



# President's Quarterly Report

As at June 30, 2024



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé

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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](http://cihi.ca)

[copyright@cihi.ca](mailto:copyright@cihi.ca)

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# Introduction

This document includes the following sections:

- President's update: Key initiatives in progress and accomplishments under CIHI's strategic plan for the first quarter of 2024–2025 (i.e., April 1 to June 30, 2024)
- CIHI's public releases from April 1 to June 30, 2024
- Financial highlights and statements: CIHI's financial situation as at June 30, 2024

## President's update

- With the completion of Q1 for 2024–2025, efforts are underway to drive commitments for the year and advance CIHI's strategic goals and objectives. This includes laying the foundation for work related to the modernization and transformation efforts of health data in Canada.

## Key initiatives in progress

- As part of its Hospital Data Transformation Initiative, CIHI is working toward timelier and richer hospital data on a pan-Canadian basis. This initiative will take advantage of modern technologies and digital solutions being implemented in jurisdictions. Over the first quarter, work was initiated to lay the foundation for a single, integrated hospital data information system. CIHI engaged with multiple external stakeholders and vendors on the potential for leveraging existing “close to real-time” provincial/regional data flows as a proof of concept. CIHI is also engaging vendors through a request for information (RFI) process to better understand technologies, tools and/or services that can assist in augmenting coding efficiencies. Next steps include assessing collaboration opportunities with 1 or 2 hospitals to pilot and learn more about implementing automated coding, as well as continuing discussions with interested jurisdictions on proof of concepts related to collecting and reporting on near real-time hospital data.

## Strategic activities and outcomes

The following are key accomplishments for the first quarter of 2024–2025 for each of CIHI's corporate goals and commitments for the fiscal year.

### **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**

- CIHI developed and launched the new interim Home Care Secure Reports in April 2024. This new tool allows provinces and territories to access Home Care indicators that use data collected in CIHI's modernized Integrated interRAI Reporting System (IRRS). With the Home Care Reporting System (HCRS) being sunset in March 2026, the new reporting tool provides an improved experience and better visualizations, and it allows provinces and territories to access their data as they transition to IRRS.
- CIHI is leading the work to assess ICD-11 (*International Classification of Diseases, Eleventh Revision*) and inform potential adoption of the international standard for the systematic recording, analysis and reporting of health and clinical data. In response to a recommendation from the ICD-11 Readiness Assessment Survey conducted in 2023, CIHI developed and launched its new [ICD-11 web page](#) in May 2024. Although a decision on the adoption of ICD-11 for health system use has not been made in Canada, the new web page and commitment to regular updates aim to ensure that CIHI provides comprehensive, accurate and accessible information regarding ICD-11 and what we are doing to prepare for its adoption. Furthermore, health care professionals and other stakeholders can stay informed about the latest developments, access education and training, and participate in activities to broaden their knowledge of and expertise in ICD-11.

## 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

- Modernizing CIHI's data platform infrastructure is a key component of the organization's modernization and transformation efforts. On June 28, 2024, the Hub program successfully completed 2 important projects: the integrated hospital data project, including the Discharge Abstract Database (DAD) and the National Ambulatory Care Reporting System (NACRS), and the indicator automation pilot project. Building the integrated hospital data has created a crucial asset that feeds health system indicators, while the automation pilot demonstrated the feasibility of automating our data processing more efficiently. The completion of this work represents a significant milestone toward the modernization of CIHI's data platform, enabling us to improve our timeliness in a sustainable way by establishing a single source of truth for data and a repeatable process for automation. These benefits will be realized through the transition of the 82 Your Health System (YHS): In Brief and In Depth indicators into the modernized cihi.ca visual designs and they will later be operationalized for broader CIHI use in the future.
- Support for federal, provincial and territorial (FPT) shared health priorities (SHP), including indicator development and reporting, is an important area of focus. During the first quarter, CIHI continued to engage with the FPT Shared Health Priorities Advisory Council and data partners to select indicators for the new SHP areas. In April 2024, the Conference of Deputy Ministers of Health (CDM) approved the final list of recommended indicators in the 4 new shared health priority areas (primary health care, health workforce and surgeries, mental health and substance use, and electronic health information). CIHI also led the process for selecting a set of indicators related to aging with dignity, leading to the FPT Shared Health Priorities Advisory Council endorsing a set of 6 common indicators for this priority area in May 2024. These milestones set a common foundation for measuring progress on health care improvements in shared health priority areas.

## 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 May 2024, CIHI represented Canada at the Health Care Quality and Outcomes (HCQO) meeting in Paris. Canada's presentation on the country's advancements in health data governance was very well received, with a lot of interest in Shared Health Priorities digitalization indicators (i.e., "modernized health care" indicators set). HCQO is one of the working parties under the health portfolio of the Organisation for Economic Co-operation and Development (OECD), which aims to help countries achieve people-centred, high-performing and resilient health systems.
- In June 2024, CIHI released the new Completing the interRAI HC (Home Care) Assessment learning bundle in the [Learning Centre](#). By helping clinical assessors, educators and data users deepen their understanding of the interRAI HC assessment tool and clinical outputs, this learning product enables those working in home care to use the assessment findings to create person-centred care plans that support the health and well-being of home care clients across Canada.
- In the first quarter, CIHI hosted several strategic meetings with senior health system leaders and analytic leaders from the Atlantic and Western jurisdictions:
  - Both the Atlantic and Western Strategic Advisory Collaborative meetings were held in April 2024. These meetings help to elucidate the challenges and opportunities faced by health care systems and to provide strategic insight to CIHI. Topics discussed included access and patient flow, health human resources, and data and information systems.
  - In June 2024, CIHI collaborated with Healthcare Excellence Canada (HEC) to jointly hold a 2-day forum bringing together northern, rural and remote health system leaders from all provinces and territories to share and learn about promising practices and to provide input on the respective efforts of CIHI and HEC in the northern, rural and remote space.

## 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.*

- Advancing CIHI's commitment to reconciliation is a corporate priority. In June 2024, CIHI released the new Indigenous Worldviews, Data Sovereignty and Data Governance eLearning course. This third and final module in the First Nations, Inuit and Métis Health internal learning bundle represents an essential component of CIHI's commitment to advancing cultural safety and humility and is mandatory for all staff. It reflects our dedication to supporting First Nations, Inuit and Métis Peoples with their health data priorities.
- As part of CIHI's ongoing commitment to equity, diversity and inclusion (EDI), CIHI staff had the opportunity to participate in many EDI activities throughout the first quarter. In April, Diversity Month festivities included a series of activities celebrating origin and heritage as well as facilitated discussions on themes of belonging and including. In May, the plenary speaker series Telling Our Stories continued and focused on understanding neurodiversity in the workplace. The launch of Pride Season in June offered CIHI staff a chance to show participation in and to support and celebrate the 2SLGBTQI+ community. In addition, newer staff to CIHI continue to be enrolled in foundational EDI learning.
- June was also Employee Recognition Month which included a number of events to celebrate and recognize colleagues.



# CIHI's public releases from April 1 to June 30, 2024

[Wait times for priority procedures in Canada, 2024](#): This release provides updated information on how long patients waited in 2023 for procedures such as hip and knee replacements, hip fracture repair, cataract surgery, coronary artery bypass graft, radiation therapy, cancer surgery and diagnostic imaging.

[A Step Toward Understanding Health Care Trajectories of People Living With Dementia](#):

As part of a collaboration with the Public Health Agency of Canada to support implementation of the national dementia strategy, this report provides a broader overview of the health care trajectories of people living with dementia, with an emphasis on transitions to home care and long-term care, and on hospitalizations before transitions. The report also shares the experiences of caregivers and health care providers who care for people living with dementia.

[Homelessness and hospital use](#): This release highlights the utility of a readily available yet underutilized clinical code to identify patients experiencing homelessness. We describe demographic, clinical and hospital use characteristics of patients identified with this code. We also compare the demographic characteristics of hospital patients experiencing homelessness with information on characteristics obtained from 3 non-hospital data sources.

[Hospital Beds Staffed and In Operation, 2022–2023](#): This data represents the number of beds and cribs available and staffed to provide services to inpatients at the required type and level of service during or at the beginning of the fiscal year.

[Summary statistics on organ transplants, wait-lists and donors, 2023](#): The data tables and infographic in this release provide 2023 summary statistics for organ transplants, wait-lists and donors by age group, province/region of treatment, organ type and/or donor type, among other breakdowns.

[Using patient-reported data to better assess quality of care for hip and knee replacements](#):

For the first time, CIHI has combined patient-reported data with clinical outcomes and costing data on hip and knee replacements in Canada. This report provides a synergistic analysis across data sources for a holistic picture of outcomes and patient experiences. The inclusion of patient-reported measures is a way for health providers to understand how well health care systems deliver patient-centred care by measuring outcomes that are meaningful to patients.

[COVID-19 hospitalization and emergency department statistics, 2022–2023](#): These data tables explore 2022–2023 information on hospitalizations and emergency department visits for patients with a diagnosis of COVID-19, including volumes, patient demographics and other key factors. These tables have been updated as of June 2024 to include hospitalization data from Quebec.

[Health Workforce in Canada, 2022 — Quick Stats](#): This release includes a data refresh for the Hospital Staffing indicators in the *Health Workforce in Canada, 2022 — Quick Stats* Excel file.

# Financial highlights and statements

In March 2024, CIHI's Board of Directors approved *CIHI's Operational Plan and Budget, 2024–2025* for up to \$159.7 million.

Management is currently implementing key initiatives to achieve the strategic goals outlined in *CIHI's Strategic Plan, 2022 to 2027* while continuing to provide important services and make improvements in CIHI's core program of work.

## Known financial variances to the approved budget

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

- The Board-approved budget included revenues and expenses of \$159.7 million. The operating budget has now increased by \$7.1 million to \$166.8 million.
- The annual funding allocation of up to \$131.6 million from Health Canada is now expected to be \$137.9 million, an increase of \$6.3 million explained as follows:
  - The anticipated carryforward amount of \$15.0 million was subsequently increased to \$18.5 million. The carryforward funds are being used to offset expenses related to delays in some projects and to cover pressure points for delivering on existing work.
  - Additional funding and associated expenses have been confirmed for the following initiatives:
    - \$1.0 million increase to fund ongoing operations of a modernized pan-Canadian organ donation and transplantation (ODT) data and performance reporting system (bringing this stream of funding to \$4.0 million); and
    - \$2.0 million to work with the Public Health Agency of Canada and provincial and territorial partners to advance the development of a suite of Public Health System Performance indicators.
- Budgeted interest income has increased by \$0.7 million due to changes in the timing of projected cash inflows.
- The additional funding and revenue noted above has been distributed to support the goals outlined in the strategic plan and Health Canada priorities.

## Known year-to-date financial variances

- Although the actual results for the 3-month period ended June 30, 2024, are different from the approved budget, the variances can largely be attributed to the items noted above in addition to delays in spending. Otherwise, the annual results are expected to be in line with the budget.
- Management will continue monitoring the budget to ensure that resources are best allocated to meet CIHI's deliverables and commitments in the current fiscal year and to progress toward CIHI's strategic goals.

## Financial statements

- The unaudited financial statements included in the following section have been prepared in accordance with the Canadian accounting standards for not-for-profit organizations in Part III of the *CPA Canada Handbook — Accounting*.
- They present CIHI's financial position as at June 30, 2024, with detailed results of operations for the first 3 months of the fiscal year.
- Notes to the financial statements provide details related to specific lines of each statement.

## Balance sheet (\$000) as at June 30, 2024

Balance sheet	June 30, 2024 (unaudited) \$	March 31, 2024 (audited) \$
<b>Assets</b>		
<b>Current assets</b>		
Cash and short-term investments <i>(note 1)</i>	25,933	30,258
Accounts receivable <i>(note 2)</i>	3,110	2,815
Prepaid expenses <i>(note 3)</i>	7,314	4,684
<b>Total current assets</b>	<b>36,357</b>	<b>37,757</b>
<b>Long-term assets</b>		
Capital assets <i>(note 4)</i>	1,576	1,636
<b>Total long-term assets</b>	<b>1,576</b>	<b>1,636</b>
<b>Total assets</b>	<b>37,933</b>	<b>39,393</b>
<b>Liabilities and net assets</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities <i>(note 5)</i>	7,925	8,160
Unearned revenue <i>(note 6)</i>	2,165	1,265
Deferred contributions — Health Information Initiative <i>(note 7)</i>	19,533	21,590
<b>Total current liabilities</b>	<b>29,623</b>	<b>31,015</b>
<b>Long-term liabilities</b>		
Deferred contributions — expenses of future periods <i>(note 8)</i>	148	148
Deferred contributions — capital assets <i>(note 9)</i>	877	880
Lease inducements <i>(note 10)</i>	682	747
<b>Total long-term liabilities</b>	<b>1,707</b>	<b>1,775</b>
<b>Net assets</b>	<b>6,603</b>	<b>6,603</b>
<b>Total liabilities and net assets</b>	<b>37,933</b>	<b>39,393</b>

## Notes to balance sheet as at June 30, 2024

1. **Cash and short-term investments:** Current short-term investments include \$18.0 million in term deposits, which will yield 5.0% and mature within 74 days.
2. **Accounts receivable:** Relates to the sale of products and services, contributions for specific programs and projects, and Core Plan funding from provincial and territorial agreements.
3. **Prepaid expenses:** Represents payments that have yet to be recognized as expenses, consisting of software and maintenance, 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, 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 \$1.7 million in Core Plan billings related to future quarters and \$0.4 million in funding contributions received from the British Columbia Ministry of Health for special projects. 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 for the Montréal, Victoria, Toronto and Ottawa offices. The inducements are amortized over the period of their respective leases.

## Operating budget (\$000)

### for the 3-month period ended June 30, 2024

Operating budget	Actual year to date (unaudited) \$	Approved budget year to date \$	Variance \$	Year-end projection (12 months) \$	Approved budget (12 months) \$
<b>Revenue</b>					
Sales (note 1)	614	316	298	2,618	2,674
Core Plan (note 2)	5,275	5,275	—	21,100	21,100
Health Information Initiative (note 3)	29,056	31,976	(2,920)	138,136	131,773
Funding — other (note 4)	900	889	11	3,836	3,761
Other revenue (note 5)	587	183	404	1,100	400
<b>Total revenue</b>	<b>36,432</b>	<b>38,639</b>	<b>(2,207)</b>	<b>166,790</b>	<b>159,708</b>
<b>Expenses</b>					
Compensation (note 6)	28,755	29,660	905	125,347	124,821
External and professional services (note 7)	2,331	3,014	683	16,579	10,200
Travel and advisory committee (note 8)	719	1,146	427	3,488	3,550
Office supplies and services (note 9)	95	149	54	641	591
Computer and telecommunications (note 10)	2,520	2,622	102	11,412	11,183
Occupancy (note 11)	2,012	2,048	36	8,323	8,363
Corporate provision (note 12)	—	—	—	1,000	1,000
<b>Total expenses</b>	<b>36,432</b>	<b>38,639</b>	<b>2,207</b>	<b>166,790</b>	<b>159,708</b>
<b>Excess of revenue over expenses</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>

## Notes to operating budget for the 3-month period ended June 30, 2024

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 in-year funding and prior years' deferred funding contributions recognized as revenue to match the operating expenses incurred.
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, Ontario Mental Health Reporting System, Ontario Trauma Registry, Ontario Health Based Allocation Model, Ontario Opioid Overdose Surveillance System). The funding is recognized as revenue in the same period as the related expenses are incurred.
5. **Other revenue:** Includes interest income generated from 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 services rendered to date. At the end of June, the unrecorded contractual commitments pertaining to this fiscal year are in the order of \$6.1 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 expenses, cloud computing costs, and 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:** A contingency for emerging issues.





**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

58720-0924

