

Canadian Institute for Health Information

2014–2015 Operational Plan and Budget

March 2014

Table of Contents

Executive Summary i

Approach 1

Budget Highlights 3

 General Considerations 3

 Operating Budget 3

 Capital Budget 4

 CIHI Pension Plan 4

Key Activities for 2014–2015 9

Risk Management 12

Performance Measurement Framework 17

Appendix A 2014–2015 Organizational Structure and Profile A-1

Appendix B Additional Financial Schedules B-1

Executive Summary

Fiscal year 2014–2015 marks the third year of the organization’s five-year strategic plan for the period 2012 to 2017. To ensure that the goals and priorities outlined in this strategic plan are met, the Canadian Institute for Health Information (CIHI) has updated its rolling three-year business plan to reflect priority initiatives and activities that will be carried out from 2014–2015 to 2016–2017. The *2014–2015 Operational Plan and Budget* provides details on how the organization will make use of its financial and human resources in order to successfully complete these priority initiatives.

The activities outlined in this document have been informed by extensive consultation, planning and evaluation over the last year, and represent an informed approach to addressing the needs of our key customers and stakeholders. Using our performance framework and indicators, this document also includes specific targets for the organization in 2014–2015.

The *2014–2015 Operational Plan and Budget* is based on our three-year funding agreement with Health Canada, which will provide annual funding of up to **\$77.7 million** to support the Health Information Initiative. The *2014–2015 Operational Plan and Budget* also accounts for **\$17.4 million** of provincial/territorial funding contributions relating to the Core Plan.

The total budget of **\$113.8 million** consists of an operating budget of **\$106.7 million**, **\$0.7 million** in capital expenditures and **\$6.4 million** in contributions to the CIHI Pension Plan. Further, a staff complement of **712 permanent employees** has been established to respond to the program of work outlined in this document.

The *2014–2015 Operational Plan and Budget* is presented to the Board of Directors for approval, following review by the Finance and Audit Committee (FAC) of the Board, on January 22, 2014.

A number of financial schedules are presented to support the operational plan. Specifically, the document provides an operating budget, including operating sources of revenue and details relating to Core Plan/other funding contributions, detailed operating expenses/resources by core function and a capital budget. Finally, multi-year revenue and expense projections are presented in Appendix B, including key explanatory notes and assumptions.

Approach

The *2014–2015 Operational Plan and Budget* delivers on the vision, mandate and values articulated in our strategic plan for 2012 to 2017.

This plan and budget support CIHI's goals and priorities, as outlined in our strategic plan. It also provides more detail on the activities being undertaken to further the implementation of specific initiatives detailed in the *Business Plan, 2014 to 2017*, and it includes information on the allocation of financial and human resources to support these activities.

Key strategic goals and priorities for the upcoming fiscal year are the following:

Improve the comprehensiveness, quality and availability of data

- Provide timely and accessible data connected across health sectors
- Support new and emerging data sources, including electronic records
- Provide more complete data in priority areas

Support population health and health system decision-making

- Produce relevant, appropriate and actionable analysis
- Offer leading-edge performance management products, services and tools
- Respond to emerging needs while considering local context

Deliver organizational excellence

- Promote continuous learning and development
- Champion a culture of innovation
- Strengthen transparency and accountability

These priorities represent specific, high-profile or time-limited activities that support our strategic goals and build on the key components of our core mandate: collecting and managing high-quality, standardized pan-Canadian data on health and health systems; producing analyses that are relevant, timely and actionable for our clients; and increasing the understanding and use of our data and methods in Canada through a range of tools and strategies.

As well, supporting our strategic goals and priorities requires a strong corporate infrastructure and sound organizational systems and processes. As a result, CIHI will continue to focus on enhancing its corporate processes, IT systems applications and electronic tools.

Our Vision

Better data. Better decisions.
Healthier Canadians.

Our Mandate

To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our Values

Respect, Integrity, Collaboration,
Excellence, Innovation

In addition to these specific planning activities, the following factors were considered in developing the plan:

- CIHI's core functions, which include
 - Identifying health information needs and priorities;
 - Coordinating and promoting the development and maintenance of national health information standards;
 - Developing and managing health databases and registries;
 - Conducting analyses in the areas of population health and health services;
 - Developing national health indicators; and
 - Conducting education sessions.
- The evolution of a number of multi-year initiatives launched in previous fiscal years;
- The level of funding and requirements outlined in the Health Canada funding agreement and the provincial/territorial bilateral agreements;
- Anticipated changes in the external environment, including the current economic climate and the fiscal realities facing CIHI and its stakeholders/funders; and
- The challenges related to moving from an environment of rapid and significant organizational growth to one of consolidation.

Budget Highlights

General Considerations

In developing and presenting the 2014–2015 budget, CIHI adhered to Canadian generally accepted accounting principles (GAAP), more specifically the accounting standards for not-for-profit organizations.

In addition, the proposed budget was developed based on key priorities and activities outlined in the *Business Plan, 2014 to 2017*, including CIHI's ongoing program of work related to its core functions and the current three-year agreements with federal and provincial/territorial ministries of health.

The following table provides a summary of the key elements of the budget for 2014–2015:

| | 2014–2015 Annual Budget | 2013–2014 Annual Year-End Projection |
|---------------------|------------------------------------|---|
| Total Budget | \$113.8 Million | \$115.1 Million |
| ▪ Operating | \$106.7 Million | \$104.2 Million |
| ▪ Capital | \$0.7 Million | \$3.0 Million |
| ▪ CIHI Pension Plan | \$6.4 Million | \$7.9 Million |
| Staffing | 677 FTE* | 687.6 FTE† |

Notes

* Represents a staff complement of 712 full-time equivalents (FTEs) discounted to reflect an average vacancy/attrition factor of 5%.

† Represents the anticipated staffing level at March 31, 2014. The adjusted approved staff complement was 731.5.

Operating Budget

The proposed operating budget for 2014–2015 is \$106.7 million. It includes an annual funding allocation of \$77.7 million from Health Canada to support the Health Information Initiative. This funding allocation reflects Health Canada's phased-in 5% reduction and, more specifically, a 2% reduction from last fiscal year's funding allocation of \$79.3 million. The operating budget also includes \$17.4 million of provincial/territorial contributions toward CIHI's Core Plan. These contributions account for the 2% increase included in the bilateral agreements.

Funding from the federal and provincial/territorial governments as well as other agencies represents 79% and 18%, respectively, of total operating revenue. Details of the provincial/territorial governments' and other agencies' related contributions are presented in the table 2014–2015 Operational Budget: Sources of Revenue.

Compensation is budgeted to accommodate 677 FTEs. Budget assumptions, as a percentage of base salaries, include

- A 13.3% benefits factor for employer statutory deductions and flexible benefits plan;
- A 17.3% pension factor relating to the accounting pension expense calculated per GAAP and management's best actuarial assumptions estimate, including the estimated prescribed discount rate;

- A 1% provision for a cost-of-living adjustment applied to pay scales and incumbent salaries;
- An allowance of up to 3% for performance administered within the parameters of the Performance Management Program (PMP); and
- An attrition/vacancy factor of 5%, reflecting anticipated staff turnover.

Refer to Appendix A for management's organizational structure and profile. Of note, executive and management staff combined represent approximately 11% of all staff, which compares favourably with other organizations.

Operating expenses and resource allocations by core function are presented in the table 2014–2015 Operating Budget: Expenses/Staffing by Core Function. The core function **more and better data** accounts for \$39.9 million of the operating expenses, while the other two core functions, **relevant and actionable analysis** and **improved understanding and use**, account for \$25.6 million and \$41.0 million, respectively. For 2014–2015, the total indirect costsⁱ allocation is \$38 million, representing approximately 35% of the operating budget.

Finally, the operating budget includes a corporate provision of \$200,000 to respond to emerging issues and to offset year-end budget adjustments.

Capital Budget

The total capital budget for 2014–2015 is \$0.7 million, mainly in information technology services (ITS) (refer to the table 2014–2015 Capital Budget for more details). Amortization expenses of \$3.4 million related to 2014–2015 and prior fiscal years' capital expenditures are reflected in the operating budget in accordance with CIHI's amortization policy.ⁱⁱ

CIHI Pension Plan

The 2014–2015 CIHI Pension Plan (Plan) employer contributions amount to \$6.4 million, consisting of \$5.9 million for the current service costs and \$500,000 in actuarial deficit payments.

The current service costs are based on the employer rate reported in the January 2011 actuarial valuation. Of note, the 2014–2015 current service costs–related employee contributions reflect the phased-in employee contributions rate increase to reach a cost-sharing ratio equal to 55% for the employer and 45% for the employee by January 2015.

Based on the CIHI Pension Plan's latest funded status extrapolation, it is estimated that it was fully funded as of January 1, 2014. The formal actuarial valuation will be completed and filed with the regulatory authorities in the new fiscal year. As a result, the actuarial deficit payments of \$500,000 represent a provision to address, if required, the potential actuarial valuation deficit as of January 1, 2014.

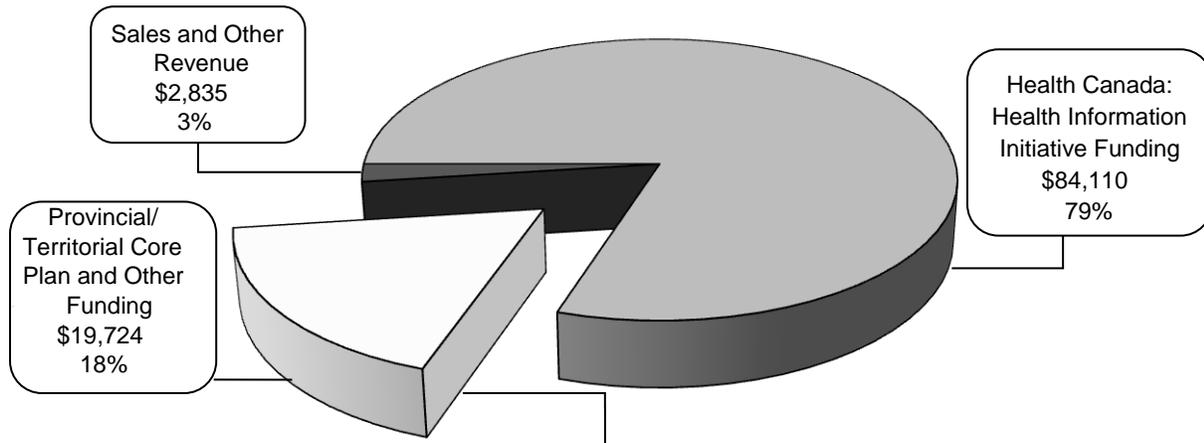
i. Indirect costs include corporate functions such as human resources, finance, procurement, administration, facility management, libraries, distribution services, information technology support, telecommunications, planning and project management, privacy and legal services, communication, publishing/translation services, executive offices and Board secretariat.

ii. Information technology, telecommunications and office equipment: 5 years; office furniture: 10 years; leasehold improvements: terms of leases. Capital assets acquired during the year are amortized based on the month of acquisition.

2014–2015 Operating Budget (\$000)

| | 2014–2015 Budget | 2013–2014 Projection |
|--|-----------------------------|---------------------------------|
| REVENUES | | |
| Sales | \$ 2,588 | \$ 2,320 |
| Core Plan | 17,391 | 17,050 |
| Funding—Health Information | 84,110 | 82,067 |
| Funding—Other | 2,333 | 2,532 |
| Other Revenue | 247 | 259 |
| | <hr/> | <hr/> |
| TOTAL REVENUES | 106,669 | 104,228 |
| | <hr/> | <hr/> |
| EXPENSES | | |
| Compensation | 79,819 | 77,383 |
| External and Professional Services | 7,382 | 7,647 |
| Travel and Advisory Committee Expenses | 3,366 | 3,077 |
| Office Supplies and Services | 657 | 664 |
| Computer and Telecommunications | 6,076 | 6,558 |
| Occupancy | 9,169 | 8,899 |
| Corporate Provision | 200 | — |
| | <hr/> | <hr/> |
| TOTAL EXPENSES | 106,669 | 104,228 |
| | <hr/> | <hr/> |
| SURPLUS (DEFICIT) | \$ — | \$ — |
| | <hr/> <hr/> | <hr/> <hr/> |

2014–2015 Operating Budget: Sources of Revenue (\$000)



| | PROVINCIAL/ TERRITORIAL CORE PLAN* | OTHER FUNDING | TOTAL |
|---|--|------------------------|----------------------|
| Provincial/Territorial Governments | | | |
| Newfoundland and Labrador | \$ 362,594 | | \$ 362,594 |
| Prince Edward Island | 76,920 | | 76,920 |
| Nova Scotia | 570,870 | | 570,870 |
| New Brunswick | 460,073 | | 460,073 |
| Quebec | 3,497,742 | | 3,497,742 |
| Ontario | 7,291,564 | 1,816,820 [‡] | 9,108,384 |
| Manitoba | 720,494 | | 720,494 |
| Saskatchewan | 639,305 | | 639,305 |
| Alberta | 1,617,753 | | 1,617,753 |
| British Columbia | 2,097,898 | 309,000 [†] | 2,406,898 |
| Yukon | 20,355 | | 20,355 |
| Northwest Territories | 21,282 | | 21,282 |
| Nunavut | 13,849 | | 13,849 |
| Other Agencies | | 207,555 [§] | 207,555 |
| | <u>\$ 17,390,699</u> | <u>\$ 2,333,375</u> | <u>\$ 19,724,074</u> |

Notes

* Core Plan contributions reflect a 2% increase.

‡ Represents a contribution of \$900,000 for the Ontario Mental Health Reporting System, \$268,220 for the Ontario Trauma Registry and \$648,600 for the Ontario Health Based Allocation Model.

† Represents contributions toward the British Columbia National Ambulatory Care Reporting System Implementation Project and Other British Columbia Initiatives.

§ Represents a contribution of \$37,655 from the Canadian Organ Replacement Register for the Access to Kidney Transplantation Project, \$88,000 from the Public Health Agency of Canada for the Canadian Multiple Sclerosis Monitoring System, \$75,000 from the Canadian Institutes of Health Research for The Commonwealth Fund's International Health Policy Survey and \$6,900 from the Selkirk Mental Health Centre toward the implementation of the RAI-MH.

2014–2015 Operating Budget: Expenses/Staffing by Core Function (\$000)

| | 2014–2015 Budget | | 2013–2014 Projection | |
|--|---------------------|----------|-------------------------|----------|
| | \$ | Staffing | \$ | Staffing |
| MORE AND BETTER DATA | | | | |
| Health Services | \$ 15,431 | 118 | \$ 17,146 | 125 |
| Health Human Resources | 4,737 | 38 | 4,724 | 41 |
| Clinical Registries | 3,480 | 24 | 3,605 | 27 |
| Health Expenditures | 5,206 | 34 | 4,589 | 33 |
| Pharmaceuticals | 3,444 | 27 | 3,407 | 29 |
| Standards | 7,633 | 49 | 7,435 | 49 |
| Subtotal | 39,931 | 290 | 40,906 | 304 |
| RELEVANT AND ACTIONABLE ANALYSIS | | | | |
| Health Indicators | 8,338 | 49 | 8,015 | 51 |
| Canadian Population Health Initiative (CPHI) | 2,790 | 18 | 2,711 | 19 |
| Health Reports, Special Studies and Analysis | 14,451 | 102 | 15,009 | 106 |
| Subtotal | 25,579 | 169 | 25,735 | 176 |
| IMPROVED UNDERSTANDING AND USE | | | | |
| Access to Data and Analysis | 11,026 | 62 | 8,949 | 60 |
| Delivery of Education and Capacity-Building Initiatives [*] | 16,437 | 113 | 16,501 | 117 |
| Outreach and Other Activities | 13,496 | 78 | 12,137 | 75 |
| Subtotal | 40,959 | 253 | 37,587 | 252 |
| Corporate Provision | 200 | — | — | — |
| Total Operating Expenses | \$ 106,669 | 712 | \$ 104,228 | 732 |

Note

Indirect Costs included in this analysis are allocated to programs/projects on the basis of direct costs. These costs include corporate functions such as human resources, finance, procurement, administration, facility management, libraries, distribution services, information technology support, telecommunications, planning and project management, privacy and legal services, communication, publishing/translation services, executive offices and Board secretariat. This allocation method is in accordance with the accounting/financial reporting guidelines.

^{*} CIHI's education programs help facilities and their staff use the various CIHI products for effective management. Various methods of delivery are used (for example distance-learning tools, workshops, self-learning products, blended delivery modes).

2014–2015 Capital Budget (\$000)

| | 2014–2015 Budget | 2013–2014 Projection |
|---|-----------------------------|---------------------------------|
| Furniture and Office Equipment | \$ 13 | \$ 8 |
| Leasehold Improvements | 12 | 12 |
| Information Technology and Telecommunication | <u>700*</u> | <u>2,975</u> |
| | \$ <u>725</u> | \$ <u>2,995</u> |

Note

* A number of IT capital initiatives were accelerated to 2013–2014.

Key Activities for 2014–2015

As CIHI looks ahead to 2014–2015, management has identified a program of work that represents a realistic and achievable set of activities to deliver on the strategic goals and priorities outlined in the *Business Plan, 2014 to 2017*. Key activities for 2014–2015 are presented by strategic goal.

Strategic Goal 1: Improve the Comprehensiveness, Quality and Availability of Data

To provide timely and accessible data connected across health sectors, CIHI will

- *Continue to enhance the infrastructure and processes to support improved health system performance e-reporting across health sectors.* We will continue to produce e-reporting initiatives to support health system performance management.
- *Continue to implement initiatives to improve the timeliness, quality and accessibility of data.* We will conduct a data surveillance pilot for the Discharge Abstract Database (DAD); improve access to data for decision-makers, researchers and post-secondary students; and continue to implement data access strategy initiatives, including providing access to preliminary data and participating in Statistics Canada's Data Liberation Initiative.
- *Provide patient-focused health information by integrating data from across sectors.* We will develop a population risk adjusted grouping methodology, enhance the internal linkage methodology and infrastructure, and work with jurisdictions to increase receipt of linkable patient-level data.

To support new and emerging data sources, including electronic records, CIHI will

- *Explore and acquire data in emerging priority areas.* We will seek partners to develop a patient experience survey data holding, explore development of a patient-reported outcome measures data holding, continue work to acquire Vital Statistics death data and explore opportunities to expand mental health information.
- *Lead key elements of the pan-Canadian vision for the effective use of electronic records by health systems.* We will promote the health system use of data collected in e-health solutions and seek opportunities to acquire new data while preserving the existing data supply.
- *Enhance primary health care (PHC) information by developing standards and access to new data and information sources.* We will develop clinician pick-lists to support data elements in the PHC priority subset, continue to support adoption and implementation of electronic medical record (EMR) standards and produce analytical reports using available PHC-related data.

To provide more complete data in priority areas, CIHI will

- *Provide more comprehensive information on Canada's physicians.* We will continue to expand the collection of physician billing and alternate payment plan data.

- *Expand health care financing and funding information.* We will support jurisdictions in funding initiatives and continue to expand and enhance organization- and patient-level cost data and information about health expenditures in the non-acute sector.
- *Expand information in key data holdings to support health care quality, patient safety and outcomes.* We will expand collection of population-level pharmaceutical data and reporting of medication incident data, and we will continue to support uptake of existing data holdings such as the Canadian Joint Replacement Registry (CJRR), the Continuing Care Reporting System (CCRS), the Home Care Reporting System (HCRS) and the National Ambulatory Care Reporting System (NACRS).

Strategic Goal 2: Support Population Health and Health System Decision-Making

To produce relevant, appropriate and actionable analysis, CIHI will

- *Implement a corporate analytical plan that is focused on the most relevant themes for decision-makers and system managers.* We will deliver a corporate analytical agenda aligned with priorities of jurisdictions, including quality and safety, health system efficiency and equity.
- *Build the capacity of health system stakeholders to use health data and information to support decision-making through education and engagement.* We will evaluate new capacity-building initiatives and implement initiatives such as health system performance, case mix and activity-based funding schools, a data users day and student-related initiatives.

To offer leading-edge performance management products, services and tools, CIHI will

- *Deliver a health system performance agenda focused on meeting the needs of the public and health system managers and policy-makers.* We will release new quality and safety indicators and new regional and facility-level performance reports, and we will support the emergence of performance benchmarking initiatives.
- *Fill performance measurement gaps in health system efficiency and productivity.* We will develop analytical reports on health system efficiency and hospital productivity.
- *Use international comparisons, when possible, and initiate international benchmarking efforts.* We will release a joint report with the Canadian Institutes of Health Research (CIHR) on Canadian results for The Commonwealth Fund's annual health policy survey, and we will continue our involvement in Organisation for Economic Co-operation and Development (OECD) activities.

To respond to emerging needs while considering local context, CIHI will

- *Enhance our partnerships and relationships to assist in improved priority-setting to meet the needs of health system stakeholders.* We will renew a joint analytical plan with Statistics Canada. We will also continue to identify and build value-added partnerships at provincial, territorial and regional levels and leverage these partnerships to identify and respond to emerging health information needs.

- *Undertake targeted local initiatives that provide a solid basis for potential scaling up across Canada.* We will explore the expansion of diagnostic imaging analysis activities, continue work on case mix and activity-based funding initiatives under way in various jurisdictions, produce tailored analyses to support stakeholders in low-population areas and work with priority stakeholder groups to support their local analytical needs with a view to scale up across Canada.

Strategic Goal 3: Deliver Organizational Excellence

To promote continuous learning and development, CIHI will

- *Develop leadership capabilities to enhance leadership at all levels of the organization.* We will assess a new leadership support program and continue to implement leadership development programs and tools.
- *Share knowledge and promote adoption of leading practices.* We will implement a new coaching and mentoring program for CIHI staff.
- *Enhance learning and professional development offerings.* We will implement enhanced technical skills training for data analysts, assess technical skills training for information technology staff and identify enhancements, continue with current professional development offerings and provide support for emerging organization needs.

To champion a culture of innovation, CIHI will

- *Implement an agenda to improve innovation awareness and create the conditions for successful innovation within CIHI.* We will continue to implement Lean initiatives, evaluate and enhance the corporate Lean program and implement task group recommendations on risk and innovation.

To strengthen transparency and accountability, CIHI will

- *Implement a rolling three-year business plan and associated processes.* We will revise and update the organization's multi-year business plan and review funding agreements with federal/provincial/territorial governments.
- *Enhance accountability through the performance measurement framework.* We will complete a stakeholder survey and a performance audit, assist Health Canada with its evaluation of CIHI and continue to monitor and report on organizational performance against established targets and with a focus on outcome measures.
- *Enhance the privacy and security program.* We will conduct an ISO (International Organization for Standardization) certificate audit, consider options for expanding the scope of ISO security standards and participate in the review of CIHI's prescribed entity status.

In addition to, and in support of, the priority initiatives outlined above, CIHI will continue to focus on enhancing its corporate processes, IT system applications and electronic tools, as well as ensuring that its ongoing core program of work and key functions are carried out in the most efficient and effective manner possible.

Risk Management

CIHI's multi-year business plan is driven by CIHI's future strategic goals and priorities. As CIHI developed the operational component of the plan for 2014–2015, it was important to reassess existing risks and identify any new risks that may prevent CIHI from achieving its strategic goals. As such, CIHI has updated its corporate risk management program for 2014–2015.

The goal of CIHI's risk management program is to foster reasonable risk-taking based on risk tolerance. CIHI's approach to risk management is to proactively deal with future potential events, consider what could go wrong and what needs to go right, and build consensus on how to deal with potential future events and their impact. This risk management program will serve to ensure management excellence, strengthen accountability and improve future performance. It will support planning and priority setting, resource allocation and decision-making. CIHI is committed to focusing on corporate strategic risks that

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

CIHI's Risk Management Framework (below) consists of four cyclical processes targeted toward the successful achievement of our future strategic goals and priorities:



Risk Management Activities: Key Focus for 2014–2015

A comprehensive risk assessment exercise was conducted by the executive management team in the fall of 2013. During this process, a number of key risks are identified that may prevent CIHI from achieving its strategic directions. The mitigation strategies for the identified risks are described to then determine the most significant key risks facing the organization. These are then assessed based on their likelihood of occurrence and their potential impacts on the organization, while considering the existing mitigation strategies. This resulted in the identification of four corporate risks that were each assigned to a specific risk champion from the executive management team, who in turn has been given the responsibility to oversee the development and monitoring of mitigation strategies and action plans for the coming fiscal year.

This risk management program will continue to evolve over the year, and the risks and associated mitigation strategies (described below) will be reviewed, monitored and reported on each quarter.

| Risk | Description | Mitigation Strategies |
|---|---|--|
| <p>Remaining Relevant</p> <p>There is a risk that CIHI will become less relevant and lose stakeholder support.</p> <p><u>Risk Assessment</u></p> <p>Likelihood: Unlikely Impact: Very High</p> | <p>The need for national/pan-Canadian data will become less relevant due to the lack of federal involvement in health care and pressure on individual provinces and territories to deliver system transformation.</p> <p>The increased availability of data from internal systems, including clinical registries, might focus system managers' efforts inward rather than outward on cross-country comparable data. This could diminish CIHI's importance as a source of data for quality improvement.</p> <p>The introduction of activity-based funding models in several of our most populous provinces (British Columbia, Alberta and Ontario) has raised the concern of gaming the system, thereby damaging CIHI's reputation as a supplier of high-quality data, information and analytical reports.</p> | <ol style="list-style-type: none"> 1. Pursue strategies to increase the breadth of CIHI's data, coverage of data (such as emergency department data) in priority areas and timeliness of data. 2. Implement additional initiatives to improve the timeliness of CIHI's data to report more frequently to stakeholders on performance indicators using preliminary data, as appropriate. 3. Continue internal engagement with staff and managers on the need to remain relevant. 4. Hold a national forum on patient safety measurement (in partnership with the Canadian Patient Safety Institute [CPSI]). |

| Risk | Description | Mitigation Strategies |
|---|--|--|
| <p><u>Electronic Health Record (EHR)</u></p> <p>There is a risk that widespread adoption of EHRs/EMRs and other e-health solutions will affect CIHI's ability to access data for health system use.</p> <p><u>Risk Assessment</u></p> <p>Likelihood: Unlikely Impact: Medium</p> | <p>The opportunities realized by CIHI with the implementation of the EHR across Canada may be offset by the possible threat to certain existing data collections that may be affected by EHR adoption.</p> <p>The lack of standardization in EMR and EHR data across the country creates a challenge for CIHI in terms of generating usable secondary information from these data sources. As well, vendors and purchasers lack appreciation of the importance of the secondary uses of information.</p> <p>The role of health system use (HSU) of data overall in the country may be jeopardized.</p> | <ol style="list-style-type: none"> 1. Widely communicate the refined pan-Canadian vision for HSU at conferences and through other forums. 2. Continue meeting with e-health agencies to discuss the HSU vision and some of the priority aspects of realizing it—adherence to standards, capacity-building, engagement with key groups. 3. Explore additional opportunities to demonstrate CIHI's leadership role in HSU, for example, by continuing to have CIHI's content standards endorsed for EHR use by the Standards Collaborative. 4. Continue to monitor the external environment for risks associated with EMR/EHR adoption to better understand the environment and how changes might affect future data sources. 5. Seek other partnerships with regional or national e-health leaders to collaborate on projects to maintain influence and increase CIHI's credibility. |

| Risk | Description | Mitigation Strategies |
|--|---|---|
| <p><u>Funding</u></p> <p>There is a risk that CIHI may not be able to renew or increase current levels of funding with major funders (federal/provincial/territorial [F/P/T] governments) to meet existing operations and new priority initiatives. As well, there is an additional risk that CIHI may not be able to make full use of its funding from Health Canada in the final year of the agreement (2014–2015).</p> <p><u>Risk Assessment</u></p> <p>Likelihood: Moderate Impact: Medium</p> | <p>CIHI's main source of revenue is the Health Canada funding agreement that comes to term in March 2015. CIHI's three-year bilateral agreements with the provincial/territorial governments also come to term in March 2015. Both the federal and provincial/territorial governments may not sufficiently value health information to continue funding CIHI at the same level.</p> <p>Financial pressures may reduce CIHI's ability to develop new priority products and services to respond to evolving stakeholder needs.</p> <p>In addition, the increase in compensation costs, pension liabilities and inflation will affect the level of funding available for core programs and services, assuming a constant level of funding.</p> | <ol style="list-style-type: none"> 1. Work closely with Health Canada to renew funding agreement. Develop a strong business case for new priority business initiatives based on client needs. 2. Develop a strategy for renewing the bilateral agreements that considers Core Plan entitlements, optional initiatives outside of the Core Plan, increases to cover inflation and additional costs, and the term of the agreement. 3. Establish a relationship between the new CEO and F/P/T deputy ministers. 4. Continue to explore new funding opportunities to develop/provide products and services. 5. Continue with employee communications such as CEO updates to staff, Town Hall sessions, the Straight Up column and communications by senior management to staff. |

| Risk | Description | Mitigation Strategies |
|---|---|--|
| <p><u>Building Relationships</u></p> <p>There is a risk that CIHI will lose stakeholder support.</p> <p><u>Risk Assessment</u></p> <p>Likelihood: Unlikely Impact: Medium</p> | <p>The emergence of new players in the system, such as provincial quality/health councils with similar mandates to report on health system performance, could lead to competition and overlapping roles.</p> <p>Fiscal pressures at the F/P/T level have the potential to affect CIHI in a variety of ways. Provinces and territories are increasing their focus on their own local solutions to meet their data/decision-support requirements.</p> <p>This may result in decreased support for CIHI's role and mandate, thereby reducing CIHI's revenue and future funding.</p> <p>Lack of understanding of CIHI's role could result in data not being provided to CIHI.</p> | <ol style="list-style-type: none"> 1. Maintain and foster existing contacts with key CIHI stakeholders. 2. Explore additional opportunities to engage F/P/T sectors and key stakeholder groups. 3. Monitor formalized agreements with key partners. 4. Continue to support regional/provincial initiatives. 5. Engage in partnership opportunities with local or provincial organizations in ways that promote CIHI's products and services. 6. Support the Council of the Federation, as required. 7. Re-launch the strategic partnership with Statistics Canada on major initiatives. |

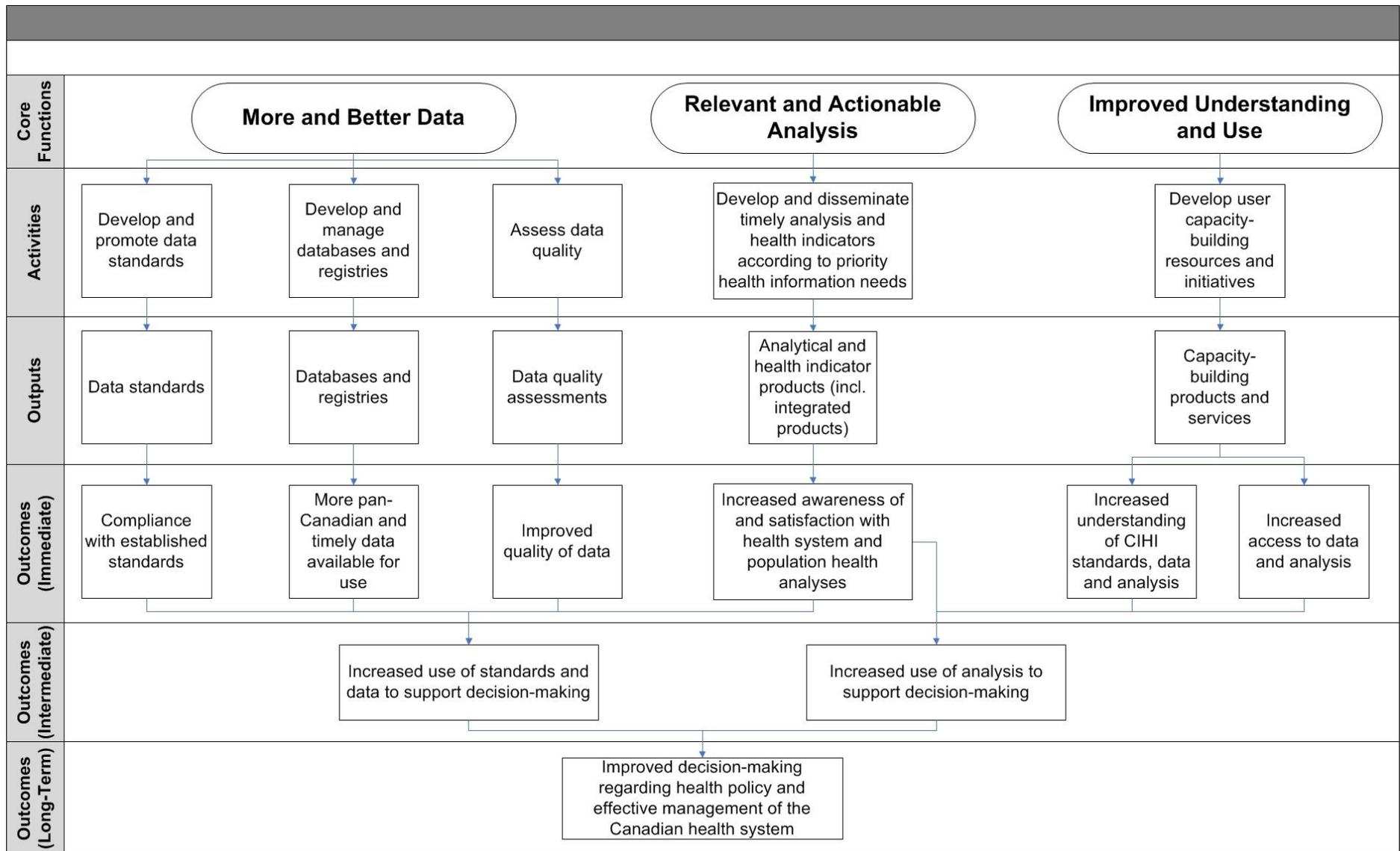
Performance Measurement Framework

As part of the strategic planning process, CIHI undertook a comprehensive review of its current performance measurement framework and associated indicators. The performance measurement framework and indicators on the following pages were established to align with CIHI's core functions—data, analysis, and understanding and use—as well as with CIHI's strategic goals and initiatives as outlined in the *Business Plan, 2014 to 2017*.

Targets have been established, where possible. For several new indicators, 2013–2014 will be used to establish a baseline, and multi-year targets will be established beginning in 2014–2015.

Outcomes in the framework are described as immediate, intermediate or long-term. The table below summarizes the inputs by core function as well as the target audience and stakeholders who will benefit from our products and services.

| | More and Better Data | Relevant and Actionable Analysis | Improved Understanding and Use |
|-------------------------------------|---|---|---|
| Inputs | | | |
| | \$39.9M (37% of budget) 290 FTEs | \$25.6M (25% of budget) 169 FTEs | \$41.0M (38% of budget) 253 FTEs |
| Target Audience/Stakeholders | | | |
| Immediate Outcomes | Analysts, policy-related researchers, academic/clinical researchers | Analysts, policy-related researchers, academic/clinical researchers | Analysts, policy-related researchers, academic/clinical researchers |
| Intermediate Outcomes | Funders, policy-makers | Funders, policy-makers | Funders, policy-makers |
| Long-Term Outcomes | All stakeholders (including public) | All stakeholders (including public) | All stakeholders (including public) |



Better data. Better decisions. Healthier Canadians.

Indicators

| | | Program Level | | | Source/Reporting | |
|---|--|---|--------|----------------------|---|--|
| Logic Model | Indicators | Baseline ¹ | Target | Indicator Definition | Frequency | |
| STRATEGIC GOAL | | | | | | |
| OUTPUTS | | | | | | |
| More and Better Data | Data standards | Minimum data set (MDS) for each database | 100% | 100% | Availability of a MDS for each data holding | CIHI administrative data (annual) |
| | Databases and registries | Number of databases and registries | 28 | 28 | Number of databases and registries currently available and maintained by CIHI including active and inactive data holdings | CIHI administrative data (annual) |
| | Data quality assessments | Data quality framework assessments completed | 89% | 100% | Percentage of full data quality framework assessments completed for all active data holdings within last three years | CIHI administrative data (every three years) |
| Relevant and Actionable Analysis | Analytical and health indicator products (including integrated products) | Number of analytical and health indicator products developed | 25 | 25 - 27 | Number of analytical and health indicator products developed/released during the year based on analytical work plan and according to priority information needs | CIHI administrative data (annual) |
| | | Number of analytical products that use integrated data (data from more than one data holding) | 6 | 6 - 10 | Number of analytical products from the multi-year analytical plan that use data from more than one database | CIHI administrative data (annual) |

1. Note: Baseline in most cases reflects average annual results for 2012–2013.

| | Logic Model | Program Level | | | Indicator Definition | Source/Reporting Frequency |
|---------------------------------------|---|---|-------------------------------------|--------|--|--|
| | | Indicators | Baseline ¹ | Target | | |
| Improved Understanding and Use | Capacity-building products and services | Number of education sessions delivered | 254 | 260 | Number of sessions delivered – across all modalities Modalities – Workshops, web conferences, self-study | CIHI administrative data from Education department (quarterly) |
| | | Number of capacity-building initiatives | 4 | 5 - 6 | Number of capacity-building initiatives | CIHI administrative data (annual) |
| | | Number of data requests completed | Aggregate: 200 Record Level: 120 | 320 | Number of data requests completed by aggregate and record levels | CIHI administrative data obtained from the data request tracking tool (DaRT) (quarterly) |
| STRATEGIC GOAL | OUTCOMES (IMMEDIATE – 1-3 years) | | | | | |
| More and Better Data | Compliance with established standards | Percentage of databases reporting according to established standards | 25% (7 out of 28 data holdings) | 30% | Data holdings using the value domains of the CIHI Data Dictionary (minimum 70% compliance rating per data holding) Next compliance analysis to be done in 2015–2016 based on expanded Data Dictionary value domains | CIHI compliance analysis document review (irregular) |
| | More pan-Canadian and timely data available for use | Percentage of databases with more than 80% jurisdictional participation | 77% | 80% | Current data collection rates for each data holding by jurisdiction | CIHI administrative data (annual) |
| | | Percentage of databases containing data which is one year old | 77% | 80% | Currency of data by data holding | CIHI administrative data (annual) |

| | | Program Level | | | Source/Reporting Frequency | |
|---|--|---|---|----------------------|---|---|
| Logic Model | Indicators | Baseline ¹ | Target | Indicator Definition | Source/Reporting Frequency | |
| | | Percentage of preliminary data available | 77% (7 out of 9) | 100% | Availability of preliminary data for which preliminary data is relevant based on data holding structure and schedule | Subset of CIHI administrative data (for which preliminary data is relevant) (annual) |
| | Improved quality of data | Summary measure to assess that data quality is improving overall and overtime | 3 | 9 | Number of jurisdictions with good overall data quality as reported to Deputy Ministers through Data Quality reports | Annual Deputy Minister Data Quality Reports document review (annual) |
| Relevant and Actionable Analysis | Increased awareness of and satisfaction with, health system and population health analyses | Number of downloads of analytical reports from website | 10,000 downloads | 10,500 | Webtrends statistics for top 20 analytical products only, plus ad hoc charts from time to time on specific analytical products | Data review (quarterly) |
| | | Media coverage | 1,200 mentions | 1,250 | Communication department metrics for print, broadcast and web circulation (unsolicited mentions) | Data review (quarterly) |
| | | Rating of awareness and satisfaction of analytical products | 94% | 95% | Awareness of and satisfaction with analytic products rated (good or excellent) | Survey review (biennial) |
| | | Number of media requests for information | 266 | 270 | Communications department metrics on ad hoc media requests for data and information | Data review (quarterly) |
| Improved Understanding and Use | Increased understanding of CIHI standards, data and analysis | Stakeholder satisfaction with education sessions | 96% (average across all modalities*) | 96% | Overall rating of results from education evaluations by type of session *Modalities – workshops, web conferences, self-study | CIHI administrative data (quarterly) |

| Logic Model | Program Level | | | Indicator Definition | Source/Reporting Frequency |
|--|--|-------------------------------|-------------------------------|---|---|
| | Indicators | Baseline ¹ | Target | | |
| Increased access to data and analysis | Turnaround time for data requests | 83% within service standards* | 85% within service standards* | Average turnaround time for aggregate and record-level data requests *Service standards – between 10 and 40 working days based on type and complexity of request | CIHI administrative data obtained from the data request tracking tool (quarterly) |
| | Stakeholder satisfaction with accessing data and analytical products | 75% | 80% | Stakeholder satisfaction with accessing products on website (good or excellent) | Stakeholder survey (biennial) |
| OUTCOMES (INTERMEDIATE – 3-5 years) | | | | | |
| Increased use of standards and data to support decision-making | Frequency of use of CIHI data collection resources/ standards | 71% | 75% | Stakeholder survey question on frequency of use of data collection standards/resources (use often or sometimes) | Stakeholder survey (biennial) |
| | Frequency of use of CIHI data from data holdings | 63% | 65% | Stakeholder survey question on frequency of use of data from data holdings (use often or sometimes) | Stakeholder survey (biennial) |
| Increased use of analysis to support decision-making | Frequency of use of CIHI analytical products | 56% | 60% | Stakeholder survey question on frequency of use of analytical products (use often or sometimes) | Stakeholder survey (biennial) |
| | Frequency of use of health indicators | 63% | 70% | Stakeholder survey question on frequency of use of health indicators (use often or sometimes) | Stakeholder survey (biennial) |
| | Satisfaction with analytical products | 92% | 92% | Stakeholder survey question on the satisfaction with analytical products (good or excellent) | Stakeholder survey (biennial) |

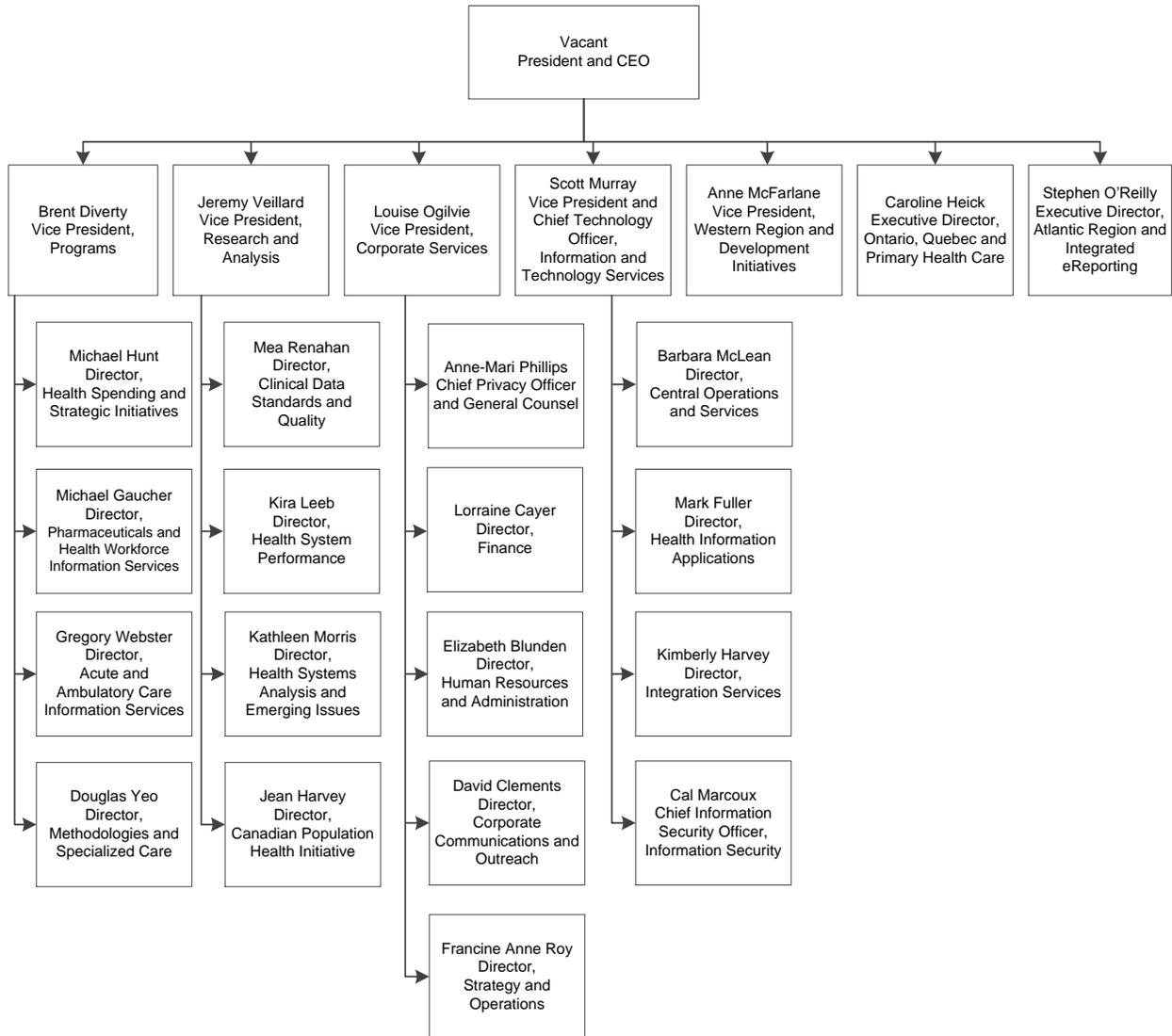
| | | Program Level | | | Source/Reporting Frequency | |
|--|---|-------------------------------------|----------------|----------------------|---|-------------------------------|
| Logic Model | Indicators | Baseline ¹ | Target | Indicator Definition | Frequency | |
| | | Satisfaction with health indicators | 93% | 93% | Stakeholder survey question on the satisfaction with health indicators (good or excellent) | Stakeholder survey (biennial) |
| OUTCOMES (LONG-TERM – 5+ years) | | | | | | |
| | Improved decision-making regarding health policy and effective management of the Canadian health system | | Not applicable | Not applicable | Baseline measure and target not applicable as no specific indicators have been identified. Outcomes to be documented through stakeholder surveys and anecdotal information, such as case studies. Given the number of factors involved in achieving health system and service results, the causal relationship of component efforts to health system results may be difficult to prove. Therefore, we use the perceptions of surveyed stakeholders and clients on percentage improvement indicators to assess their possible association with outcome measures. | |

Enabling Indicators

| Strategic Goal | Outputs | Outputs – Performance Indicator | Baseline | Target | Indicator Definition | Source/Reporting Frequency |
|--|---|--|--------------------------------|---|---|--------------------------------------|
| Deliver Organizational Excellence | Engaged workforce | Employee overall engagement | 5% above norm | 5% above norm | Benchmark against Hay Group norm | Employee survey (biennial) |
| | | Turnover rate | 6.9% | Up to 1% below benchmark | Below market rate (Benchmark Conference Board of Canada) | CIHI administrative data (annual) |
| | | Vacancy rate | 6% | 5% | Budgeted rate | CIHI administrative data (annual) |
| | | Employee satisfaction with learning and career development opportunities | 62% | 70% | Rating of employee satisfaction with learning and career development opportunities | Employee survey (biennial) |
| | | Average sick leave days per employee | 6.9 | Below average Statistics Canada prior year rate for all sectors (2011- 8.9) | Benchmark against Statistics Canada prior year rate for all sectors | CIHI administrative data (annual) |
| | ITS system teams responsive to needs of clients | Rate of response of Central Client Services to: a) Client Support b) Order Desk c) Education | 100% response rate for a, b, c | 100% response rate for a, b, c | Response rate of Central Client Services to: a) Client Support b) Order Desk c) Education within two (2) working days | CIHI administrative data (quarterly) |

**Appendix A:
2014–2015 Organizational
Structure and Profile**

2014–2015 Organization Chart



2014–2015 Organizational Profile

| Staff Categories | Executive/Senior Management | Managers | Professional/Senior Technical | Support Staff | Total |
|---|-----------------------------|-----------|-------------------------------|---------------|------------|
| Corporate Branches | | | | | |
| Executive Offices | 5 | | | 5 | 10 |
| Clinical Data Standards and Quality | 1 | 2 | 35 | 5 | 43 |
| Health System Performance | 1 | 3 | 25 | 6 | 35 |
| Health System Analysis and Emerging Issues | 1 | 3 | 23 | 4 | 31 |
| Canadian Population Health Initiative | 1 | 1 | 10 | 5 | 17 |
| Health Spending and Strategic Initiatives | 1 | 3 | 27 | 10 | 41 |
| Pharmaceuticals and Health Workforce Information Services | 1 | 3 | 33 | 15 | 52 |
| Methodologies and Specialized Care | 1 | 4 | 51.5 | 13 | 69.5 |
| Acute and Ambulatory Care Information Services | 1 | 4 | 38 | 19 | 62 |
| Health Information Applications | 1 | 3 | 40 | 4 | 48 |
| Integration Services | 1 | 3 | 37 | 8 | 49 |
| Central Operations and Services | 1 | 5 | 38 | 29 | 73 |
| Information Security | 1 | | 1 | 1 | 3 |
| Privacy and General Counsel | 1 | | 7 | 1 | 9 |
| Finance | 1 | 1 | 9 | 6 | 17 |
| Human Resources and Administration | 1 | 2 | 10 | 17 | 30 |
| Corporate Communications and Outreach | 1 | 2 | 16 | 11 | 30 |
| Strategy and Operations | 1 | 3 | 30 | 11 | 45 |
| Western Canada and Developmental Initiatives | 1 | 5 | 4 | 1.5 | 11.5 |
| Ontario, Quebec and Primary Health Care | 1 | 2 | 9 | 4 | 16 |
| Atlantic Canada and Integrated eReporting | 1 | 4 | 13 | 2 | 20 |
| Total | 25 | 53 | 456.5 | 177.5 | 712 |

The total staff complement of 712 represents 677 FTEs for 2014–2015. The budget includes an average vacancy/attrition factor of 5%.

Employee Demographics

The chart below profiles CIHI's employees by years of service, age and gender.

In recent years, a significant portion of CIHI's workforce has fallen into the ≤5 Years tenure category; however, this year, we are starting to see a levelling between the ≤5 Years and 6–10 Years categories. This shift supports efforts in developing a strong retention program.

Over the years, gender distribution has remained steady, with an overall average ratio of 68% female to 32% male.

| | |
|-----------------------------|------------------|
| Total Staff | 685* |
| Tenure | |
| ≤5 Years | 314 (46%) |
| 6–10 Years | 252 (37%) |
| 11–15 Years | 83 (12%) |
| 16+ Years | 36 (5%) |
| Age | |
| Younger than 30 | 58 (8%) |
| 30–39 | 238 (35%) |
| 40–49 | 223 (33%) |
| 50+ | 166 (24%) |
| % Female Staff | 68% |
| % Female Mgmt. Staff | 60% |

Note

* Number represents permanent employees and excludes contract staff as of November 27, 2013.

CIHI has a highly educated workforce, with a high proportion of staff having advanced degrees.

| Education Level | Number (Percentage) of CIHI Staff |
|----------------------------|--|
| Post-Graduate and Master's | 273 (40%) |
| Undergraduate | 256 (37%) |
| Diploma | 142 (21%) |
| High School | 14 (2%) |

**Appendix B:
Additional Financial Schedules**

Multi-Year Revenue Projection (in \$ Million)

| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | Three-Year Total | |
|---------------------------------------|-----------------|-----------------|-----------------|-----------------|------------------|-------------|
| | Projection | Budget | Estimate | Estimate | \$ | % |
| Sales | \$ 2.3 | \$ 2.6 | \$ 2.6 | \$ 2.6 | \$ 7.8 | 2% |
| Core Plan | 17.1 | 17.4 | 17.7 | 18.1 | 53.2 | 17% |
| Funding—Health Information Initiative | 79.5 | 77.7 | 79.2 | 80.8 | 237.7 | 78% |
| Funding—Other | 2.5 | 2.3 | 2.1 | 2.1 | 6.5 | 2% |
| Other Revenue | 0.3 | 0.3 | 0.3 | 0.3 | 0.9 | 1% |
| Total | \$ 101.7 | \$ 100.3 | \$ 101.9 | \$ 103.9 | \$ 306.1 | 100% |

Multi-Year Expense Projection by Nature of Expenses (in \$ Million)

| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | Three-year Total | |
|--|-----------------|-----------------|-----------------|-----------------|------------------|-------------|
| | Projection | Budget | Estimate | Estimate | \$ | % |
| Operating Expenses | | | | | | |
| Compensation | \$ 67.6 | \$ 69.4 | \$ 70.8 | \$ 73.1 | \$ 213.3 | 70% |
| External and Professional Services | 7.6 | 7.4 | 5.1 | 4.2 | 16.7 | 5% |
| Travel and Advisory Committee Expenses | 3.1 | 3.4 | 3.7 | 3.7 | 10.8 | 4% |
| Office Supplies and Services | 0.7 | 0.7 | 0.8 | 0.9 | 2.4 | 1% |
| Computer and Telecommunications | 4.2 | 4.2 | 4.4 | 4.5 | 13.1 | 4% |
| Occupancy | 7.6 | 7.9 | 8.2 | 8.5 | 24.6 | 8% |
| Corporate Provision | — | 0.2 | 0.5 | 0.5 | 1.2 | 1% |
| Total of Operating Expenses | 90.8 | 93.2 | 93.5 | 95.4 | 282.1 | 93% |
| Capital Expenditures | 3.0 | 0.7 | 1.8 | 1.8 | 4.3 | 1% |
| CIHI Pension Plan Contributions | 7.9 | 6.4 | 6.6 | 6.7 | 19.7 | 6% |
| Total Expenses | \$ 101.7 | \$ 100.3 | \$ 101.9 | \$ 103.9 | \$ 306.1 | 100% |

Notes

The above revenues and expenses are presented on a cash basis; as such, they exclude the amortization of capital assets and pension plan contributions accounting revenues and expenses.

The above 2015–2016 and 2016–2017 estimates relating to the Core Plan and Funding—Health Information Initiative are based on successful renewal of current agreements that expire in 2014–2015, including a modest increase of 2%.

Multi-Year Expense Projection by Core Function (in \$ Million)

| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | Three-Year Total | |
|--|-----------------|-----------------|-----------------|-----------------|------------------|-------------|
| | Projection | Budget | Estimate | | \$ | % |
| MORE AND BETTER DATA | | | | | | |
| Health Services | \$ 14.9 | \$ 13.3 | \$ 13.9 | \$ 14.1 | \$ 41.3 | 14% |
| Health Human Resources | 4.1 | 4.1 | 4.2 | 4.4 | 12.7 | 4% |
| Clinical Registries | 3.1 | 3.0 | 2.9 | 3.0 | 8.9 | 3% |
| Health Expenditures | 4.0 | 4.6 | 4.2 | 4.2 | 13.0 | 4% |
| Pharmaceuticals | 2.9 | 3.0 | 3.1 | 3.2 | 9.3 | 3% |
| Standards | 6.5 | 6.6 | 6.4 | 6.5 | 19.5 | 6% |
| Subtotal | 35.5 | 34.6 | 34.7 | 35.4 | 104.7 | 34% |
| RELEVANT AND ACTIONABLE ANALYSIS | | | | | | |
| Health Indicators | 7.1 | 7.3 | 6.8 | 6.9 | 21.0 | 7% |
| Canadian Population Health Initiative (CPHI) | 2.4 | 2.5 | 2.5 | 2.6 | 7.6 | 2% |
| Health Reports, Special Studies and Analysis | 13.1 | 12.6 | 13.0 | 13.4 | 39.0 | 13% |
| Subtotal | 22.6 | 22.4 | 22.3 | 22.9 | 67.6 | 22% |
| IMPROVED UNDERSTANDING AND USE | | | | | | |
| Access to Data and Analysis | 7.6 | 9.7 | 9.7 | 9.6 | 29.0 | 9% |
| Delivery of Education and Capacity-Building Initiatives* | 14.4 | 14.4 | 14.8 | 15.2 | 44.4 | 16% |
| Outreach and Other Activities | 10.7 | 11.9 | 11.5 | 11.8 | 35.2 | 11% |
| Subtotal | 32.7 | 36.0 | 36.0 | 36.6 | 108.6 | 36% |
| Corporate Provision | — | 0.2 | 0.5 | 0.5 | 1.2 | 1% |
| Total Operating Expenses | 90.8 | 93.2 | 93.5 | 95.4 | 282.1 | 93% |
| Capital Expenditures | 3.0 | 0.7 | 1.8 | 1.8 | 4.3 | 1% |
| CIHI Pension Plan Contributions | 7.9 | 6.4 | 6.6 | 6.7 | 19.7 | 6% |
| TOTAL EXPENSES | \$ 101.7 | \$ 100.3 | \$ 101.9 | \$ 103.9 | \$ 306.1 | 100% |

Note

Indirect Costs included in this analysis are allocated to programs/projects on the basis of direct costs. These costs include corporate functions such as human resources, finance, procurement, administration, facility management, libraries, distribution services, information technology support, telecommunications, planning and project management, privacy and legal services, communication, publishing/translation services, executive offices and Board secretariat. This allocation method is in accordance with the accounting/financial reporting guidelines.

* CIHI's education programs help facilities and their staff use the various CIHI products for effective management. Various methods of delivery are used (for example distance-learning tools, workshops, self-learning products, blended delivery modes).