **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.

2022

A milestone achievement: CIHI publishes the full suite of **12 new and updated indicators to help guide system planning across the country**.

The indicators — 6 on home and community care and 6 on mental health and substance use — tell the overall story of access in these health sectors.

2023

CIHI releases its first **data visualization tool about health human resources** that shows the supply of different physicians and nurses across health regions.

2024

CIHI celebrates **30 years** as a trusted partner in providing actionable information to improve Canadians' health and the performance of our health systems.





“Informing important decisions that impact the lives of all Canadians”

Francine Anne Roy, vice president for Eastern Canada, first joined CIHI in 2000 — so she’s witnessed the organization evolve over the years. She has been responsible for many of CIHI’s most important functions during her career and has seen the immense strides made to effect meaningful change across the continuum of care.

As she gets ready to retire in 2024, Francine Anne reflects on her journey with the organization and on how CIHI has powered better data and better decisions — which have ultimately led to healthier Canadians.

Impacting “the lives of all Canadians”

“What I’ve seen in my time here is an organization that really pays attention to our clients and stakeholders, giving them the tools needed to make key decisions,” says Francine Anne. “What began with a focus on data quality led to influencing policy, legislation and health care funding across the country. CIHI’s work evolved to help people at many levels in our health systems, informing important decisions that impact the lives of all Canadians.”

A practising nurse before joining CIHI, Francine Anne is intimately aware of the need for evidence-based data to inform decision-making in clinical environments. She says CIHI explores not only data but the context around it.

“That rich context is key, because the more we understand a population’s needs — what’s important to them, where they live, what their circumstances may be — the better we are able to serve them,” she says.

Francine Anne believes that CIHI is now at the beginning of its next evolution, as technology and the world of AI change the way information is delivered.

“We are moving toward a lot of self-serve tools to give people timelier access to information while still upholding the quality of the data,” she says. “We consistently take the pulse of what our diverse partners and stakeholders need, becoming their gateway for data that is essential in making complex decisions.”

Ultimately, Francine Anne says the focus on partnership, collaboration and dedication to serving clients for the greater good has allowed CIHI to become an integral part of Canada’s health care systems.

She considers her time at CIHI as filled with opportunities to ask questions, challenge assumptions and push thinking ahead. “I had the opportunity to touch a lot of the work at CIHI, and always with a view to the people of Canada whom we serve,” says Francine Anne, who credits the teams she has managed for all her successes. “As CIHI evolves, the diversity of perspectives will continue to make us even stronger.”



First as a staff member and then as a partner, it's been a privilege to be part of CIHI's evolution over the last 30 years. Its data now addresses the continuum of care, not just hospitals. Its analysis adds meaning and value beyond the data itself. And information is available publicly, not just in private reports.

Imagine the possibilities ahead as we, together, shape a future where everyone in Canada has safe, high-quality health care!

— **Jennifer Zelmer, President and CEO,
Healthcare Excellence Canada (HEC)**



Health human resources

Physician modelling tool supports planning for future population health needs

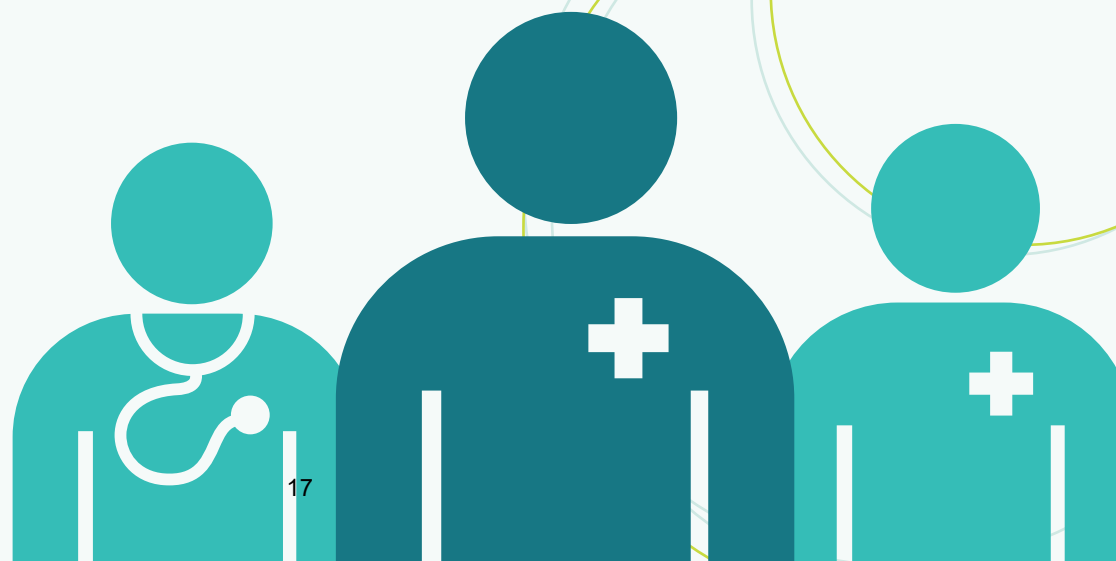
It's no secret that Canada's health care systems are facing a number of challenges, with health care workers under heavy strain. This pressure has been felt for years through all sectors — including primary care, long-term care and hospitals — and it's grown significantly due to the pandemic.

There is no shortage of headlines putting a lens on the issue.

A new [national survey out of Toronto's St. Michael's Hospital](#) suggests that about 6.5 million Canadians don't have regular access to a family doctor or nurse practitioner. With just 35% able to get a same- or next-day appointment, there's been a noticeable increase in [emergency department visits](#).

A [2023 survey by the Ontario College of Family Physicians](#) found that 65% of family doctors will stop providing care or cut their availability in the next 5 years, largely due to burnout. Related research shows that family doctors for 1.7 million Ontarians are nearing retirement.

This requires a thoughtful response rooted not only in today's data and extrapolated survey results, but in predictive analytics. A new tool launched by CIHI aims to do just that.



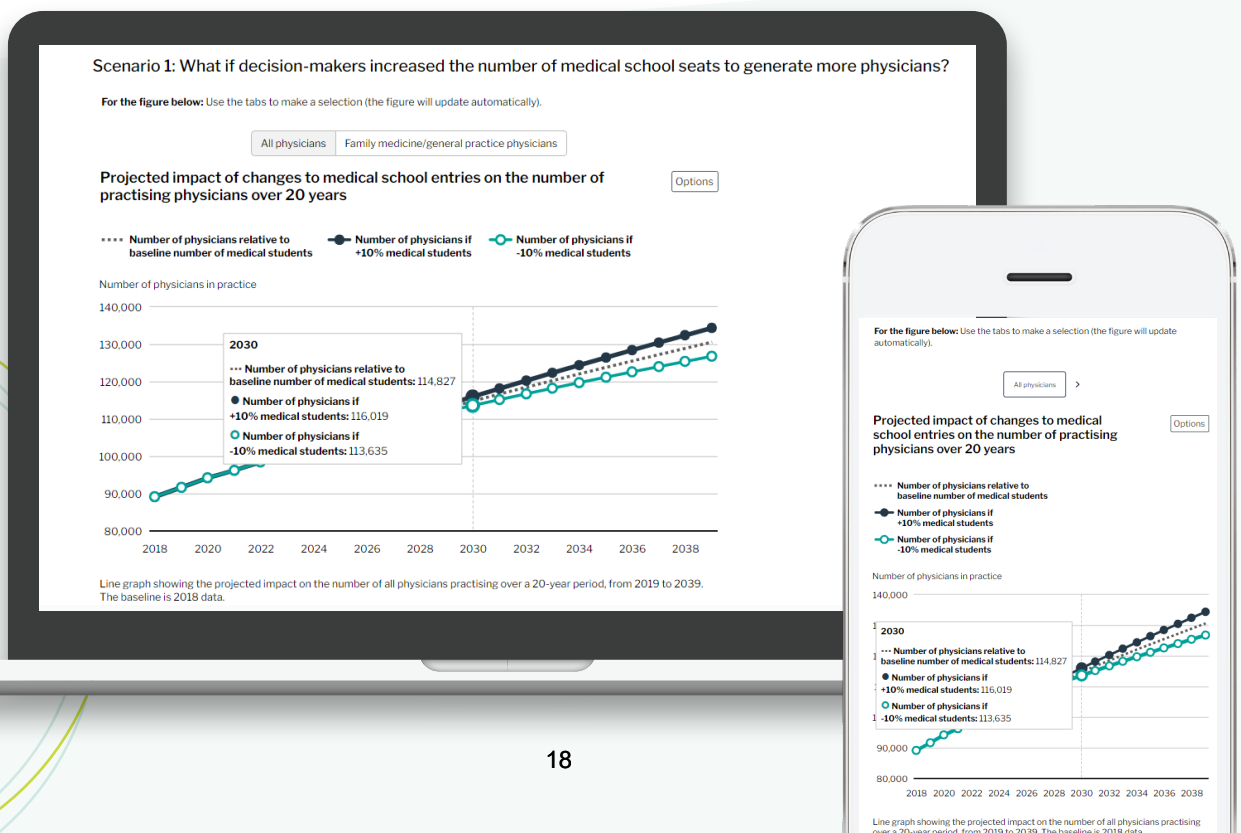
Looking into the future for actions needed now

Health care officials knew they needed a way to determine the true need for physicians across the country, so Health Canada and provincial/territorial partners conceived a model that could project supply and demand — and asked CIHI to operationalize this complex instrument.

The result: a physician modelling tool that can predict the gap between population needs and the supply of family doctors, medical specialists and surgeons. By entering data that's relevant to them, system planners can see the forest for the trees and, in response, make effective policy decisions. For example, planners may find predictive data that supports ideas such as boosting residency openings or seats in medical schools.

As of December 2023, data analysts can use a complex calculator to study broad “what if” scenarios, and policy-makers can tap into a dashboard to easily explore pressing issues. Health Canada relies on physician modelling to build recommendations for provincial/territorial health ministers — analyses that began with primary care physicians and will most likely expand to nurses, pharmacists, physiotherapists and occupational therapists.

It takes nearly a decade to train a new physician. So it's important to anticipate and plan early to offset future shortages that will compromise care for Canadians.



Arrival of Health Workforce Canada

In 2023, CIHI was asked by Health Canada to lead the consultation and coordination to set up an organization to convene and collaborate with health sector partners to find ways to address current and future health workforce challenges. As a result of this work, [Health Workforce Canada](#) was born. Health Workforce Canada is a new independent organization that will bring together diverse health system planners and health workforce experts to learn from one another, strengthen and make data more accessible, and gather and share new solutions for our workforce challenges.

CIHI will support the mission of Health Workforce Canada to effectively plan for the future through our data and analyses. We will continue to set data standards, work to fill data gaps and share timely analyses and insights.

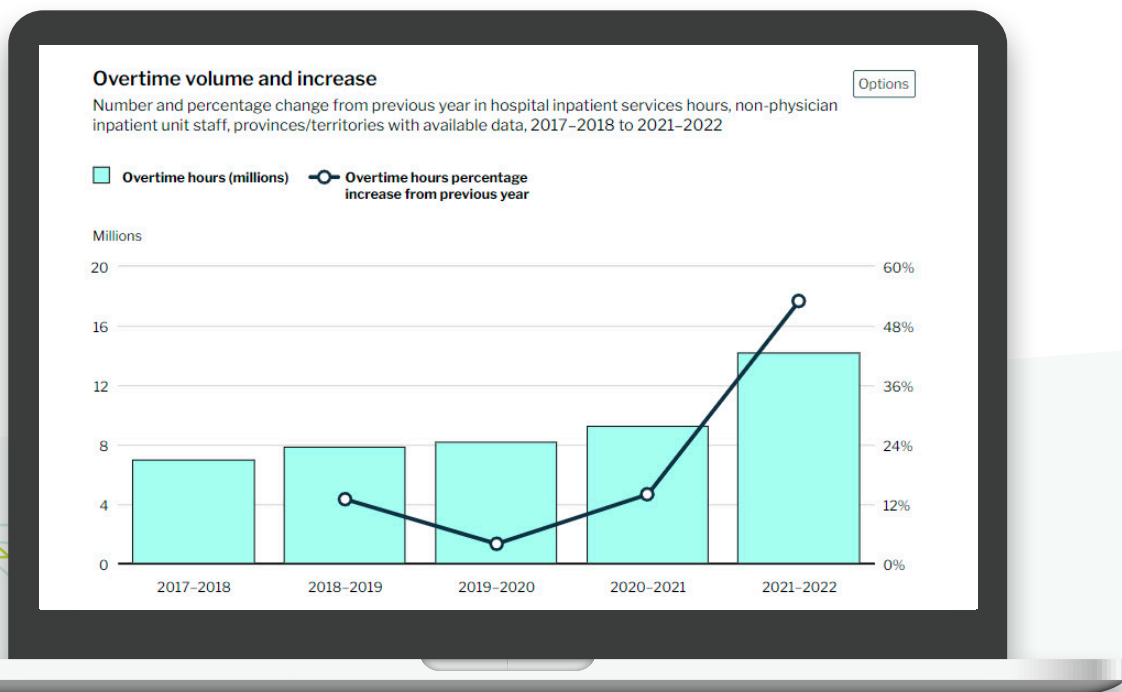
Canada spends more than \$340 billion on health care, and far more than half of that is spent on people. We know there are shortages. We know the workforce is stretched. I couldn't imagine a more important issue for CIHI to dedicate time and energy to.

— **Natalie Damiano, Director, Health Workforce Information, CIHI**



Analyzing COVID-19's impact on the hospital workforce

Without health workers we have no health system, so the health of these essential professionals is vital. Stories of health professionals stretched too thin have become common. The COVID-19 pandemic put a tremendous amount of pressure on front-line hospital staff — and CIHI data can help quantify it.





In fall 2023, CIHI published a [new report on hospital staffing and harm](#) that found striking results:



Sick time rose 17% in 2021–2022 compared with the year before, totalling **12 million+ hours**, the equivalent of about 6,500 full-time staff.



Overtime spiked 50% in 2021–2022, totalling **14 million+ hours**, or 7,300 additional full-time equivalents.



There was an 80% increase in the volume of purchased hours in 2021–2022, totalling over **1.5 million hours**, or the equivalent of 770 full-time staff.

All of these factors, along with the uncertainty surrounding the pandemic, made the delivery of care exceedingly difficult for health care teams during this time — a period that also saw a 6% increase in preventable hospital harms among patients. While we can't draw a causal link between staffing levels and harm, it is striking to note the rise in incidents. This CIHI data is essential for hospitals so they can monitor trends and take necessary steps.



Analyzing the changing picture of family medicine

Data on primary care — an area with shortages in Canada — is of widespread interest. In March 2024, CIHI published a report that analyzed the [practice patterns of family physicians](#) today and over the last decade.

Key results help put some missing pieces of the puzzle together in this essential corner of health care:



The 5-year growth rate of family physicians slowed to 7.7% between 2017 and 2021, compared with 12.9% between 2012 and 2016.



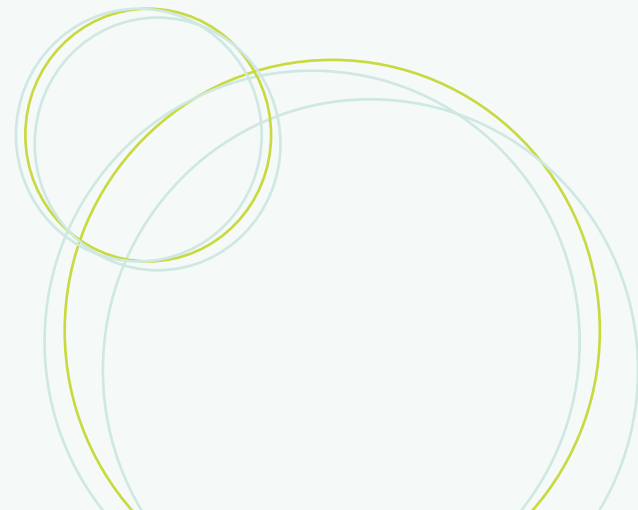
28% of family doctors are mostly performing specialty care, such as emergency medicine and psychiatry — a number that continues to grow.



The vast majority of these physicians — 83.6% — practise in urban centres.



Family medicine accounted for three-quarters of all unfilled residency spots in 2023.





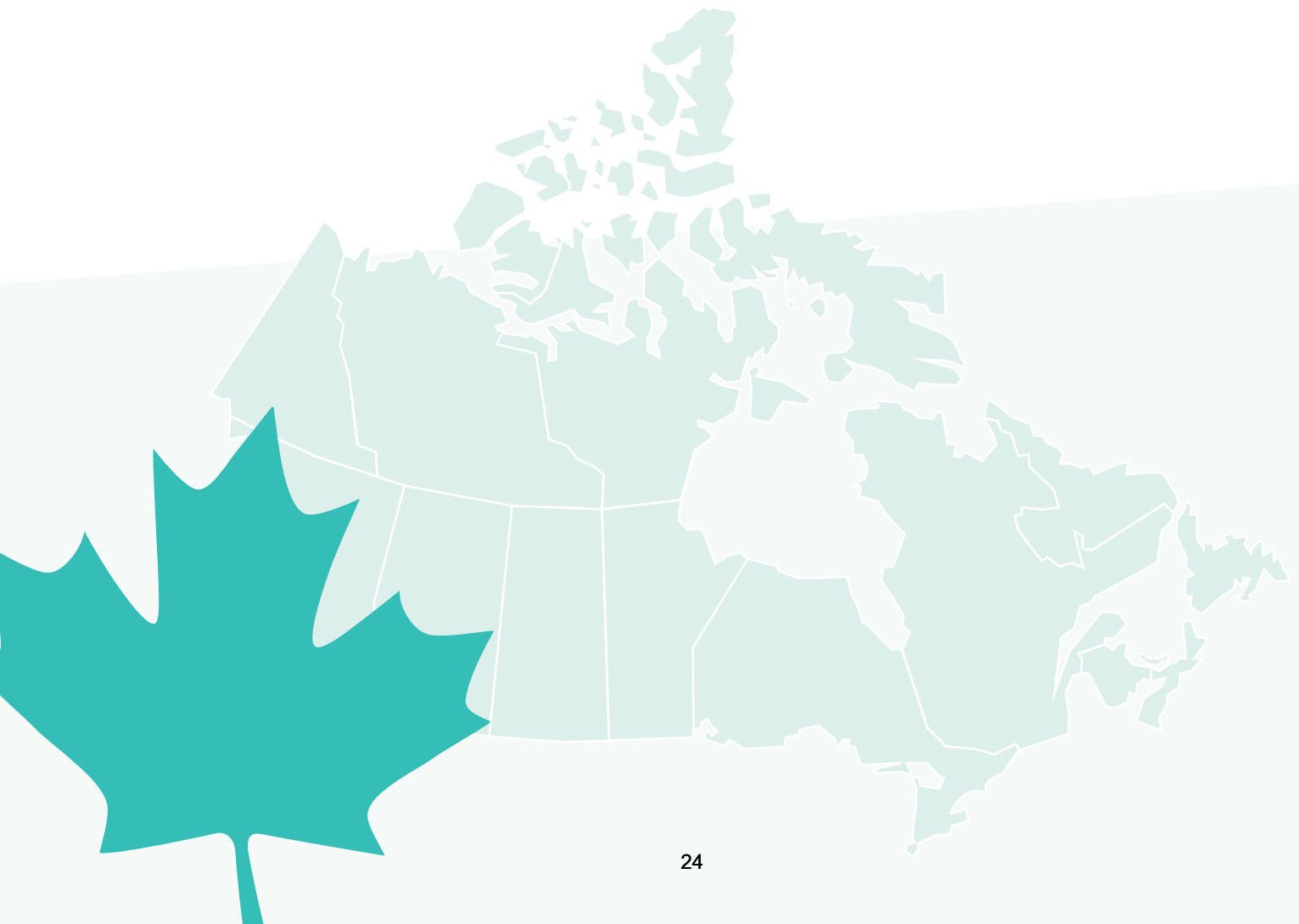
It is clear that there is a growing shift in the practice of family medicine, and there are new models of care emerging in response to the root causes of this shift. To address the complex issue of access to primary care, we will need to evaluate these models' impact and effectiveness so we can share and learn more about what works and what doesn't.



Shared health priorities, new common indicators

Building meaningful indicators that measure health care priorities for Canadians

CIHI is playing a central role in a massive push to protect the promise at the heart of our health care systems: equitable access to care based on what each Canadian needs.



In February 2023, the [Prime Minister's Office announced \\$196 billion in health funding](#) for the provinces and territories over the next decade. This includes \$25 billion to advance shared health priorities across Canada aimed at improving access to family health services, supporting health workers and reducing backlogs, boosting mental health and substance use services, and digitally modernizing health systems.

To measure progress in each area, governments asked CIHI to lead the selection, development and reporting of a set of common indicators to keep all Canadians up to date on these topics. Such metrics must be feasible, comparable and regularly reportable in the provinces and territories. They must also be grounded in what is important to Canadians.



Collaborating to take the pulse of our health care

To build, refine and expand on these indicators, CIHI is collaborating with federal, provincial and territorial governments; data partners, including Statistics Canada, Canada Health Infoway and other organizations; subject matter experts; and people with lived experience.

In August 2023, we released [Taking the pulse](#), a report that provides a snapshot of the common information available to measure each shared health priority. It underscores the importance of consistent data that can be widely used to measure progress.



Indicators now in place

To support the selection of new common indicators, CIHI led a collaborative and rigorous process that brought in a diversity of advisory voices, including system experts, patient partners and the Canadian public, while ensuring respect for federal, provincial and territorial perspectives. Our extensive efforts culminated in a November 2023 decision-making meeting between CIHI and government decision-makers to select by consensus a set of common indicators to report to Canadians. Work is now underway to develop and report on the indicators, building on available data and improving measurement over time.

In addition to the work outlined above, the Government of Canada identified 2 more areas of priority. One is aging with dignity, and CIHI is leading an effort to select indicators that focus on long-term care (LTC) and supporting workforce stability in the sector. Another is Indigenous cultural safety, for which CIHI is supporting work led by a pan-Canadian collaborative of Indigenous partners to select, develop and report on indicators they would like to see in place.

Building common indicators is a great opportunity to report back to all Canadians on these vital areas of health care. We're working hard to develop indicators so that they provide timely reporting of information that can be impactful and engage Canadians — data that itself can be the catalyst for change in our system.

— **Vanita Gorzkiewicz, Manager, Shared Health Priorities Monitoring, CIHI**



Connected care

Modernizing health care through digital health

CIHI and Canada Health Infoway are improving patient care by modernizing how health information flows across health care systems. The objective of our Connected Care initiative is to put patients at the centre of their care by helping health data flow seamlessly and securely across health technology solutions.

Timely access to better data will improve continuity of care, increase patient experience and outcomes, improve provider experience, and help to establish person-centric, equitable health care.

This multi-year initiative builds on the strengths and expertise of each organization and is instrumental in fulfilling Health Canada's strategy to enhance the accessibility and effectiveness of health care services for all Canadians.



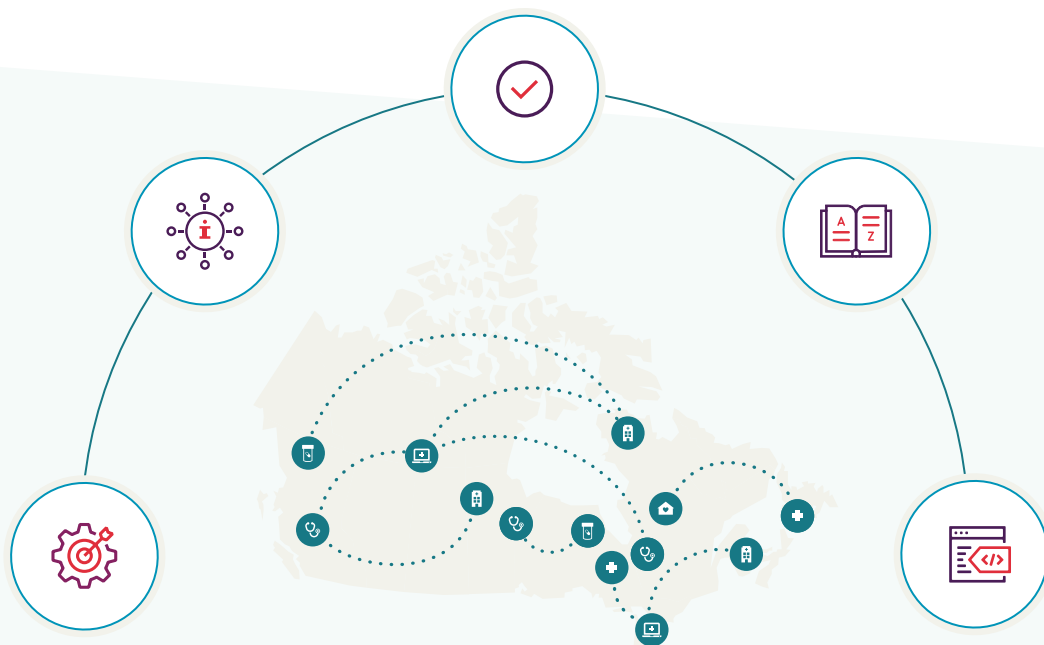
CIHI's role

CIHI is responsible for identifying and defining the data that is essential for health care delivery and management. This includes data for clinical care planning, public and population health, program planning and resource allocation, and health system measurement and comparability. The health data content and associated architecture that CIHI is developing is called the Pan-Canadian Health Data Content Framework.

Digital health organizations and vendors will use the framework as a reference to standardize the data captured by their systems. This ensures data carries the same meaning and can be interpreted accurately and consistently across health technology solutions.

Canada Health Infoway will use the framework to develop data exchange specifications that instruct how to exchange the data identified and defined by CIHI.

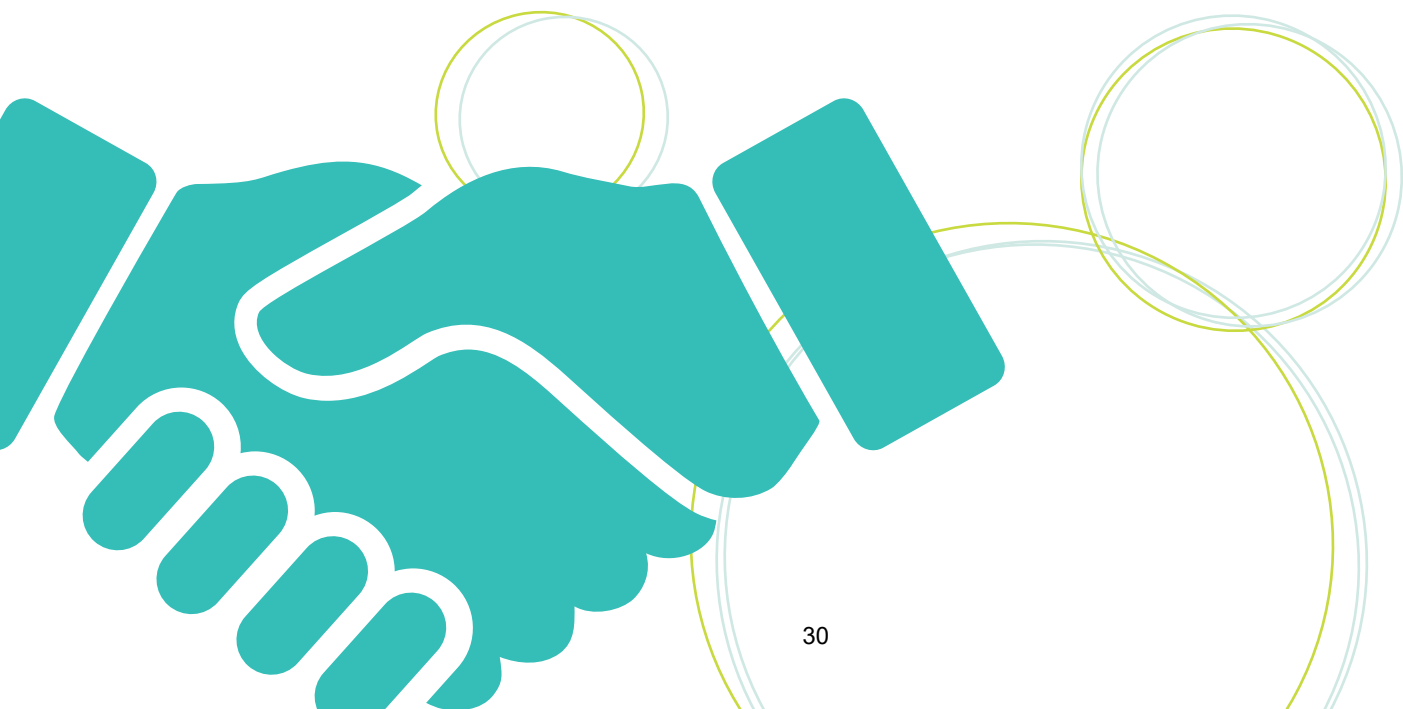
To build the framework, CIHI is leveraging 3 decades of experience in developing and implementing pan-Canadian standards that meet a wide range of health information needs and that enhance the consistency and accuracy of health care information.



Success through collaboration and partnership

CIHI and Canada Health Infoway are collaborating extensively with partners and stakeholders at all levels to make connected care a reality in Canada — patients and persons with lived experience, clinicians and care providers, Indigenous communities, industry, standards developers and terminologists, researchers, provincial and territorial governments, federal departments and pan-Canadian organizations all have a role in shaping this work.

As partners, CIHI and Canada Health Infoway strive to harness the power of digital health innovation, fostering continuous advancements in patient care delivery, health outcomes and the overall well-being of Canadians.





An expanded data platform

New interactive tool brings access to real-time LTC data

CIHI's Digital Solutions team is building a refreshed data platform so that our users can find and use essential health information in newer, faster ways.

In 2023–2024, this effort continued as we advanced a more unified, efficient and adaptive approach to how data is processed, prepared and reported. Building on what we learned the year before from publishing 5 indicators on mental health and substance use in the new platform, we took aim at another urgent area: long-term care.

For that, the Digital Solutions team collaborated with CIHI specialists who had consulted with key stakeholders to understand what they need to know most. The result was the new Integrated interRAI Reporting System LTC Secure Reporting tool that is refreshed every month to deliver the most up-to-date information. Users can access all relevant data and reports in one place, along with interactive data visualizations that help identify trends in the data.

Milestone reached

Through this ongoing modernization project, data from several CIHI areas is now accessible in the refreshed platform. We regard this as a milestone because it will let us execute a critical next step of the project in 2024–2025 — renovating the [Your Health System web tool](#).

This tool lets users explore indicators so they can get the big picture of the state of Canada's health systems and the health of Canadians — filtered by province/territory, health region, city, or individual hospital or LTC organization. This innovation will launch in 2025.

Through this ongoing work, we are improving the speed, flexibility and efficiency with which we meet the evolving information needs of our stakeholders. Critically, we are also enabling them to compare data across jurisdictions to assess performance and identify where improvements can be made.

Ultimately, we'll migrate all 70 CIHI indicators into this enhanced data platform.



Prescription drug data

Guiding the transformation of Canada's drug data landscape

Prescription drug prices in Canada are some of the highest in the world and are expected to rise. This — along with the country's patchwork of drug coverage programs — makes affordability a major barrier for millions of Canadians to accessing the medications they need. Quality data can play a key role in effectively managing these challenges; however, prescription drug data is largely decentralized across and within the provinces and territories, significantly reducing its potential for impact.

CIHI is advancing a roadmap that aims to modernize its pharmaceutical database to serve as a single integrated source of drug data, ensuring health system planners are equipped and enabled to make vital health decisions that affect Canadians. At present, CIHI's drug data is largely centred around public drug programs; however, the goal is to expand to capture comprehensive data on all medications — regardless of their type, who pays for them or where they're administered — providing a data foundation covering “All Drugs, All People.”

This data will provide real-world evidence, informing critical health system planning to better support patients across Canada. Not only does a strong prescription drug data foundation have the potential to facilitate effective management of drug costs, but when linked with other data at CIHI, analyses of drug effectiveness and safety become possible, too.

CIHI's role in improving access to prescription drugs

This is an area of great interest for Parliament, which has made recent moves to improve the pharmaceutical system in Canada. As a trusted source of drug information, CIHI is expected to play an integral role in supporting the following:



The [National Strategy for Drugs for Rare Diseases](#), launched in 2023 and led by Health Canada, aims to improve access to and affordability of effective medications for rare diseases in Canada. It calls for many organizations, including CIHI, to work together on a shared mission of improving the quality of life of Canadians living with rare diseases.



The [Government of Canada announced the creation of Canada's Drug Agency \(CDA-AMC\)](#) in December 2023, an expansion of the Canadian Agency for Drugs and Technologies in Health (CADTH). It will support informed drug, health technology and health system decisions. CIHI will contribute to 1 of its pillars: increasing drug data collection and access.



A new [pharmacare act](#) was unveiled in February 2024, which sets the principles for a national universal drug insurance program. It calls for data-informed strategies on appropriate use, safety, affordability and outcomes, which CIHI's existing data infrastructure and expertise are poised to support.

With strong collaborations with Health Canada and CDA-AMC in place, we will be a critical player in strengthening and mobilizing pharmaceutical data across the country.





All drugs for all people

To support the growing demand for access to quality pharmaceutical data, we have embarked on a multi-year All Drugs, All People roadmap, which will build on our foundation of data on publicly funded drugs. This will involve revamping our National Prescription Drug Utilization Information System by simultaneously investigating and acquiring new sources of data with support from the provinces and territories.

The goal is to build a comprehensive foundation of data while enhancing data access, maximizing use and expanding our offering of analytics that will help policy-makers and health system planners make informed decisions in the drug space.

CIHI's roadmap includes plans to fill data gaps in 5 overarching areas that would effectively cover all drugs for all people in Canada:

- Public drug plans
- Private drug plans
- Drugs administered in hospital
- Drugs for rare diseases
- Cancer drugs

With such a scope, the data will yield actionable intel on drug utilization and costs — and with linkages to other health data, it has the potential to support robust analyses on drug safety and outcomes.

First, the current picture must come into focus. In spring 2024, CIHI released our [prescription drug data landscape report](#), which highlights sources, gaps, limitations and opportunities related to the 5 categories of drug data identified above. It helps set the stage for a successful roadmap that will continue into the coming years.



Pan-Canadian Prescription Drug Data Landscape

March 2024





In focus: Rare diseases

As part of this broad effort, CIHI is a central player in Canada's first-ever National Strategy for Drugs for Rare Diseases.

While there is no commonly accepted definition of "rare diseases" in Canada or internationally, they are often described as conditions affecting fewer than 1 in 2,000 people.

In this area of health we find a passionate and vocal community, especially since many rare diseases affect children, are chronic, and can be debilitating and even life-threatening. Many individuals and families advocate for better and more equitable access to often-expensive drug treatments. They have welcomed CIHI's involvement in the strategy as we are an organization dedicated to improving the evidence base around drugs for rare diseases to support decision-making.

Our teams are assessing the analytical potential of the existing data while identifying gaps and limitations that need to be addressed to find more insights and evidence related to rare diseases. One promising avenue is linking records from multiple databases, which can provide valuable insights into a drug's impact on health outcomes and resource use. Similarly, teams are assessing the feasibility and value of linking CIHI data to disparate rare disease registries that contain diagnostic, treatment and clinical outcomes data not currently tracked in CIHI's databases.

This is an area that exemplifies the need for real-world evidence to support decisions and system planning. Since these diseases are rare, in any particular province or territory there may be only a small number of affected residents with a given rare disease, meaning a pan-Canadian data lens is essential to effectively monitor and manage drug treatments. With a national view, we can understand the use, effectiveness and safety of drugs for rare diseases.

This is where CIHI plays a key role: creating ways to collect, consolidate and report on real-life evidence that reflects real-life Canadian families.



CIHI's work helps inform pharmaceutical decisions at all levels of government across the country. We're proud to partner with CIHI on improving the collection and use of evidence to support decision-making as part of the government's National Strategy for Drugs for Rare Diseases. Our work will help people with rare conditions, their families and their caregivers by enhancing the consistency of screening programs and information available to support better decision-making. Our collaborations will continue with our expanded mandate and new role as Canada's Drug Agency. CIHI has been an invaluable partner in this transition, providing expertise in data and analytics, as we expand our pharmaceuticals work. Better data — and evidence — supports better decision-making, and together we can help address some of the system-wide issues that affect our health systems.

— **Suzanne McGurn, President and Chief Executive Officer,
Canada's Drug Agency**



Data privacy

An ongoing commitment to privacy is essential to CIHI's work

Privacy is an evolving environment in Canada, as legislative reforms continue to try to address the significant challenges faced by our health systems. Given CIHI's mandate, it is critical that our data providers continue to have clear and lawful authority to freely disclose personal health information to us.

A significant focus of our privacy activities this past year was preparing the materials required by the Information and Privacy Commissioner of Ontario (IPC/ON) as part of the review process for renewal of our status as a prescribed entity under the province's *Personal Health Information Protection Act* (PHIPA). This status allows us to continue to access Ontario data that is required to deliver the information needed to accelerate improvements in health care, health system performance and population health.

Every 3 years, the IPC/ON is required to review the information practices of prescribed entities. CIHI first received prescribed entity status in 2005, and our status has been renewed following each review. After the latest review, in 2023, CIHI received 7 recommendations:

- 4 were related to amending aspects of our Privacy and Security Incident Management Protocol. They will be addressed through a restructured protocol.
- 2 were to confirm processes that are already in place.
- 1 was to modify how CIHI documents risks that are identified through our privacy impact assessments.

In October 2023, CIHI's status as a prescribed entity under PHIPA was once again confirmed by the IPC/ON. This is a meaningful achievement in Ontario, and it also has significance for other jurisdictions, as other ministries of health and data partners know they can trust our sound privacy and security programs.

CIHI's strong culture of privacy and security is maturing through a journey of continuous improvement and demonstrable accountability. This commitment requires a full team effort, as privacy not only serves a core tenet of our operations, but in fact empowers our pan-Canadian mandate.

As we move through 2024, we will continue to closely follow all privacy-related legislative developments across the country.



Impact stories

Rural meeting impact story

.....

The opportunity to come together in person and share our experiences as health care leaders from across Canada was incredibly valuable. The current HHR crisis that is impacting all areas of the health sector — and specifically the rural and remote locations of Canada — was a timely priority topic of discussion as we heard from team members around the table, HEC and CIHI.



Learning about different recruitment and retention challenges and successes and the work that HEC is doing on responding together to the shared priority of supporting the health care workforce in its Health Workforce Innovation Challenge was useful and practical, as I brought the learnings back to my health authority to inform the specific HHR Rural and Remote working group. The presentation on cultural safety measurement was key, as Indigenous cultural safety is one of the pillars for my health authority; learning about the Cultural Safety Measurement Collaborative was significant, and the following discussion with the network gathered for this 2-day event was amazing.

So much of our work in our rural and remote communities as health leaders takes place in isolation from our peers, with most of the connection through technology. The opportunity to come together in person truly adds a dimension that enriches discussion and connection as we share experiences, ideas and information, and gain inspiration for our challenging work in our communities.

— **Marie Duperreault, RN, BScN, MSN, Director, Sunshine Coast, Vancouver Coastal Health**

Patient-reported experience measures impact story



Newfoundland and Labrador Health Services was pleased to have participated in the Canadian Patient Experiences Survey on Inpatient Care (CPES-IC) modernization project. Through this experience, we were able to explore new survey tools in a real-world environment, which enhanced our ability to gather feedback directly from patients. We are now excited to adopt these new tools for use on our acute care units as part of our provincial experience of care program. This is expected to result in an enhanced experience for our patients. Thank you to the Canadian Institute for Health Information for their support and collaboration throughout this project.

— **Nicole Gill, Provincial Director, Evaluation,
Newfoundland and Labrador Health Services**

Embedding the patient perspective in all our work



As a patient partner with CIHI over the years, I have continually been appreciative of and impressed with the ongoing leadership and support provided to grow patient engagement within the organization and its programs. Collaborating with patient voices is no longer about us, just telling our own stories about our challenges and successes as they relate to our health. True patient engagement is about incorporating and embedding patients and their caregivers into the work as valuable and experienced stakeholders on teams. One way CIHI does this is by including patient partners in presentations and webinars with knowledge translation and knowledge mobilization of the health data that has been collected and analyzed. Having patient partners co-present with researchers, health care professionals and other key stakeholders truly creates a greater impact, improves the quality of communication and produces an emotional connection, which are all powerful to the work we are moving forward with.

— Ron Beleno, patient partner



Working alongside the CIHI team on the ODT [organ donation and transplantation] project as a patient partner was a rewarding experience. Collaborating with Ryanna and Rachel [members of CIHI's project team] was seamless as they actively involved us in every decision-making process. This partnership exemplified true co-design, with patient partners playing a pivotal role in shaping the project, particularly in structuring focus groups.

Throughout our engagement, several members of the CIHI team consistently joined our calls, demonstrating a genuine commitment to engaging and partnering with us. Their openness to our input and suggestions was evident, fostering a collaborative atmosphere where our perspectives were valued.

Incorporating patient partners into CIHI's projects is crucial for gaining insights from the patient and caregiver perspective, especially when the project involves engaging with the broader patient community. This collaboration ensures that data is shared and presented in a manner that resonates with patients, empowering them to utilize the information for advocacy and education purposes.

By actively involving patient partners, CIHI not only enhances the relevance and accessibility of its data but also fosters a culture of inclusivity and co-creation. This approach not only benefits the project at hand but also strengthens the trust and collaboration between CIHI and the patient community, paving the way for more impactful initiatives in the future.

Overall, working with CIHI as a patient partner was a valuable experience, highlighting the importance of patient input in informing health care decision-making and advancing patient-centred initiatives.

— **Sandra Holdsworth, patient partner**

Our people



Since joining CIHI, I have worked in several rewarding roles across the organization and have had the pleasure to work with many wonderful colleagues, team members and mentors over the years. Our work at CIHI brings a lot of value to health care because organizations such as hospitals and long-term care facilities use our high-quality health information products to improve the care that they provide to Canadians.



At moment, the most meaningful aspect of my role is learning from and working with First Nations, Inuit and Métis thought leaders to measure cultural safety in Canada's health systems to address anti-Indigenous racism in health care. Their wisdom, insights, enthusiasm, passion and commitment to CIHI's work in this space remind me of why our work is so important.

One thing CIHI does very well that the public may not know much about is our work in developing and implementing health data standards. That is the foundation of our health information products. Without these standards, CIHI cannot efficiently collect high-quality data that can be transformed into the essential health information necessary to make critical decisions for Canada's health systems.

— **Joseph Emmanuel Amuah**



As cheesy as it may sound, I am a simple man who wants nothing more than to help make the world a better place. After 6 years at CIHI, I still feel that I am surrounded by people who share that same goal.

The organizational culture here is founded on an understanding that the sensitive health data we handle is to be treated with the utmost care and protection. From receiving data to synthesizing it into actionable reports, respect for data security is woven throughout all processes.

Through my time at CIHI, I have really come to appreciate how much effort goes into collecting data from across the country and preparing it for analysis. CIHI houses data on so many different areas of health care that go beyond just hospital data — medications, organ donations, long-term care and so on. All these data sources need to be properly organized, cleaned and analyzed to get a clear picture.

To have an organization like CIHI around to assist the already-struggling health care sector is a blessing — and being able to work here is an honour.

— **Matthew Warren**



Throughout my journey at CIHI over the past 10 months, I've had the privilege to collaborate with diverse teams and talented individuals, each contributing their expertise and passion. What truly sets CIHI apart for me is its people. The warmth, camaraderie and dedication of my colleagues make every hurdle worthwhile.

CIHI's commitment to modernization reflects an exciting era of innovation in the Canadian health landscape. Amidst the rapid changes, I've come to realize the importance of fostering genuine connections along the way and the profound impact small changes have over time.

Looking ahead, I'm excited about the trajectory that CIHI is on and how it will help us better meet the evolving needs of Canada's health systems. I'm grateful for the opportunity to be part of this journey, where every small step forward signifies progress toward a brighter, more efficient future for health care in Canada.

— Patricia Cui

Staying committed to equity, diversity and inclusion

At CIHI, we have worked to build the foundation for a welcoming and safe environment, where employees are comfortable being their true selves at work. We celebrate diversity and aim to embed the concepts of equity and inclusion in our day-to-day practices — and as our equity, diversity and inclusion (EDI) journey continued in 2023–2024, we marked several achievements, each grounded in 3 overarching goals:



Build EDI capacity through learning

CIHI's EDI Committee holds regular events to engage employees and bring experiences from various backgrounds and cultures to light. To help build awareness and appreciation, we launched a new Did You Know? article series, created a portal for resources and support tools, and held a quarterly panel called Telling Our Stories to amplify diverse voices and learn from one another.

To maintain continuous learning, employees can access specialized courses, including Foundations of Diversity, Equity and Inclusion in the Workplace, which was first introduced in 2022. More courses have been offered, both instructor-led and asynchronous, that target inclusive practices, mental wellness and psychological health and safety.

We broadened training on inclusive HR practices for all CIHI hiring managers and developed a new EDI orientation package for all incoming employees. We also contribute to and absorb key learnings from partner organizations by engaging in communities of practice. These forums contribute to broader EDI efforts in the data, research and health sectors.



Fenton Jagdeo Jr.
delivered the keynote
address to open
CIHI's Black History
Month activities



Share accountability across the organization

Members of our EDI Advisory Committee are leaders from across CIHI who together support a collaborative EDI work plan and report updates to our executive team. CIHI's Board of Directors has a strategy to boost its own EDI capacity and this year welcomed its first Indigenous member in Dr. Janet Tootoosis. The Board's efforts are led by a stated commitment to foster an EDI-driven governance environment.

To make EDI concepts routine, each team is encouraged to develop specific action plans to create achievable goals, also reflected in team charters. To measure progress, we have begun using existing data sources (e.g., employee engagement surveys), with other metrics soon to be added.

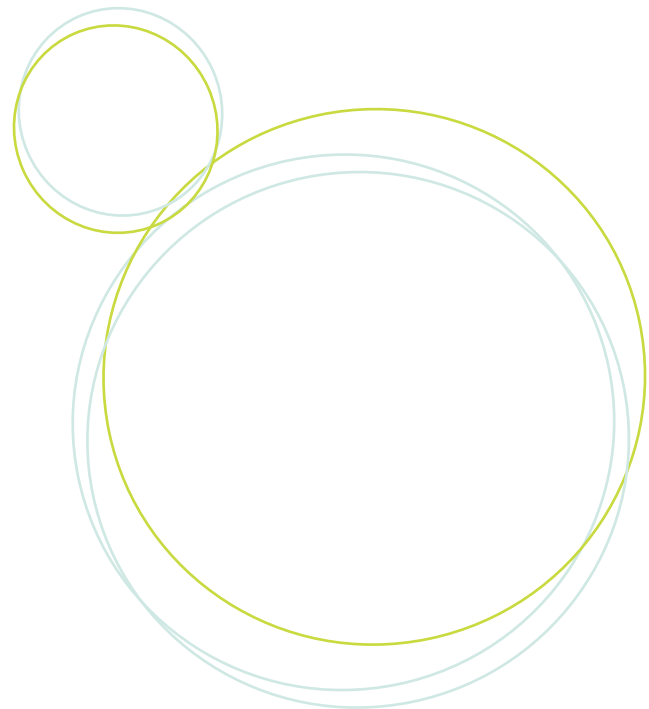
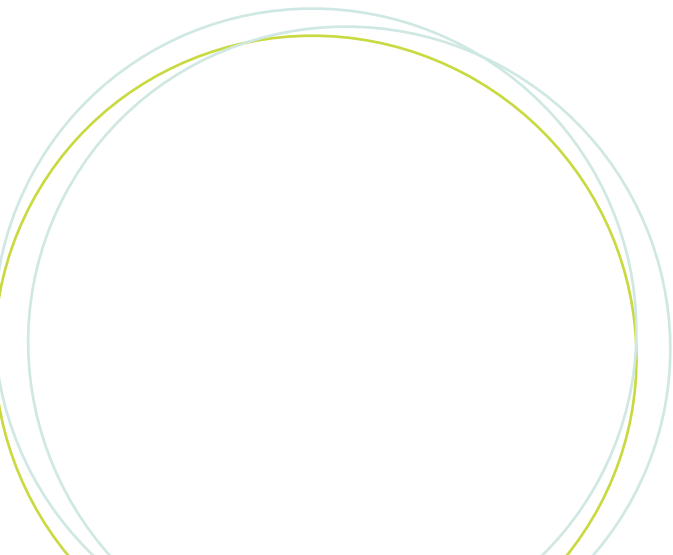


Support workforce diversity through inclusive policies and practices

EDI must be rooted in policy. We use an EDI lens when reframing policies. One example this year was policy adjustments that make it easier to hire newcomers to Canada on work permits while they await immigrant status.

We continue to advance EDI in our talent management, recruitment, orientation and onboarding processes. Recruiters now leverage more community partnerships, professional associations and job boards to reach a more diverse pool of candidates.

Finally, our Patient Engagement Office is expanding outreach to more diverse communities and building new strategies in collaboration with patient partners and organizations that are successfully applying EDI best practices.



Our leadership and governance

Board of Directors as of March 31, 2024

Dr. Vivek Goel (Chair)

President and Vice-Chancellor
University of Waterloo

Canada at large

Dr. Verna Yiu (Vice Chair)

Provost and Vice-President (Academic)
University of Alberta

Dr. Alexandra T. Greenhill

Founder, CEO and Chief
Medical Officer
Careteam Technologies Inc.

Dr. Janet Tootoosis

Family Physician
Vice Dean, Indigenous Health
College of Medicine
University of Saskatchewan

Region 1 • British Columbia

Dr. Maureen E. O'Donnell

Executive Vice President
Clinical Policy, Planning and Partnerships
Provincial Health Services Authority
(Non-government)

Mr. Martin Wright

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

Region 2 • Prairies

Mr. Réal Cloutier

Past President and CEO
Winnipeg Regional Health Authority
(Non-government)

Mr. Andre Tremblay

Deputy Minister
Alberta Health
(Government)

Region 3 • Ontario

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

Dr. Michael Hillmer
Assistant Deputy Minister
Digital and Analytics Strategy
Ontario Ministry of Health
(Government)

Region 4 • Quebec

Dr. Jean-François Éthier
Professor, Faculty of Medicine
and Health Sciences
Université de Sherbrooke
(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. Martin Haynes
Chief Strategy Officer
Medavie
(Non-government)

Mr. Eric Beaulieu
Deputy Minister
New Brunswick Department of Health
(Government)

Region 6 • Territories

Ms. Jo-Anne Cecchetto
Deputy Minister
Northwest Territories Department of Health and Social Services
(Government)

Health Canada

Ms. Jocelyne Voisin
Assistant Deputy Minister
Health Canada

Statistics Canada

Ms. Josée Bégin
Assistant Chief Statistician
Social, Health and Labour
Statistics Field
Statistics Canada

Board committees as of March 31, 2024

Finance and Audit Committee

Members

Karim Mamdani (Chair)
Eric Beaulieu
Josée Bégin
Martin Haynes
Andre Tremblay
Jocelyne Voisin

Meetings

June 13, 2023
November 20, 2023
February 14, 2024

Governance and Privacy Committee

Members

Verna Yiu (Chair)
Jo-Anne Cecchetto
Jean-François Éthier
Michael Hillmer
Marc-Nicolas Kobrynsky
Janet Tootosis
Martin Wright

Meetings

June 12, 2023
November 14, 2023
March 6, 2024

Human Resources Committee

Members

Vivek Goel (Chair)
Réal Cloutier
Alexandra Greenhill
Maureen O'Donnell
Verna Yiu

Meetings

November 10, 2023
March 3, 2024

Senior management as of March 31, 2024

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

Nasir Kenea

Vice President and Chief
Information Officer
Information Technology
and Services

Antony Kent

Executive Director
Finance

Georgina MacDonald

Vice President
Western Canada

Kathleen Morris

Vice President
Research and Analysis

Stephen O'Reilly

Executive Director
Federal Relations

Francine Anne Roy

Vice President
Eastern Canada

Nilesh Shastri

Chief Information Security Officer
Chief Information Security Office

Rhonda Wing

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

Steve Atkinson

Director
Western Office and Local Analytics

Elizabeth Blunden

Director
People and Workplace Operations

Herbet Brasileiro

Director
ITS Product Delivery

Ann Chapman

Director
Spending and Primary Care

Cheryl Chui

Director
Health System Analytics

Deborah Cohen

Director
Pharmaceuticals and Health
Workforce Information Services

Natalie Damiano

Director
Health Workforce Information

Mélanie Josée Davidson

Director
Health System Performance

Shez Daya

Director
Digital Solutions

Keith Denny

Director
Population and Indigenous
Health and Classifications
and Terminologies

Joanna Filion

Director
Marketing and Communications

Nicholas Gnidziejko

Director
Specialized Care

Matthew Godycki

Director
Strategy, Architecture
and Standards

Cheryl Gula

Director
Thematic Priorities

Jeffrey Hatcher

Director
Advanced Analytics

Tracy Johnson

Director
Pharmaceuticals

Maureen Kelly

Director
Data Governance

Arif Khan

Director
Infrastructure, Business Operations
and Technology Services

Connie Paris

Director
Strategy and Operations

Chantal Poirier

Director
Financial Accounting
and Business Operations

Dora Silva Alves

Director
Education, Design and Content
Delivery

Juliana Wu

Director
Acute and Ambulatory Care
Information Services

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 2023–2024, activities included

- An audit of procurement policies, processes and controls;
- A third-party record-level data recipient review and annual certification audit;
- A triennial recertification audit of compliance with ISO/IEC 27001:2013; and
- Penetration testing and vulnerability assessments of CIHI's external-facing applications and data, and information technology network and physical premises.

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 our reputation and/or impact the achievement of 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 is to anticipate potential events and build consensus on how to reduce or eliminate their impact. Our Strategic Risk Management Program serves to support effective management, strengthen accountability and improve future performance. Our approach is guided by our Strategic Risk Management Policy, which was reviewed and refreshed in 2023–2024.

CIHI's Risk Management Framework



Strategic risk management activities for 2023–2024

The executive team identified and assessed several key risks based on their likelihood of occurrence and potential impacts. 5 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.

Mitigation efforts are in place to ensure risk is minimized. CIHI's Application Portfolio Maintenance Program continuously manages this risk as part of the multi-year IT Roadmap. Along with our IT Asset Portfolio Assessment, the Roadmap guides decisions on business applications, data assets and infrastructure through an enterprise lens.

Given the developments in AI, we started developing a strategy to proactively define our approach. It will guide how we leverage AI to better serve our internal operational and strategic needs, meet the needs of stakeholders and continue to deliver on our mandate. Overall, existing and emerging technology needs related to key initiatives are reflected in our IT Roadmap.

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

In 2023–2024, we made progress on our Data Advancement Strategy priority areas and further expanded our Provisional Data Program. We continued to implement tools for near-term and flexible data collection, and we made headway on data standards and interoperability.

We continued to meet our Shared Health Priorities commitment by updating results for the 12 existing indicators and facilitating consensus with the federal, provincial and territorial advisory council for a further 10 common indicators.

The capacity pressures, competing priorities and process burden faced by data suppliers are elements of this work being monitored to ensure the success of CIHI's data modernization efforts.

- 3. Balancing priority needs and expectations of funders and data suppliers** — A risk that CIHI will not be able to balance the priority needs and expectations of its key stakeholders: our various funders and data suppliers.

To mitigate this risk, we continued to build trusting relationships with the federal government and with the provinces and territories. We took a deliberate and strategic approach to engagement and partnership, and we leveraged key partners' expertise. We collectively built momentum to advance priority work such as health human resources, data stewardship and interoperability.

Our enhanced Performance Measurement Framework and reporting approach that aligns with our new contribution agreement is a key tool for monitoring delivery of commitments and demonstrating results against funder priorities.

- 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 major privacy or security breach.

In 2023–2024, we successfully completed our triennial ISO/IEC recertification audit. Our ISO/IEC 27001:2013 certification has been renewed for 3 years, a tribute to our rigorous Privacy and Security Risk Management Program. We also advanced our Demonstrable Accountability Framework to support privacy and information security and completed the cybersecurity maturity assessment.

As always, we continue to monitor and plan for emerging threats as social engineering techniques become more sophisticated, and as business processes and technologies evolve. This helps CIHI ensure that it can respond to emerging risks and to the evolving privacy needs of stakeholders and regulators.

- 5. Funding and operational management** — A risk that CIHI will not be able to make progress on strategic initiatives and deliver on its funding agreement due to ongoing funding uncertainty, required SAS migration work and the competitive labour market.

We secured a 2-year contribution agreement with Health Canada that supports base operations and targeted priorities that align with federal directions in health care. While a notional 4-year commitment is in place, we will need to demonstrate results and progress against defined outcomes over the next 2 years to ensure the release of the remaining funds. Direction for us to evolve our leadership role in health data governance and stewardship of the health data landscape in Canada creates an opportunity to define a transformation agenda for the organization to position us for ongoing success.

The work underway to drive achievement of our goals and to deliver on our commitments creates an opportunity to ensure effective resourcing is in place. Examples include prioritizing and managing SAS migration, ensuring we are able to deliver quickly on multiple initiatives and developing a comprehensive value proposition for employees detailing CIHI's compelling value as an employer.

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 2023–2024 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)	2023–2024 Planned*	2023–2024 Actual*	2024–2025 Planned*
Federal government — Health Information Initiative [†]	118.3	119.8	138.1
Provincial/territorial governments — Core Plan	20.5	20.5	21.1
Other [‡]	7.0	7.3	6.9
Total annual source of revenue	145.8	147.6	166.1

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 and includes funding contributions received where a funding intermediary agreement has been entered into with another organization.

‡ Includes contributions from provincial/territorial governments for special-purpose programs/projects.

Funding agreements

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

Federal government

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 Health Information Initiative (HII).

In 2017–2018, CIHI entered into an agreement with Health Canada, providing \$53 million over 5 years in addition to base funding of \$77.7 million per year. It was also agreed that the ongoing base funding would be raised to \$92.7 million per year starting in 2022–2023. This 5-year agreement was subsequently extended with funding that ended on March 31, 2024. Subsequently, CIHI entered into a 2-year agreement with Health Canada for 2024–2025 and 2025–2026, which maintains base funding of \$92.7 million and provides the initial tranches of 2 additional waves of funding totalling \$178 million over 4 to 5 years.

In addition to the ongoing base funding of \$92.7 million, CIHI secured funding for the following initiatives for 2023–2024 and 2024–2025:

Initiatives (\$ millions)	2023–2024 Actual	2024–2025 Planned
A 5-year Working Together funding allocation totalling \$78.0 million between 2023–2024 and 2027–2028; this initial investment is to develop new health data indicators, support Health Workforce Canada and establish common data standards in collaboration with Canada Health Infoway	20.0	14.5
A 4-year funding envelope of \$100 million between 2024–2025 and 2027–2028; this investment is to drive modernization efforts, enabling CIHI to provide timelier, linked and comprehensive data for health care delivery and decision-making	—	5.0
Continued funding to develop a modernized organ donation and transplantation data and performance reporting system	4.6	4.0
Final year of funding to prepare nursing colleges for migration to CIHI's 2022 Health Human Resources Minimum Data Set data standard	3.2	—
Final year of funding to support pharmaceutical work to ensure real-world evidence for analysis of drug safety and effectiveness, outcomes and health system planning	3.7	—
Continued funding toward the National Strategy for Drugs for Rare Diseases to increase access to, and affordability of, promising and effective drugs for rare diseases for patients across Canada	1.7	0.8
Continued funding to operationalize the Physician Resource Planning Tool	0.6	0.6
Funding to conduct the Data Pathways for Public Health Data Pilot, which explores the feasibility of building a technical solution to enable access to standardized public health data	1.2	—
Funding toward advancing the development of a suite of public health system performance indicators, which will enable consistent measurement of and reporting on the readiness of Canada's public health systems	—	2.0

In the Annual sources of revenue table above, the amounts reported as Federal government — Health Information Initiative are based on the actual or planned revenue, considering the funding approved as well as the approved carry forwards. The results presented for 2023–2024 include a carry forward of \$10.6 million from 2022–2023, and the planned funding for 2024–2025 includes a carry forward of \$18.5 million from 2023–2024.

Provincial/territorial ministries of health

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 \$20.5 million in funding in 2023–2024.
- They were renewed in 2023–2024 for 3 years, through 2025–2026. \$21.1 million has been budgeted for 2024–2025, which reflects a 3% increase as outlined in the 3-year agreements.

Expenses

Operating expenses

Operating expenses (\$ millions)*	2023–2024 Planned†	2023–2024 Actual†	2024–2025 Planned†
Salaries, benefits and pension expenses	110.0	107.7	131.2
External and professional services, travel and advisory committee expenses	17.3	19.7	14.6
Occupancy, information technology and other expenses	18.5	19.8	20.3
Total operating expenses	145.8	147.2	166.1

Notes

* Reflects operating expenses; therefore, includes amortization of capital assets.

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

Total operating expenses, 2023–2024: \$147.2 million

These include compensation costs, external and professional services, occupancy costs and information technology costs required to deliver on several key projects undertaken in 2023–2024. Additional information about employee remuneration is provided in the table below. Total remuneration paid to CIHI's Board of Directors was \$11,750.

Occupational category	Salary range (\$)	Taxable benefits (\$)*	Number of employees†
Administration	36,120–59,980	10–133	4
Support	52,920–86,040	5–206	140
Professional/technical	77,390–125,330	2–283	571
Management and senior professional/technical	111,430–222,440	12–497	111
Vice presidents	197,550–265,970	381–569	7
President and CEO	314,520–423,060	462	1

Notes

* Taxable benefits paid include insurance benefits.

† Number of employees as of March 31, 2024.

Revenue and operating expenses, 2023–2024 planned versus actual

- CIHI delivered on several key initiatives during 2023–2024, given the Health Canada priority funding and additional funds received for various initiatives as detailed above in the Funding agreements section.
- The additional \$20.0 million of funding related to the Working Together funding agreement was added throughout the fiscal year, and as such is not included in the planned revenue and expenses. Given the overall underspend of \$18.5 million reflected in the actual, the net variance of planned versus actual revenue and expenses is not significant. The underspend was related mostly to the timing of these additional funds, which caused delays in hiring contract staff and external and professional resources, and which resulted in less travel and fewer advisory committee meetings.

Capital investments

Capital investments (\$ millions)	2023–2024 Planned	2023–2024 Actual	2024–2025 Planned
Furniture and office equipment	0.0	0.0	0.0
Computers and telecommunications equipment	0.0	0.3	0.2
Leasehold improvements	0.0	0.1	0.0
Total capital investments	0.0	0.4	0.2

Acquisition of capital assets, 2023–2024: \$0.4 million

- Capital investments for 2023–2024 were mainly due to expenditures on videoconference and wireless upgrades as well as leasehold improvements related to the relocation of the Montréal office.
- 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 2023–2024 was \$1.4 million, related mainly to the disposal of the old videoconference system and of capitalized software no longer in use.

Planned capital assets, 2024–2025: \$0.2 million

- In addition to the planned purchases of computers and telecommunications equipment, it is anticipated that there will be expenses for leasehold improvements and furniture in relation to the new Ottawa office lease. Planning is currently underway, and more details will be available during 2024–2025.

Audited financial statements



Independent Auditor's 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, 2024
- 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, 2024, 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 “*Auditor’s Responsibilities for the Audit of the Financial Statements*” section of our auditor’s 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 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.

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.

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 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 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 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.

The official financial statements have been signed by the auditors (KPMG LLP).

Ottawa, Canada

June 21, 2024

Statement of financial position

As at March 31, 2024, with comparative information for 2023

	Notes	2024	2023
Assets			
Current assets			
Cash and cash equivalents	3	\$30,258,219	\$18,402,813
Accounts receivable	4	2,814,944	5,278,821
Prepaid expenses		4,533,375	4,872,569
Total current assets		37,606,538	28,554,203
Long-term assets			
Capital assets	5	1,635,504	1,697,815
Other assets	6	150,921	128,713
Total long-term assets		1,786,425	1,826,528
Total assets		\$39,392,963	\$30,380,731
Liabilities and net assets			
Current liabilities			
Accounts payable and accrued liabilities	8	\$8,159,773	\$6,484,705
Unearned revenue		1,265,308	1,295,558
Deferred contributions	9a, 16	21,589,599	14,017,198
Total current liabilities		31,014,680	21,797,461
Long-term liabilities			
Deferred contributions			
Expenses of future periods	9a	148,131	125,923
Capital assets	9b	880,491	812,237
Lease inducements	10	747,049	1,042,498
Total long-term liabilities		1,775,671	1,980,658
Total liabilities		\$32,790,351	\$23,778,119
Net assets			
Invested in capital assets		379,384	365,194
Unrestricted		6,223,228	6,237,418
Total net assets		6,602,612	6,602,612
Commitments	14		
Total liabilities and net assets		\$39,392,963	\$30,380,731

See the accompanying notes to the financial statements.

The official financial statements have been signed by the Board Chair (Vivek Goel) and the Chair of the Finance and Audit Committee (Karim Mamdani).

Statement of operations

Year ended March 31, 2024, with comparative information for 2023

	Notes	2024	2023
Revenue			
Health Information Initiative	9, 16	\$119,413,066	\$99,705,314
Core Plan	11	20,485,072	19,888,416
Funding — other	12	3,634,875	4,030,007
Sales		2,767,237	2,400,560
Other revenue		863,103	313,886
Total revenue		147,163,353	126,338,183
Expenses			
Compensation		107,698,659	93,758,909
External and professional services	16	16,907,695	13,444,636
Computers and telecommunications	16	10,963,954	9,526,950
Occupancy		8,009,498	7,850,139
Travel and advisory committee	16	2,774,053	1,214,083
Office supplies and services		809,494	528,366
Total expenses		147,163,353	126,323,083
Excess of revenue over expenses		\$0	\$15,100

See the accompanying notes to the financial statements.

Statement of changes in net assets

Year ended March 31, 2024, with comparative information for 2023

	Invested in capital assets	Unrestricted	Total 2024	Total 2023
Balance, beginning of year	\$365,194	\$6,237,418	\$6,602,612	\$6,587,512
Excess (deficiency) of revenue over expenses	(171,517)	171,517	0	15,100
Change in invested in capital assets	185,707	(185,707)	0	0
Balance, end of year	\$379,384	\$6,223,228	\$6,602,612	\$6,602,612

See the accompanying notes to the financial statements.

Statement of cash flows

Year ended March 31, 2024, with comparative information for 2023

	Notes	2024	2023
Cash provided by (used in)			
Operating activities			
Excess of revenue over expenses		\$0	\$15,100
Items not involving cash			
Amortization of capital assets		486,450	513,434
Amortization of lease inducements		(295,449)	(294,872)
Amortization of deferred contributions — capital assets		(170,178)	(210,696)
Loss on disposal of capital assets		0	105,132
Change in non-cash operating working capital	13	4,447,889	(3,260,185)
Net change in other assets		(22,208)	88,647
Net change in deferred contributions		7,833,041	(479,639)
Cash provided by (used in) operating activities		12,279,545	(3,523,079)
Investing activities			
Acquisition of capital assets		(424,139)	(83,647)
Cash used in investing activities		(424,139)	(83,647)
Financing activities			
Lease inducement received		0	3,464
Cash provided by financing activities		0	3,464
Increase (decrease) in cash and cash equivalents		11,855,406	(3,603,262)
Cash and cash equivalents, beginning of year		18,402,813	22,006,075
Cash and cash equivalents, end of year		\$30,258,219	\$18,402,813
Represented by			
Cash		\$11,258,219	\$9,402,813
Short-term investments		19,000,000	9,000,000
		\$30,258,219	\$18,402,813
Supplemental information			
Interest received		\$799,161	\$312,457

See the accompanying notes to the financial statements.

Notes to financial statements

Year ended March 31, 2024, with comparative information for 2023

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*.

These financial statements do not include the assets, liabilities, or operations of Health Workforce Canada (HWC) and the activities undertaken by CIHI on their behalf are disclosed in Note 16.

Significant accounting policies are as follows:

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.

Funding contributions received where a funding intermediary agreement has been entered into with another organization are netted against the related expenses.

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 (2023: 88 days) or less.

4. Accounts receivable

	2024	2023
Operating	\$2,638,705	\$4,961,692
Funding — other	176,239	317,129
Total accounts receivable	\$2,814,944	\$5,278,821

Government refunds receivable at the end of the year are \$382,628 (2023: \$268,092).

5. Capital assets

	Cost	Accumulated amortization	2024 Net book value	2023 Net book value
Tangible capital assets				
Computers and telecommunication equipment	\$1,044,448	\$636,359	\$408,089	\$248,277
Furniture and equipment	2,371,951	2,362,846	9,105	11,498
Leasehold improvements	9,906,735	8,705,481	1,201,254	1,412,599
Intangible assets				
Software	6,211,405	6,194,349	17,056	25,441
Total capital assets	\$19,534,539	\$17,899,035	\$1,635,504	\$1,697,815

Cost and accumulated amortization as at March 31, 2023, amounted to \$20,493,729 and \$18,795,914, respectively.

During the year, CIHI disposed of capital assets with a cost of \$1,383,329 (2023: \$1,739,478) and accumulated amortization of \$1,383,329 (2023: \$1,634,346).

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 (2023: \$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, 2024, there are no draws on the line of credit (2023: \$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 \$247,758 (2023: \$41,899).

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:

	2024	2023
Balance, beginning of year	\$14,143,121	\$14,622,760
Contribution received from Health Canada	127,683,979	99,014,979
Amount recognized as funding revenue	(119,242,888)	(99,494,618)
Amount allocated to Health Workforce Canada under a funding intermediary agreement	(608,050)	0
Amount transferred to deferred contributions — capital assets	(238,432)	0
Balance, end of year	21,737,730	14,143,121
Less current portion	21,589,599	14,017,198
Balance, end of year, long-term portion	\$148,131	\$125,923

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:

	2024	2023
Balance, beginning of year	\$812,237	\$1,022,933
Amount received from Health Information Initiative	238,432	0
Amount recognized as funding	(170,178)	(210,696)
Balance, end of year	\$880,491	\$812,237

10. Lease inducements

The lease inducements include the following amounts:

	2024	2023
Leasehold improvement allowances	\$375,629	\$520,384
Free rent and other inducements	371,420	522,114
Total lease inducements	\$747,049	\$1,042,498

During the year, a leasehold improvement allowance of \$0 (2023: \$0) and free rent of \$0 (2023: \$3,464) were received. The amortization of leasehold improvement allowances was \$144,755 (2023: \$144,754). The amortization of free rent and other inducements was \$150,694 (2023: \$150,118).

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

	2024	2023
Provincial/territorial governments	\$2,706,187	\$2,658,172
Other	928,688	1,371,835
Total funding — other	\$3,634,875	\$4,030,007

13. Change in non-cash working capital items

	2024	2023
Accounts receivable	\$2,463,877	\$(2,311,220)
Prepaid expenses	339,194	(124,434)
Accounts payable and accrued liabilities	1,675,068	(680,154)
Unearned revenue	(30,250)	(144,377)
	\$4,447,889	\$(3,260,185)

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:

2025	\$21,381,112
2026	12,742,686
2027	8,635,254
2028	8,500,331
2029	4,237,874
2030 and thereafter	293,260
	\$55,790,517

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.

There have been no significant changes in CIHI's risk exposure from the prior year.

16. Related party transactions

During the year, Health Canada approved funding of \$2.5 million for pan-Canadian health human resources initiatives, including funding to set up a new entity, Health Workforce Canada (HWC). HWC was created as a separate entity to bring together health workforce and health care experts to strengthen health workforce data and planning.

HWC was incorporated as a not-for-profit organization without share capital under the *Canada Not-for-profit Corporations Act* on October 13, 2023. One of CIHI's Board members sits on HWC's board, having a 25% representation.

In addition to advancing CIHI deliverables with this funding, CIHI acts as a funding intermediary for Health Canada to support HWC operations. Given the above, CIHI has a significant influence over HWC.

For the year ending March 31, 2024, expenses for external and professional services, travel, and computer equipment were processed on behalf of HWC and netted against the related Health Canada funding in the amount of \$608,050 (2023: \$0). At the end of the year, there remains \$799,543 in deferred funding related to this initiative and the amounts due to/from HWC at the end of the year are \$0.

These transactions occurred in the normal course of operations and were measured at the exchange amount, which is the amount of consideration agreed to by the related parties.

17. Subsequent event

Effective May 16, 2024, CIHI entered into a new lease agreement for office space. The lease is for a term of 15 years, commencing on December 1, 2025. The lease agreement requires CIHI to pay an average annual base rent, including its estimated proportionate share of operating costs and taxes, in the amount of \$3.8 million.

Appendix: Text alternative for framework

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).



CIHI Ottawa

495 Richmond Road
Suite 600
Ottawa, Ont.
K2A 4H6
613-241-7860

CIHI Toronto

4110 Yonge Street
Suite 300
Toronto, Ont.
M2P 2B7
416-481-2002

CIHI Victoria

880 Douglas Street
Suite 600
Victoria, B.C.
V8W 2B7
250-220-4100

CIHI Montréal

1010 Sherbrooke Street West
Suite 511
Montréal, Que.
H3A 2R7
514-842-2226

cihi.ca

52163-0724

