



President's Quarterly Report and Review of Financial Statements

As at December 31, 2022



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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Introduction

This document includes the following information:

- President's update: Key initiatives in progress and accomplishments under CIHI's strategic plan for the third quarter of 2022–2023 (i.e., September 1 to December 31, 2022)
- CIHI's public releases from September 1 to December 31, 2022
- Financial highlights and statements: CIHI's financial situation as at December 31, 2022

President's update

Key initiatives in progress

- On February 7, 2023, the federal government tabled a funding proposal to the provinces and territories on health care that includes a commitment to health data and articulates, at a high level, a role for CIHI. We are pleased to see the federal government's commitment to improving how health information is collected, shared, used and reported to Canadians. The federal proposal underscores the key principles of this pan-Canadian health data strategy. We look forward to working with federal, provincial and territorial governments over the next few months to fully understand the details and scope of our role. CIHI will provide an update to its Board of Directors at its March 24, 2023, meeting.

Strategic activities and outcomes

The following are key accomplishments for the third quarter of 2022–2023 for each of CIHI's corporate goals.

1 A comprehensive and integrated approach to Canada's health system data

Collaborate with partners to continuously advance the creation, validation and accessibility of health system data.

Key accomplishments

- In the third quarter, CIHI and Statistics Canada established a Standards Collaborative to facilitate knowledge exchange on data standards. This collaboration will help to inform the development, enhancement and adoption of pan-Canadian health data standards.
- In October 2022, the ministère de la Santé et des Services sociaux du Québec committed to sending provisional MED-ÉCHO data to CIHI on a quarterly basis, effective April 2023. A CIHI project team has been put in place to enhance current processes to enable automated processing of provisional MED-ÉCHO data for integration in the Discharge Abstract Database (DAD) and Your Health System (YHS): Insight.
- On October 4, 2022, CIHI co-led a meeting of the Organisation for Economic Co-operation and Development's PaRIS (Patient-Reported Indicator Surveys) Working Group for Hip and Knee Replacement Surgery. Participants reviewed the 2023 draft submission guidelines, which were subsequently finalized and shared with working group members in November 2022.
- On November 29 and 30, 2022, CIHI participated in the World Health Organization's (WHO's) National Health Workforce Accounts (NHWA) Technical Expert Group (TEG) Workshop. The WHO NHWA collects and provides system-level workforce data for planning and policy development on an international scale. Since 2017, it has been implemented in more than 180 countries and is based on a framework of health workforce indicators that is part of a 5-year action plan. This workshop was a regrouping at the end of the 5-year period to examine improvements in the framework, including a reduction in the number of indicators to simplify use and facilitate prioritization based on need.
- In December 2022, CIHI released its Provincial/Territorial Data Quality reports to deputy ministers of health across the country. These reports, which measure data quality for 15 data holdings, are a key communication tool to raise awareness about data quality among representatives of the highest levels of government in Canada. They also include details on CIHI's data advancement strategy. These reports underscore the ongoing jurisdictional efforts to continue providing CIHI with high-quality data despite sustained pressure within our health systems. For the first time, this year's reporting includes insight into the quality of data on regulated nurses that is submitted by nursing regulatory colleges.

2

An expanded offering of analytics, indicators and tools to support health system decision-making

Provide the insight needed to drive better health outcomes across Canada's health systems.

Key accomplishments

In October 2022, in keeping with CIHI's commitment to respect First Nations data sovereignty, CIHI renewed complimentary access to CIHI Portal for Sioux Lookout First Nations Health Authority (SLFNHA) for a 3-year period. SLFNHA started using CIHI Portal in 2018 to access administrative health data and fulfill its mandate as a data steward on behalf of the 31 First Nations that it serves. Direct access to CIHI Portal has enabled SLFNHA to determine both regional and community-specific rates and reasons for emergency department (ED) visits and hospital admissions in Ontario and Manitoba. The community-level information helps to increase understanding of the distinct health care needs for each community and facilitate associated planning.

In November 2022, CIHI hosted the fourth meeting of the First Nations, Inuit, Métis and CIHI Health Data Table, with representatives from 12 Indigenous organizations. CIHI is committed to working with First Nations, Inuit and Métis Peoples through respectful engagement and Indigenous-driven processes. The discussion focused on the following: options for evolving CIHI's approach to respecting First Nations, Inuit and Métis data sovereignty; work to advance the measurement of cultural safety in health systems; and recruitment for an Indigenous person to join CIHI's Board of Directors. The meeting provided an opportunity to strengthen relationships to facilitate further collaboration and partnership for better health care and health for First Nations, Inuit and Métis Peoples.

- In December 2022, CIHI launched a beta version of the Physician Resource Planning Tool. This tool provided the first opportunity for federal, provincial and territorial ministries and departments of health across Canada to access a common tool to support planning efforts related to physician supply based on population health needs.
- On December 8, 2022, CIHI released the full set of 12 indicators from the Shared Health Priorities portfolio. These indicators provide new information on measuring access to mental health and substance use services, and to home and community care. The release included results for 3 new indicators and updated results for 9 indicators, as well as enhancements to data timeliness and region-level, and new trend information. The 3 new indicators are Navigation of Mental Health and Substance Use Services; Early Intervention for Mental Health and Substance Use Among Children and Youth; and Death at Home or in Community. This work supports the performance measurement commitments made by federal, provincial and territorial health ministers as part of *A Common Statement of Principles on Shared Health Priorities* endorsed in 2017. The results were reported via CIHI's YHS: In Brief web tool, along with infographics and a companion report focused on the new indicators.

- On December 8, 2022, results for 30 CIHI indicators were updated in the Health Indicators e-Publication — a collaborative effort shared with Statistics Canada — along with the YHS fall release. This release complements the Health System Performance indicators available in YHS.
- On December 15, 2022, CIHI released *Virtual care: Impact of COVID-19 on physician mental health services*, which explores the provision of mental health services by physicians in Canada during the first year of the pandemic. Key findings: Despite lockdowns and restricted access to in-person care, the number of services provided for a diagnosis of anxiety or depression increased steadily over the first year of the pandemic. Ongoing monitoring of the use of virtual care across the country and future work on the appropriateness of virtual care and corresponding patient health outcomes will help decision-makers fully understand how to best integrate virtual services into existing health care systems.

3

Health information users who are better equipped and enabled to do their jobs

Help build users' capacity by equipping them to make the best use of data, and by convening forums where they can explore solutions together and share best practices.

Key accomplishments

- In November 2022, CIHI sponsored and participated in the First Nations Health Managers Association National Conference held in Victoria, British Columbia. CIHI's Indigenous Health team hosted a CIHI information booth; Georgina MacDonald, Vice President, Western Canada, moderated a speaker session; and CIHI participants engaged in extensive networking with First Nations health leaders. The conference was a valuable opportunity to learn more about the data and information needs and aspirations of First Nations health organizations. It was also an opportunity for CIHI to promote its role related to health system data and capacity building, and to share our early thinking on performance indicators for cultural safety and humility.
- During the third quarter, at the request of the Yukon government, CIHI's Western Office organized and delivered a series of capacity-building meetings with senior leaders and key staff from the Yukon Department of Health and Social Services and the Yukon Hospital Corporation. The overview focused on health services in Yukon, guidance on the use of data and performance indicators, and Yukon's participation in existing CIHI databases. Yukon leaders (including new deputy ministers) gleaned a renewed understanding of what CIHI offers. As a result, there have been a series of follow-up meetings with key Yukon leaders focused on supporting their efforts to develop improvements in the use of data and performance measures, and potentially to develop some of their own. Similar sessions were provided to leaders in Saskatchewan and Manitoba. These sessions proved to be excellent opportunities to showcase CIHI's data and information related to comparability across jurisdictions.

- The Canadian Health Information Podcast (CHIP) posted 4 new episodes in the third quarter. The podcast is hosted by Avis Favaro (in English) and CIHI's Alya Niang (in French). We welcomed insights from notable Canadian health care figures such as Dr. Leigh Chapman, Canada's chief nursing officer (Canada's Health Workforce Crisis episode) and Dr. Wendy Levinson of Choosing Wisely Canada (Low-Value Health Care in Canada episode). The CHIP continues to grow its reach, with 1,300 subscribers and more than 30,000 downloads (approximately 800 downloads per week) — a signal that our listeners are tapping into our entire catalogue of 29 podcast episodes. While more than 80% of listeners are based in Canada, our reach is growing in 37 other countries, including the United States. We expect to see engagement continue to improve as we increase our strategic marketing efforts.

Corporate foundations

Maintaining a strong foundation includes caring for our people, continuously investing in our information technology, remaining committed to managing privacy and security risks, and meaningfully engaging with stakeholders and partners.

- CIHI's Analytic Toolkit Modernization Project helps us to diversify our analytic toolkit by expanding our capabilities to produce data assets in the programming languages Python and R. We have provided staff with customized training and established a training agreement with DataCamp to supplement CIHI's customized training with independent, self-paced courses. We have also launched the Python and R Community of Practice to facilitate knowledge exchange and new learnings among those involved with CIHI's analytical work. The first iteration of the Open-Source Software Data Science (OSSDS) environment that employees can use to develop data assets in Python and R is now accessible.
- CIHI continues to engage with the Information and Privacy Commissioner of Ontario (IPC/ON). In Q3, we provided IPC/ON with a copy of CIHI's Information Security Management System Audit Manual and CIHI's Privacy and Security Incident Management Protocol.
- In September 2022, CIHI's Indigenous Health team and Client Affairs Manager for Quebec met with the Indigenous Health team of the Institut national de santé publique du Québec to share insights into our respective programs of work, with a focus on cultural safety and learning for staff. This inaugural meeting provided an opportunity for both organizations to forge a relationship and to explore strategic opportunities for collaboration in this area.
- In October 2022, CIHI — in collaboration with NVision Insight Group, a majority Indigenous-owned consulting company — released the first of 3 online courses for a mandatory employee training program on First Nations, Inuit and Métis health. In keeping with CIHI's Declaration of Commitment to Advance Cultural Safety and Humility, the courses represent a concrete way in which we can act upon our commitment to create a climate of change and cultural safety at CIHI.

CIHI's public releases from September 1 to December 31, 2022

[COVID-19 Intervention Scan and Timeline](#): The COVID-19 Intervention Timeline in Canada presents a selection of interventions from the scan in a streamlined, visual format. Users can create customized timelines of interventions, including daily case counts. This update to the scan and timeline includes interventions announced up to May 31, 2022.

[Drug Use Among Seniors in Canada, 2021](#): These data tables present information on the total number of drugs prescribed to seniors in Canada, as well as on the most commonly prescribed drugs. Additional data focuses on the drugs prescribed to seniors living in long-term care facilities.

[Hospital Harm indicator updates, 2021–2022](#): This annual update for the Hospital Harm indicator includes the 2021–2022 Canada-level crude rate, case counts of harmful events and crude rates by category of harm and clinical group, along with associated infographics.

[National health expenditure trends, 2022](#): This report provides an overview of how much is spent on health care annually, in what areas money is spent and on whom, and where the money comes from. It features comparative expenditure data at the provincial/territorial and international levels, as well as Canadian health spending trends from 1975 to the present.

[Prescribed Drug Spending in Canada, 2022](#): The data tables and analysis provide an in-depth look at prescribed drug spending in Canada and how different drug classes contribute to current trends in total public drug program spending.

[Overuse of Tests and Treatments in Canada](#): Expanding on the 2017 report *Unnecessary Care in Canada*, this follow-up release from CIHI and Choosing Wisely Canada examines the overuse of 12 tests and treatments by looking at trends and variation in use over time across the country. It shows how much progress Canada's health care systems have made in reducing low-value care in the 12 areas and provides examples of actions that have been taken to reduce overuse, which may inform continued improvements in care delivery.

[Health workforce in Canada, 2021: In focus \(including nurses and physicians\)](#): The digital report provides information on how the pandemic has impacted health care workers and the care they deliver to Canadians. The interactive Quick Stats tool provides customized data tables and visualizations on provincial and territorial trends in supply, workforce, direct care and inflow/outflow for physicians, nurses, physiotherapists, occupational therapists and pharmacists, along with graduate migration data and selected hospital staffing indicators. The data tables provide 10+ years of supply, workforce, employment, education and demographic trends for physicians, nurses, physiotherapists, occupational therapists and pharmacists. They also include physician service utilization data.

[Health Workforce in Canada, 2017 to 2021: Overview](#): This release offers comparable information for 31 groups of health care providers by province/territory in Canada, including 5-year supply trends, number of health care providers per 100,000 population and demographics.

[Shared Health Priorities: Measuring Access Mental Health and Substance Use Services and to Home and Community Care — 2022](#): CIHI released results for 3 new indicators and updated results for 9 existing indicators measuring access to mental health and substance use services and to home and community care. This year's release is the first to report results for all 12 indicators in the Shared Health Priorities portfolio along with a number of enhancements to improve data timeliness and more localized reporting through region-level results. The results are available in CIHI's YHS: In Brief web tool. The new indicators are

- Early Intervention for Mental Health and Substance Use Among Children and Youth
- Navigation of Mental Health and Substance Use Services
- Death at Home or in Community

A [companion report](#) is also available to provide more context and to support interpretation of results for the new indicators.

[Your Health System web tool update](#): 50 indicators and 22 contextual measures in YHS were updated with the most recent year of data. This year's release included 3 new indicators that measure Canadians' access to mental health and substance use services, and to home and community care.

[Health Indicators e-Publication update](#): 30 CIHI indicators were updated with the most recent year of data.

[NACRS Emergency Department Visits, 2021–2022](#): This Quick Stats product provides data on ED visit volumes and median lengths of stay by triage level, visit disposition, age/sex group and selected main problems from 2003–2004 to 2021–2022.

[CIHI Hospital Frailty Risk Measure, 2022](#): This updated data table provides aggregated results for the CIHI Hospital Frailty Risk Measure by hospital, health region/local health integration network, province/territory and all jurisdictions for 2016–2017 to 2020–2021.

[Profile of Clients in Home Care, 2021–2022](#): These tables include information on demographics, clinical and functional characteristics, treatments and medications, resource utilization, and admissions and discharges for clients who received home care services from publicly funded programs in participating jurisdictions in 2021–2022.

Virtual care: Use of physician mental health services in Canada: This analysis explores patients' use of physician services for a diagnosis of anxiety or depression between April 2019 and March 2021, and the impact of the rapid implementation of virtual care. It presents information on the number of patients and the number of services and corresponding physician payments for mental health services provided by family physicians, pediatricians and psychiatrists. Data tables are broken down by patient age group, sex, neighbourhood income quintile and geography (urban or rural/remote neighbourhood) and include data from 5 provinces (Ontario, Manitoba, Saskatchewan, Alberta and British Columbia).

Financial highlights and statements

In March 2022, CIHI's Board of Directors approved CIHI's Operational Plan and Budget, 2022–2023 for up to \$128.6 million, including \$128.5 million for operations and \$100,000 for capital expenditures.

Based on year-to-date progress, activities planned for the remainder of the year to advance the strategic goals outlined in CIHI's Strategic Plan, 2022 to 2027 and the detailed third-quarter financial review, management estimates that CIHI's year-end projection will be approximately \$127.0 million for operations and \$90,000 for capital expenditures. This reforecast takes into account additional sources of revenue and also the expectation of requesting Health Canada to authorize a carryforward of approximately \$10 million.

Known financial variances to the approved budget

The following represents the significant annual known financial variances to the approved budget based on the current review and third-quarter results:

- The Board-approved budget includes an annual funding allocation of up to \$102.3 million from Health Canada. Our reforecast amounts to \$99.2 million. It takes into consideration the additional \$5.2 million that was carried forward from 2021–2022 (from \$5 million to \$10.2 million), and also the underspending of \$10 million expected for 2022–2023. It also includes confirmed additional funding from Health Canada for specific initiatives, as follows:
 - \$600,000 to fund the first year of a 3-year initiative to operationalize the Physician Resource Planning Tool.
 - \$590,000 to fund a project to prepare nursing colleges for migration to the new CIHI Health Human Resources Minimum Data Set. This is a 2-year initiative with a total funding of \$3.75 million.
 - \$500,000 to fund pharmaceutical work to ensure real-world evidence for analysis of drug safety and effectiveness, outcomes and health system planning. A total of \$1 million in funding has been confirmed for the planning phase, between 2022–2023 and 2023–2024.

- The Quebec bilateral agreement has been amended to include the Population and Comprehensive Ambulatory Classification System grouping methodologies for an additional \$375,000.
- Funding of \$230,000 has been secured from the Canadian Agency for Drugs and Technologies in Health (CADTH) for a 6-month pilot project. CIHI and CADTH are exploring a partnership that will contribute to CADTH's evidence products for pharmaceutical and health technologies in Canada. Discussions are underway to extend this pilot project until the end of the 2022–2023 with an additional \$230,000 in funding.
- A carryforward of \$155,000 from 2021–2022 has been approved by Canada Health Infoway. This amount covered expenses required to complete the final progress report related to the support provided to the provinces and territories as they implemented virtual care services.
- Conversely, funding from the B.C. Ministry of Health has decreased by \$305,000 due to the delay of planned initiatives. Associated expenses have been removed from the reforecast.
- The planned compensation budget for full-time equivalents has been further reduced by \$607,000 for the remainder of the fiscal year — for a total reduction of \$4.7 million — mainly due to a higher-than-budgeted vacancy rate and a reduction in other compensation estimates. Partially offsetting these savings is a projected increase in contract staff to support key initiatives, mostly related to the additional carryforward of funds.
- Budgeted interest income has been further increased by \$94,000 in Q3, for a total increase of \$284,000, as a result of increased interest rates.
- Planned travel and committee expenses, including conferences fees, have been reduced by \$1.1 million due to the ongoing impact of the COVID-19 pandemic, resulting in a reassessment of travel needs.
- Cost reallocations were made throughout the year based on the results of our reviews. Savings identified will continue to be reallocated as needed to support other areas of the organization in order to deliver on our priority initiatives.

Financial statements

Financial statements included in the following section present CIHI's financial position as at December 31, 2022, with detailed results of operations for the first 9 months of the fiscal year.

Notes to the financial statements provide details related to specific lines of each statement.

The closing balances of the balance sheet accounts in the following section are reasonably in line with the organization's operating cycle.

Balance sheet (\$000) as at December 31, 2022

Balance sheet	December 31, 2022 \$	March 31, 2022 (audited) \$
Assets		
Current assets		
Cash and short-term investments <i>(note 1)</i>	8,042	22,006
Accounts receivable <i>(note 2)</i>	3,659	2,968
Prepaid expenses <i>(note 3)</i>	4,484	4,965
Total current assets	16,185	29,939
Long-term assets		
Capital assets <i>(note 4)</i>	1,802	2,233
Total long-term assets	1,802	2,233
Total assets	17,987	32,172
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued liabilities <i>(note 5)</i>	6,228	7,164
Unearned revenue <i>(note 6)</i>	1,621	1,440
Deferred contributions — Health Information Initiative <i>(note 7)</i>	1,359	14,408
Total current liabilities	9,208	23,012
Long-term liabilities		
Deferred contributions — expenses of future periods <i>(note 8)</i>	215	215
Deferred contributions — capital assets <i>(note 9)</i>	860	1,023
Lease inducements <i>(note 10)</i>	1,116	1,334
Total long-term liabilities	2,191	2,572
Net assets	6,588	6,588
Total liabilities and net assets	17,987	32,172

Notes to balance sheet as at December 31, 2022

1. **Cash and short-term investments:** Presented net of outstanding cheques as at December 31, 2022. Current short-term investments include \$5.0 million in term deposits, which will yield 4.06% and mature within 73 days.
2. **Accounts receivable:** Relates to the sale of products and services. Also composed of \$2.1 million from the Ontario government related to contributions for specific programs and projects, as well as \$203,000 related to the provision of the Core Plan through provincial and territorial agreements.
3. **Prepaid expenses:** Represents payments that have yet to be recognized as expenses, consisting of software and maintenance, cloud services, rent to landlords for office space and other expenses.
4. **Capital assets:** Presented net of accumulated amortization, including computers and telecommunications equipment, furniture and leasehold improvements. The capital assets are amortized over their estimated useful lives using the straight-line method: 5 years for computer hardware/software and office/telecommunications equipment; 10 years for furniture; and lease term for leasehold improvements. Assets acquired during the year are amortized beginning in the month of acquisition.
5. **Accounts payable and accrued liabilities:** Operational in nature. The accounts payable is mostly current (less than 30 days). The accrued liabilities represent goods received and services rendered up to the end of the quarter (e.g., external and professional services) as well as payroll and benefit accruals.
6. **Unearned revenue:** Includes contributions received for which expenses have yet to be incurred. The balance includes \$683,000 in Core Plan billings related to the fourth quarter, \$566,000 in funding contributions received from the British Columbia Ministry of Health for special projects, and \$181,000 from the University of British Columbia for the Strategy for Patient-Oriented Research Initiative. The contributions are recognized as revenue in the same period as the related expenses are incurred.
7. **Deferred contributions — Health Information Initiative:** Related to contributions received from Health Canada but not yet recognized as revenue. The contributions are recognized as revenue in the same period as the related expenses are incurred.
8. **Deferred contributions — expenses of future periods:** Represents long-term unspent restricted contributions. The funding is recognized as income to match the occurrence of specific expenditures for projects and activities.
9. **Deferred contributions — capital assets:** Represents contributions provided for the purpose of capital assets acquisitions. The deferred contributions are recognized as revenue on the same basis as the amortization of the related capital assets.
10. **Lease inducements:** Represents leasehold improvement allowances, other inducements and free rent received/provided over the years for Victoria, Toronto and Ottawa offices. The inducements are amortized over the period of their respective leases.

Operating budget (\$000) for the 9-month period ended December 31, 2022

Operating budget	Actual year to date \$	Year-end projection (12 months) \$	Approved budget (12 months) \$	Variance, budget versus projection \$
Revenue				
Sales (<i>note 1</i>)	1,189	2,452	2,550	(98)
Core Plan (<i>note 2</i>)	14,916	19,889	19,514	375
Health Information Initiative (<i>note 3</i>)	72,152	100,407	102,515	(2,108)
Funding — other (<i>note 4</i>)	3,028	3,961	3,917	44
Other revenue (<i>note 5</i>)	217	324	40	284
Total revenue	91,502	127,033	128,536	(1,503)
Expenses				
Compensation (<i>note 6</i>)	68,911	94,042	95,726	1,684
External and professional services (<i>note 7</i>)	8,565	13,795	11,617	(2,178)
Travel and advisory committee (<i>note 8</i>)	741	1,170	2,290	1,120
Office supplies and services (<i>note 9</i>)	351	597	630	33
Computer and telecommunications (<i>note 10</i>)	7,094	9,534	9,786	252
Occupancy (<i>note 11</i>)	5,840	7,895	7,987	92
Corporate provision (<i>note 12</i>)	—	—	500	500
Total expenses	91,502	127,033	128,536	1,503
Excess of revenue over expenses	—	—	—	—

Notes to operating budget for the 9-month period ended December 31, 2022

1. **Sales:** Includes CIHI's products and services over and above those sold as part of the Core Plan (e.g., on a fee-for-service basis).
2. **Core Plan:** Represents subscription revenue from the bilateral agreements with provincial and territorial governments.
3. **Health Information Initiative:** Represents Health Canada's funding allocation recognized as revenue to match the operating expenses incurred. As well, it includes deferred contributions received in prior years recognized as revenue to match the capital assets amortization.
4. **Funding — other:** Represents contributions from provincial and territorial governments and from other agencies for special projects or specific programs (e.g., Ontario Patient-Reported Outcome Measures, National Ambulatory Care Reporting System, Strategy for Patient-Oriented Research, implementation of virtual care services, Ontario Mental Health Reporting System, Ontario Trauma Registry, Ontario Health Based Allocation Model, Ontario Opioid Overdose Surveillance System, CADTH pilot). The funding is recognized as revenue in the same period as the related expenses are incurred.
5. **Other revenue:** Includes interest income generated from the bank accounts and short-term investments, as well as miscellaneous income.
6. **Compensation:** Includes salaries, benefits and pension expense for both full-time employees and agency/contract staff.
7. **External and professional services:** Includes accruals for services rendered to date. At the end of December, the unrecorded contractual commitments pertaining to this fiscal year are in the order of \$4.5 million.
8. **Travel and advisory committee:** Includes travel expenses for staff and for members of the Board of Directors and of advisory committees, as well as facility costs relating to CIHI's education sessions and externally hosted meetings.
9. **Office supplies and services:** Includes printing, postage/courier/distribution, office equipment and supplies, insurance costs, and equipment, furniture and leasehold improvements of a capital nature under \$5,000.
10. **Computer and telecommunications:** Includes supplies, software/hardware support and maintenance, minor software costs and upgrades, telecommunications line charges and long distance charges, cloud computing costs, capital purchases under \$5,000, as well as depreciation of computers and telecommunication assets.
11. **Occupancy:** Includes rent, facility maintenance and depreciation of furniture and leasehold improvements.
12. **Corporate provision:** Set aside by management; essentially a contingency for emerging issues and year-end adjustments.



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