President's Quarterly Report
and
Review of Financial Statements
as at September 30, 2015

Final Report

November 2015

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

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Introduction

This document provides an overview of some of the significant accomplishments achieved during the second quarter of fiscal 2015–2016 (i.e., July 1 to September 30, 2015), as well as a review of CIHI's financial statements as at September 30, 2015. This document includes the following sections:

- **President's Update:** Highlights some of the recent developments and updates affecting CIHI-identified priority initiatives and select major programs for the second quarter of fiscal 2015–2016, as well as other items of interest.
- **Financial Highlights and Statements:** Presents CIHI's financial situation as at September 30, 2015.
- **Quarterly Performance Indicators:** Describes a series of performance indicators relating to CIHI operations for the second quarter of fiscal 2015–2016.

President's Update

The following are the major accomplishments for the second quarter in 2015–2016, for each of the corporate priorities in the *Business Plan 2015 to 2018*.

Corporate updates	
Strategic planning	▪ Work is under way to identify and plan initiatives and activities for CIHI's new 5-year strategic plan. In July 2015, the CIHI Board of Directors met via teleconference to discuss the plan and provide input. Board feedback has been incorporated and the new strategic plan was tabled at a special Board meeting on October 2, 2015.
Human Resources	▪ Tracy Johnson is the new Director of Health System Analysis and Emerging Issues, effective October 1, 2015. Tracy has been with CIHI for 10 years, and has worked on a wide range of topics, starting with wait times and alternative level of care, and more recently projects on patient safety and appropriateness. Tracy's contribution builds on her MBA, her background as a hospital risk manager, and experience as a front line clinician. Tracy will provide leadership to the branch as it responds to new strategic directions, and will be an important contributor to the senior management team. ▪ Angela Dosis will be joining CIHI on October 26, 2015 as the Director of Digital Strategy. She will be based in the Toronto office. As we evolve CIHI's web to be a core strategic asset, Angela will provide leadership in the creation and implementation of a corporate digital strategy that aligns with CIHI's new corporate strategy, communications and business objectives. Angela has over 15 years in digital design and development in the health care field and private sector. Most recently, she was Director of Web and Digital Innovation, Princess Margaret Cancer Centre. She has a Masters of Design in Inclusive Design and a Diploma in Digital Media Design. ▪ Corbin Kerr is the new Chief Information Officer (CIO), effective November 30, 2015. Corbin will be located in our Toronto office. Corbin joins CIHI from the Ontario Government where he has held executive responsibilities for the IT operations of major ministries. Most recently, for the past eight years Corbin was the Cluster CIO for the ministries of Community & Social Services, and Children & Youth Services. Prior to that, Corbin held CIO or Executive level positions responsible for IT operations in the ministries of Government Services and Transportation. In these roles, he has led a number of large scale transformations ranging from major infrastructure consolidations to enterprise-wide application renewals that helped the ministries better deliver their business objectives. Corbin's experience will be a major asset as we align our own IT organization with the new directions established by our Board of Directors.
Corporate accountability	▪ The 2014–2015 Corporate Annual Report was released in Q2 2015–2016. ▪ CIHI's regional office in Montreal was successfully relocated to a new, smaller suite in the same building resulting in cost savings.
Bilateral agreements	▪ One year bilateral agreements for 2016–2017 were signed with Prince Edward Island, Newfoundland and Labrador and Yukon.

Goal 1: Improve the comprehensiveness, quality and availability of data	
Priority 1: Provide timely and accessible data connected across health sectors	
Data access and integration strategy	▪ A first series of custom designed client dashboards for the Canadian Association of Paediatric Health Centres (CAPHC)'s annual benchmarking report, was released in Q2 2015–2016.
Data quality	▪ Reports comparing key Canadian MIS database (CMDB) residential/long-term care statistics with the Continuing Care Reporting System (CCRS) and the residential care facility survey were completed for British Columbia, Alberta, Saskatchewan, Manitoba, Nova Scotia, Prince Edward Island and Newfoundland and Labrador. Results were presented to jurisdictions.
Data sharing agreements (DSA)	▪ The following DSAs were signed off in Q2: o Statistics Canada – new DSA for access to home care, long-term care and Hospital Mental Health Database (HMHDB) data. o New Brunswick Health Council – new DSA for the Canadian Patient Experience Reporting System.
Discharge Abstract Database (DAD) **Hospital Morbidity Database (HMDB)**	▪ The Electronic Health Records/Health Information System (EHR/HIS) data supply strategy, which is ensuring CIHI has an enriched and more timely and efficient data supply from emerging digital health solutions, continues to make good progress. This includes promoting the use of CIHI data standards in EHR/HIS solutions and engaging advanced sites to collaborate on demonstration projects to evaluate feasibility and quality of data directly sourced from their point-of-service digital solutions. North York General Hospital, one of the first wave demo sites, has provided a data extract from its Cerner clinical system. ▪ A new self-study course, *An Introduction to CIHI's NACRS, DAD and HMDB Databases*, was released in Q2 2015–2016 using adult learning best-practices (video, discovery/exploratory learning, and layered content), to fully engage individuals and invite participation. The course is an introduction to CIHI's 3 clinical administrative databases (DAD, NACRS and HMDB) and provides information about the data contained in each database, how the data is collected, submitted and used by various stakeholders in our healthcare system, and explains the key roles of the user and data provider in ensuring data quality. ▪ Enhancements to alternate level of care (ALC) data collection in the DAD, as a result of the multi-year project to develop and implement ALC designation standards for Western health regions, have been presented to the National Clinical Administrative Databases (NCAD) steering committee and will be further discussed at a fall 2015 meeting for broader adoption and implementation across eastern and central provinces.

Goal 1: Improve the comprehensiveness, quality and availability of data	
Emergency department (ED) and ambulatory care data — National Ambulatory Care Reporting System (NACRS)	▪ New NACRS emergency department implementations are in the discussion/execution phase in Saskatchewan, PEI and Nova Scotia. ▪ A web-based data capture method for NACRS Clinic Lite has been developed to support data collection from outpatient care delivery sites with limited data collection infrastructure. Early uses of NACRS Clinic Lite include the CAPHC Pediatric Rehabilitation Reporting System and an Ontario pilot for adult outpatient rehabilitation. ▪ ED physicians from across Canada, in collaboration with CIHI, have been engaged in the development of an ED intervention picklist which will include the development of a Comprehensive Ambulatory Classification System Case Mix Grouper using diagnoses and interventions information. The goal is to finalize content for adoption within NACRS in 2018–2019.
Priority 2: Support new and emerging data sources, including electronic records	
Primary health care (PHC)	▪ Project funding/data sharing agreements were established for 2 Ontario PHC demonstration projects that aim to test elements of the PHC Electronic Medical Record (EMR) Content Standard v3.0.
Priority 3: Provide more complete data in priority areas	
Financing and funding data	▪ Updated residential long-term care financial data tables were released for 2013–2014 using data collected via the Statistics Canada Long-term Care Facilities Survey.
Physician and health workforce information	▪ *Physicians in Canada, 2014* was released on September 29, 2015. The report contains information on the supply, demographics, geographic distribution and internal migration of these professionals between 2010 and 2014. It also contains information on the types of services provided by physicians, as well as on payments they received from the provincial and territorial medical care plans between 1999–2000 and 2013–2014. ▪ An update bulletin was disseminated to data providers identifying the phases of the Health Workforce Information Minimum Data Set Harmonization project. Short-term goals, to be implemented in 2015, include: minimizing response burden on data providers by focusing on core data elements; and streamlining data collection by removing data elements of poor quality and/or data elements not reported by CIHI.
Prescription drug abuse (PDA)	▪ A stakeholder mapping exercise was completed to better understand the PDA landscape and identify priority needs. Next steps include the development of a stakeholder engagement and communication plan. ▪ Meetings were held with key PDA stakeholders (Statistics Canada's Vital Statistics Division, Health Canada's Office of Research and Surveillance, Health Canada's Poison Information Centre, the Canadian Centre on Substance Abuse, the Centre for Addiction and Mental Health, and the U.S. RADARS surveillance system) to share project information and define CIHI's role in PDA. ▪ CIHI was asked to join a Health Canada-led task force to standardize data from Canadian poison information centres.

Goal 1: Improve the comprehensiveness, quality and availability of data	
Rehabilitation, mental health and community mental health	▪ The CAPHC Paediatric Rehabilitation Reporting System project, which was initiated using National Ambulatory Care Reporting System (NACRS) Clinic Lite, was kicked-off in September 2015. 6 organizations from across Canada are participating. ▪ Several engagement and presentation activities were completed, including a poster presentation and a rapid podium talk at the 2015 Stroke Congress in Toronto, a poster presentation abstract at the Canadian Academy of Psychiatric Epidemiologists conference and one at the Mental Health and Addictions Quality Initiative CEO's forum.
Home and Continuing Care (HCC)	▪ Various engagement and consultation activities were completed, including o Presenting long-term care indicators from CIHI's Your Health System website at the Canada GoldCare Conference (Toronto) in September 2015; o Presenting the interRAI Assessment System at Canada Health Infoway's Coordination of Care community of practice; o Meeting with the Ontario Ministry of Health and Long-Term Care (MoHLTC) to discuss the education needs of approximately 170 long-term care inspectors; and o Meeting with the Northern Health Authority to explore education needs for the interRAI Contact Assessment. ▪ The *Using interRAI Assessment Systems* video was launched to help various audiences understand how interRAI clinical concepts and their associated outcome measures for multiple sectors are used to support decision-making from point of care to health system use.
Canadian Joint Replacement Registry (CJRR)	▪ The *Hip and Knee Replacements in Canada: Canadian Joint Replacement Registry 2015 Annual Report* was released on September 24, 2015. The report provides information on hip and knee joint replacements performed in Canada and includes demographic, clinical and provincial analysis, as well as surgery-specific information.
Canadian Organ Replacement Register (CORR)	▪ CIHI continues to collaborate on the future transition of CORR's donation and transplantation data collection to Canadian Blood Services (CBS).
Canadian Multiple Sclerosis Monitoring System (CMSMS)	▪ The CMSMS phase 2 feasibility pilot with new multiple sclerosis (MS) clinics was completed. Pilot project reports have been received from all 4 pilot sites. ▪ The NACRS Clinic Lite pilot project at the Ottawa Hospital MS Clinic showed potential for significant cost savings for clinics using NACRS.

Goal 2: Support population health and health system decision-making	
Priority 1: Produce relevant, appropriate and actionable analysis	
Deliver corporate analytical plan	Releases in Q2 ▪ *Drug Use Among Seniors on Public Drug Programs in Canada, 2012* was released in the July 2015 issue of Longwoods Healthcare Quarterly. This article provides an in-depth look at the number and types of drugs used by seniors. It is based on drug claims data from CIHI's National Prescription Drug Utilization Information System (NPDUIS) Database, representing approximately 70% of seniors in Canada. ▪ *Injury and Trauma Hospitalization and Emergency Department Quick Stats, 2013–2014* was released on July 14, 2015. This release provides 2013–2014 data on patients who were hospitalized or who visited an emergency department with injury/trauma in Canada. It includes data on demographics and on cause and type of injury. ▪ *Factors Predicting Return Home from Inpatient Rehabilitation Following Hip Fracture Surgery* was released on July 30, 2015. This report describes the population of clients who received inpatient rehabilitation in Canada following hip fracture surgery, and examines the factors that predict the likelihood of returning home. ▪ *Bariatric Surgery in Canada: An Update* was published in the August/September 2015 issue of the Longwoods Heathcare Quarterly. This article highlights trends in bariatric surgery procedures, common patient characteristics and patient outcomes such as complications, readmissions and the use of hospital services before and after surgery. The analysis includes 2013–2014 data. Recent and upcoming releases ▪ *Hospital Mental Health Database Quick* Stats, 2013–2014 (October 6, 2015). ▪ *Inpatient Mental Health in Ontario: A Focus on Caring for Seniors, 2015* (October 6, 2015). ▪ *Emergency Department Visits in Canada for 2014–2015* (October 15, 2015). ▪ *National Health Expenditure Trends, 1975 to 2015 (*October 29, 2015). To acknowledge the 40th anniversary of this report, the release will take place at the Economic Club of Canada, with a panel discussion including Don Drummond, Drs. David Naylor and Cindy Forbes, and moderated by André Picard.
Capacity-building	▪ The Health Workforce Information Education and Capacity Building Strategy is under development. This strategy focuses on building the capacity of Health Human Resources stakeholders to understand and use the data. In collaboration with the Canadian Cardiovascular Society, CIHI has participated in the development of stakeholder-driven indicators that will be presented in a workshop at the Canadian Cardiovascular Congress focused on quality of care indicators for cardiac care.

Goal 2: Support population health and health system decision-making	
Priority 2: Offer leading-edge performance management products, services and tools	
Health system performance (HSP) measurement	▪ Scoping exercises are under way for phase 2 of the Your Health System (YHS): Insight project, which will include the Hospital Standardized Mortality Ratio (HSMR) and the corporate client linkage standard implementation. ▪ The implementation of the client linkage standard in Clinical Administrative Databases was initiated.
Canadian Patient Experience Reporting System (CPERS)	▪ Alberta has formally agreed to participate in CPERS and has provided a signed letter of authority. ▪ An external group was struck to support sound decision-making on matters related to implementation of the Canadian Patient Experiences Survey—Inpatient Care (CPES-IC) and participation in the Canadian Patient Experience Reporting System (CPERS). ▪ CPES-IC pilot training sessions on survey standards were successfully delivered on September 14, 2015.
Patient-reported outcome measures (PROMs)	▪ A PROMs Advisory Committee was launched to ensure ongoing engagement and to inform CIHI's work in this area. The inaugural meeting was held on September 30, 2015. ▪ 2 supporting small-scale PROMs pilot projects were launched in the areas of renal care and hip and knee replacement surgery.
Population grouping methodology (POP)	▪ The population grouping methodology beta release is scheduled for November 9, 2015. Clinical overrides, tagging rule enhancements, functional status and socio-economic status components of the beta classification have been completed.
Canadian Population Health Initiative (CPHI)	▪ The *Trends in Income Related Health Inequalities in Canada* report will be released on November 18 along with an interactive tool, summary report and infographics. ▪ Presentations were delivered at various conferences/sessions with very positive reception, including: o *From Their Own Perspective: A Qualitative Method to Explore Innovative Healthcare in the North* (Canadian Conference on Rural Health Care – September 20-22, 2015); o *Primary Care in the North: Meeting the Challenge* (part of CIHI's innovation month showcase to explore an innovative multimedia case study methodology for CIHI); and o *From Research to Action-Examining the Link Between the Early Years, Population Health and Health System* Performance (Prevention Matters 2015 Conference – Keynote Address). ▪ Initial planning and discussions are under way to host a national policy dialogue on equity by the end of 2015–2016.

Goal 2: Support population health and health system decision-making	
International comparisons and benchmarking	▪ CIHI contributed Canadian data to the Organisation for Economic Co-operation and Development (OECD)'s *Health Statistics 2015* report that was released on July 7, 2015. Many OECD countries saw further reductions in health spending.
Priority 3: Respond to emerging needs while considering local context	
Partnerships	▪ Collaboration with Canada Health Infoway continued for the development of an invitation-only Health System Use Summit program, which is scheduled for February 2016.
Targeted local initiatives	<u>Atlantic Canada</u> ▪ Work advanced on assisting both New Brunswick Health Networks to complete the NACRS Level 1 readiness assessment. ▪ Meetings were held with Nova Scotia Department of Health and Wellness and the Nova Scotia Health Authority to discuss increased participation in CJRR. The Nova Scotia Health Authority agreed to increase participation rates. ▪ Work progressed on the development of a dashboard and one page summary of convalescent patients in Atlantic Canada. <u>Quebec</u> ▪ The Quebec Ministère de la Santé et des Services sociaux (MSSS) approved inclusion of Quebec in the new Cardiac Care Quality Indicators discussion at Canadian Cardiovascular Society workshop. ▪ Options to incorporate Quebec Système d'information de gestion des départements d'urgence (SIGDU) data within NACRS were identified. A meeting with the MSSS has been scheduled for the end of October 2015 to evaluate options and discuss timelines for implementation. ▪ Agreement was reached with the MSSS for the implementation of a 3rd party data request procedure. ▪ 5 Quebec facilities will be participating in the National System for Incident Reporting – Radiation Therapy (NSIR-RT) pilot project. <u>Ontario</u> ▪ The Ontario MoHLTC approved the development of a data surveillance program. A meeting was held with the MoHLTC to initiate the detailed planning for the program. ▪ CIHI continued to work with the MoHLTC to finalize the 2015–2016 non-core services agreement including the Health Based Allocation Model (HBAM), Portal, Ontario Mental Health Reporting System (OMHRS) and the Ontario Trauma Registry (OTR). ▪ Meetings were held with the Ontario Hospital Association and Ontario Long-Term Care Association to support the Fall 2015 HSP release.

Goal 2: Support population health and health system decision-making	
Targeted local initiatives (cont'd)	Western Canada ▪ CIHI provided analysis for the Choosing Wisely initiative on the use of atypical antipsychotic medication as a first-line intervention for insomnia in children and youth. ▪ ALC Clinical Designation Guidelines were completed and presented to the Western Patient Flow Collaborative. ▪ A meeting was held with the Sparsely Populated Regions Advisory Group to explore potential approaches for supporting rural and remote regions. The Group expressed a strong interest in working with CIHI on the development of more meaningful peer comparators and work is underway with the HSP team to look at the feasibility of using Statistics Canada peer groups. ▪ Manitoba will be proceeding with a provincial information management and analytics study, which will incorporate the CIHI vision for use of health system use data in Canada.

Goal 3: Deliver organizational excellence	
Priority 1: Promote continuous learning and development	
Leadership competencies	▪ An inventory of project management resources across the organization was completed. This information will be used to determine the need for a project management career path.
Priority 2: Champion a culture of innovation	
Innovation and efficiencies	▪ CIHI collaborated with Statistics Canada to streamline the transmission of CCRS, OMHRS, HCRS and HMHDB data files from CIHI to the Statistics Canada vault. The data transfer is secure, timely and coordinated and is a significant change to the historical data transfers that were completed by copying data to CD and sent via courier. Efforts are under way to use the same process for DAD and NACRS files.
Web solutions	▪ A project was initiated to replace the Learning Management web system for education and conference registration and management.
Information security	▪ The Information Security Management System (ISMS) certification audit for the upgrade from ISO/IEC 27001:2005 to ISO/27001:2013 was completed and certification was obtained in September 2015.

Financial highlights and statements

The following section provides an overview of key financial considerations and results with regards to recent developments and accomplishments achieved during the first 6 months of the fiscal year.

In March 2015, the Board approved for 2015–2016 an Operational Plan and Budget of up to $108.8 million consisting of an annual operating budget of $102.4 million, $1.5 million in capital expenditures and $4.9 million in contributions to the CIHI Pension Plan. Our primary sources of funding are provided by Health Canada for the Health Information Initiative ($78.5 million) and the provincial/territorial ministries of health relating to the Core Plan ($17.4 million).

Based on year-to-date progress made on core functions and key initiatives identified in the *Business Plan, 2015–2018* as well as activities planned for the remainder of the year, Management estimates that CIHI's overall year-end projection will be a balanced budget of approximately $109.2 million, reflecting additional sources of revenues:

	2015–2016 Annual Year-End Projection	**2015–2016 Annual Approved Budget**
Total Budget	$109.2 million	$108.8 million
• Operating	$103.3 million	$102.4 million
• Capital	$1.0 million	$1.5 million
• CIHI Pension Plan	$4.9 million	$4.9 million

The following represents the significant annual known financial variances to the approved budget based on the recent review. Of note, the year-to-date variances are in-line with the annual known variances unless otherwise noted.

Revenue

- Additional funding of $165,000 from the B.C. Ministry of Health to perform a pharmaceutical study, to help strengthen B.C.'s cost management system and reporting capacity and to further other projects.
- Additional funding of $254,000 from the Ontario Ministry of Health and Long-term Care for data surveillance work. This amount represents the funding for the 1st year of a 3-year project.
- Portal revenues are expected to be $75,000 lower than the budget of $1.1 million.
- Interest income is expected to decrease by $60,000 as a result of lower interest rates.
- Additional revenues of approximately $142,000 are associated with higher volume of external data requests, registration to education seminars and vendor user fees.

Operating Expenses

- Compensation increased by $1.1M, primarily due to some full-time positions and time-limited contracts added during the year to support key projects. In addition, some

assumptions, such as benefits, were revised. The projected attrition/vacancy rate remains at 5.5% (actual to date 5.45%), which reflects the anticipated staff turnover for the remainder of the year.

- External professional services decreased by $171,000 as funds were redirected to other purposes, primarily towards contract staff compensation for hiring and extension of time-limited internal contract positions for project support. The year-to-date variance is largely related to timing of projects.
- Computer and telecommunications operating costs increased by $364,000 as a result of increased year-over-year costs of annual licensing, maintenance and support contracts for enterprise software. Included in this increase is the annual licensing and support cost for the new learning management system being implemented this year.
- Net occupancy costs decreased by $129,000 due to a property tax refund related to the Toronto office as well as lower than expected operating fees and taxes, including a move to reduced space in the Montreal office.
- Corporate provision funds of $250,000 were drawn down to support key projects, including the adoption of Primary Health Care Electronic Medical Records content standards and the acceleration of work related to Integrated e-Reporting.

Capital Expenditures

- Information technology and telecommunication capital spending is expected to be $550,000 lower than planned; savings were realized due to fast tracking the acquisition of certain 2015–2016 planned purchases (software, storage capacity) in 2014–2015 and from planned capital purchases no longer required in the current year. These savings were largely offset by increased operating costs as explained above. Leasehold improvements are expected to be higher than the approved budget by $92,000 due to the installation of a fire suppression system for the data centre in the Ottawa office, delayed from last fiscal year.

The financial statements included in the following section present CIHI's financial position as at September 30, 2015, and detailed results of its operations for the first six months of the fiscal year. The notes to the financial statements provide details related to specific lines of the respective statement.

The working capital ratio, which measures CIHI's ability to discharge its current liabilities in a timely manner, remains positive and satisfactory at 2.2:1 (1.7:1 as at March 31, 2015). The closing balances of the Balance Sheet in the following section are reasonably in line with the organization's operating cycle.

In addition, based on the recent review, all of Health Canada's Health Information Initiative annual funding allocation of $78.5 million will be used by CIHI.

Management will monitor the budgets and ensure resources are best re-allocated between the operating and capital budgets or CIHI Pension Plan cash contributions to meet this fiscal year's deliverables and commitments. If resources become available before the end of the fiscal year, they will be redirected to priority initiatives and pressure points.

Balance sheet ($000)
as at September 30, 2015

	September 30, 2015	March 31, 2015 (audited)	Notes
Current assets			
Cash and short-term investments	$ 12,811	$ 10,017	**1**
Accounts receivable	7,947	7,346	**2**
Prepaid expenses	2,881	3,855	**3**
	23,639	21,218	
Long-term assets			
Capital assets	8,025	9,153	**4**
Accrued pension benefits	4,717	6,501	**5**
	12,742	15,654	
Total assets	$ 36,381	$ 36,872	
Current liabilities			
Accounts payable and accrued liabilities	$ 5,082	$ 5,586	**6**
Deferred contributions — Health Information Initiative	922	-	**7**
Unearned revenue	6,328	4,767	**8**
	12,332	10,353	
Long-term liabilities			
Deferred contributions — Expenses of future periods	1,324	2,646	**9**
Deferred contributions — Capital assets	5,780	6,747	**10**
Lease inducements	1,905	2,178	**11**
	9,009	11,571	
Net assets	15,040	14,948	
Total liabilities and net assets	$ 36,381	$ 36,872	

Notes to balance sheet as at September 30, 2015

1. Cash and short-term Investments: Presented net of outstanding cheques as at September 30, 2015. Short-term investments include $11.9 million in term deposits, which will yield 0.98% and mature within 107 days.
2. Accounts receivable: Relate to the sale of products and services, including the provision of the Core Plan through provincial/territorial bilateral agreements. Also included in receivables are provincial/territorial contributions for specific programs, including $1 million from the Ontario Ministry of Health and Long-Term Care for the Ontario Trauma Registry, the Ontario Mental Health Reporting System and the Ontario Health Based Allocation Model (including the data surveillance project). There are no government refunds receivable as at September 30, 2015. Subsequent to quarter end and up to October 20, 2015, approximately $3 million of receivables have been received.
3. Prepaid expenses: Represent payments that have yet to be recognized as expenses, consisting of $2.1 million in software and maintenance, $359,000 in rent deposits to landlords for office space, and $422,000 in other expenses.
4. Capital assets: Presented net of accumulated amortization, including $4.4 million of computers and telecommunications equipment, $1.0 million of furniture and $2.6 million of 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. All assets acquired during the year are amortized beginning in the month of acquisition.
5. Accrued pension benefits: Represent the accumulated cash contributions made by CIHI net of the sum of the current and prior years' accounting pension expense for both the registered and supplementary retirement plans. Employer contributions to the CIHI Pension Plan are made in accordance with the January 1, 2014 actuarial valuation. In November 2014, a decision to wind up the pension plans effective December 31, 2015 was approved by CIHI's Board of Directors. The next valuation will be as of December 31, 2015.
6. Accounts payable and accrued liabilities: Operational in nature. The accounts payable of $3.0 million is mostly current (less than 30 days). The accrued liabilities represent an estimate of $2.1 million for goods received and services rendered up to the end of the quarter (e.g., external professional services, advisory groups, printing, travel), as well as payroll and benefit accruals. The government remittances payable as at September 30, 2015 are $900,000.
7. Deferred contributions — Health Information Initiative: Related funding is recognized as revenue in the same period as the related expenses are incurred. Contributions received from Health Canada but not yet recognized as revenue are recorded as Deferred contributions — Health Information Initiative. Funding recognized but not received at the end of the period is recorded as Receivable — Health Information Initiative.
8. Unearned revenue: Includes contributions received, for which expenses have not yet been incurred. The contributions are recognized as revenue in the same period as the related expenses are incurred. The balance consists of $1.7 million of funding contributions from the B.C. Ministry of Health for the National Ambulatory Care Reporting System 3-year implementation project and other special projects, $4.6 million in Core Plan and Portal billings related to the third quarter, and less than $100,000 for a few small projects.
9. Deferred contributions — Expenses of future periods: Represent unspent restricted contributions. The funding is recognized as income to match the occurrence of specific expenditures for projects and activities, including the pension accounting expense.
10. Deferred contributions — Capital assets: Represent 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.
11. Lease inducements: Represent leasehold improvement allowances, other inducements and free rent received/provided over the years for Toronto, Ottawa, and Victoria offices. The inducements are amortized over the period of their respective leases.

Operating budget ($000)
for the 6-month period ended September 30, 2015

Revenues	Actual YTD	Approved budget YTD	Variance	Notes	Year-end projection (12 months)	Approved budget (12 months)
Sales	$ 1,035	$ 993	$ 42	**1**	$ 2,601	$ 2,534
Core Plan	8,695	8,695	-	**2**	17,391	17,391
Funding — Health information	40,313	41,015	(702)	**3**	80,444	80,028
Funding — Other	1,372	1,136	236	**4**	2,653	2,185
Other revenue	73	124	(51)	**5**	232	246
Total revenues	51,488	51,963	(475)		103,321	102,384
Expenses						
Compensation	40,395	39,705	(690)	**6**	78,592	77,443
External and professional services	1,892	2,693	801	**7**	5,415	5,556
Travel and advisory committee expenses	1,145	1,622	477	**8**	3,135	3,158
Office supplies and services	273	311	38	**9**	602	635
Computer and telecommunications	3,350	3,178	(172)	**10**	6,603	6,239
Occupancy	4,341	4,454	113	**11**	8,974	9,103
Corporate provision	-	-	-	**12**	-	250
Total expenses	51,396	51,963	567		103,321	102,384
Surplus (deficit)	$ 92	$ -	$ 92		$ -	$ -

Notes to the operating budget
for the 6-month period ended September 30, 2015

1. Sales: Include products and services of CIHI over and above those sold as part of the Core Plan (e.g., fee-for-service basis).
2. Core Plan: Represents subscription revenue from the bilateral agreements with provincial/territorial governments.
3. Funding — Health information: Represents Health Canada current-year 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 and the accounting pension expense.
4. Funding — Other: Represents contributions from provincial/territorial governments and other agencies for special projects (e.g., The Commonwealth Fund International Health Policy Survey) or specific programs (e.g., Ontario Mental Health Reporting System, Ontario Trauma Registry, Ontario Health Based Allocation Model, including the data surveillance project). 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 ad hoc short-term investments, as well as miscellaneous income.
6. Compensation: Includes salaries, benefits and pension accounting expenses for both full-time employees and agency/contract staff.
7. External and professional services: Include accruals for services rendered to date. At the end of September, the unrecorded contractual commitments pertaining to this fiscal year are in the order of $1.0 million.
8. Travel and advisory committee expenses: Include travel expenses for staff, Board of Directors and advisory committee members, as well as facility costs relating to CIHI's education sessions and externally hosted meetings.
9. Office supplies and services: Include printing, postage/courier/distribution, office equipment and supplies, as well as insurance.
10. Computer and telecommunications: Include supplies, software/hardware support and maintenance, minor software costs and upgrades, telecommunications line charges and long distance charges, 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 (e.g., benefits/pension costs, revenue shortfall).

Capital budget ($000)
for the 6-month period ended September 30, 2015

	Actual YTD	Approved budget YTD	Variance	Year-end projection (12 months)	Approved budget (12 months)
Furniture and office equipment	$ 11	$ 6	$ (5)	$ 11	$ 6
Leasehold improvements	8	35	27	292	200
Information technology and telecommunication	440	344	(96)	718	1,266
	$ 459	$ 385	$ (74)	$ 1,021	$ 1,472

Note
The above excludes $116,000 of commitments up to September 30, 2015.

Operating expenses by core function ($000) for the 6-month period ended September 30, 2015

	Actual YTD	Approved Budget YTD	Variance	Year-End Projection (12 months)	Approved Budget (12 months)
More and better data					
Health services	$ 7,950	$ 7,567	$ (383)	$ 15,524	$ 14,815
Health human resources	2,079	2,474	395	4,255	4,802
Clinical registries	1,385	1,557	172	2,678	2,990
Health expenditures	2,296	2,559	263	4,478	4,759
Pharmaceuticals	2,256	2,282	26	4,643	4,481
Standards	3,336	3,602	266	6,201	7,087
Subtotal	19,302	20,041	739	37,779	38,934
Relevant and actionable analysis					
Health indicators	3,818	3,837	19	7,463	7,492
Canadian population health initiative (CPHI)	1,351	1,361	10	2,741	2,743
Health reports, special studies and analysis	7,001	7,192	191	13,805	13,934
Subtotal	12,170	12,390	220	24,009	24,169
Improved understanding and use					
Access to data and analysis	4,497	4,922	425	9,491	9,620
Delivery of education and capacity-building initiatives *	8,401	8,275	(126)	17,074	16,265
Outreach and other activities	7,026	6,335	(691)	14,968	13,146
Subtotal	19,924	19,532	(392)	41,533	39,031
Corporate provision	–	–	–	–	250
Total operating expenses	$ 51,396	$ 51,963	$ 567	$ 103,321	$ 102,384

Notes

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

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.

Quarterly performance report

The organization's strategic goals for 2012–2013 to 2016–2017 are to

1. Improve the comprehensiveness, quality and availability of data;
2. Support population health and health system decision-making; and
3. Deliver organizational excellence.

In support of these strategic goals are the **core functions** that underpin CIHI's work:

- **More and Better Data:** CIHI will enhance the scope, quality, access and timeliness of our data holdings.
- **Relevant and Actionable Analyses:** CIHI will continue to produce quality information and analyses that are relevant and actionable.
- **Improved Understanding and Use:** CIHI will work with stakeholders to help them better understand, access and use our data and analyses in their day-to-day decision-making.
- **Deliver Organizational Excellence:** CIHI promotes continuous learning and development, fosters an engaged workforce and strengthens accountability.

Performance measurement outcomes

The following table shows the 2015–2016 second-quarter results for the performance indicators that measure progress in achieving CIHI's strategic goals, mapped against CIHI's core functions.

Performance indicator	Q2 2015–2016 Target	Q2 2015–2016 Actual	Change from Q2 2014–2015*	Notes
1. More and Better Data: CIHI will enhance the scope, quality and timeliness of our data holdings.				
Performance measures for this strategic goal are measured on an annual or other periodic basis and are therefore not a part of this quarterly report.				
2. Relevant and Actionable Analysis: CIHI will continue to produce quality information and analyses that are relevant and actionable.				
Total downloads of top 20 analytical reports	10,500	6,143	↓	Data collection processing was aligned with the new content management system.
Unsolicited media interest	200	334	↑	
Ad hoc media requests for information	62	58	↑	
New social media subscribers	1,560	1,055	↓	
Social media mentions	1,800	2,484	↑	
3. Improved Understanding and Use: CIHI will work with stakeholders to help them better understand, access and use our data and analyses in their day-to-day decision-making.				
Standard and complex data requests completed	75	79	→	In addition, 20 very complex requests were completed.
Standard and complex data requests completed within service standards	85%	90%	↑	Efforts are under way to reduce completion time for standard aggregate requests in order to meet the service standard target for this type of request.
Education sessions delivered	304	248	↓	A number of sessions were cancelled due to low enrolment and changing plans in program areas and jurisdictions.
Satisfaction with education sessions (good or excellent)	96%	97.2%	↑	
4. Deliver Organizational Excellence: CIHI promotes continuous learning and development, fosters an engaged workforce and strengthens accountability.				
Central Client Services response rates (within 2 days)	100%	90% (Client Support) 100% (Order Desk, Education)	↓	Lack of available resources led to 90% of Client Support requests achieving the 2-day target response rate.

Performance indicator	Q2 2015–2016		Change from Q2 2014–2015*	Notes
	Target	Actual		
Employee engagement (results from biennial 2015 employee survey)	5% above Hay Group norm	78% (engagement) 76% (enablement)	N/A	Results exceed both public sector and high-performing norms.

Note

* Trending is not filled in for indicators reporting for the first time or where data from 2014–2015 is not available.

More and better data

CIHI will enhance the scope, quality and timeliness of our data holdings.

Performance measures for this strategic goal are measured on an annual or other reporting basis. Therefore they are not a part of the quarterly reports.

Relevant and actionable analysis

CIHI will continue to produce quality information and analyses that are relevant and actionable.

Downloads of analytical products (Top 20) from external website

The number of downloads depends on the type of product releases and the overall website traffic that may draw clients and stakeholders to specific products in any one quarter.

	Q1	Q2	Q3	Q4	Total	Target
2014–2015	6,232	6,322	9,115	8,973	32,386	42,000
2015–2016	**8,031**	**6,143***			**14,174***	**42,000**

Note

* Data collection started on July 4, 2015 to align with the new content management system. Due to settling in period for the new system, the number of downloads was lower when compared with previous years.

Media

Unsolicited media interest by type

Unsolicited media interest relates to those media mentions not associated with a traditional CIHI release or advisory. A change in media monitoring services means that fiscal years may not be entirely comparable.

Number of unsolicited mentions

In Q2 2015–2016, CIHI received on average 3.6 unsolicited mentions per day, which is slightly higher than the 3.3 average in Q2 2014–2015.

	Unsolicited mentions			
	Print and online	Broadcast	Total	Target
Q2 2014–2015	291	14*	305*	313
Q2 2015–2016	**297**	**37***	**334***	**200**

Note

* Underestimate due to broadcast coverage limitations (we do not have comprehensive coverage of radio broadcasts, although this issue is being addressed).

An example of unsolicited media interest:

> September 22, 2015 – National Post
>
> Rush of human traffic in Canadian operating rooms could expose patients to 'disastrous' bacterial infections
>
> *Hip and knee replacements are among the most frequently performed operations in Canada, accounting for more than 104,800 surgeries combined in 2012-2013, according to the* ***Canadian Institute for Health Information****. According to the Quebec researchers, "Infection following total joint arthroplasty remains a disastrous complication for both the patient and surgeon."*

Number of ad hoc media requests for information

Ad hoc requests for information in Q2 2015–2016 increased significantly compared to Q2 of last fiscal year. In general, the number of requests tends to fluctuate widely based on other stories and developments the media may be focusing on at any point in time.

	Ad hoc media requests	Target
Q2 2014–2015	37	62
Q2 2015–2016	**58**	**62**

Here's an example of an ad hoc request:

> From: Janet French, The Star Phoenix
>
> Sent: September 4, 2015 2:16 PM
>
> *I've been searching your website for reports on childhood injuries in Canada. Would you mind directing me to the most recent report you know of that contains some details about the nature, cause, and location of childhood injuries?*

Social media

Social media subscriptions

	Number of new social media subscribers					
	Twitter	Facebook	LinkedIn	Other*	Total†	Target
Q2 2014–2015	539	102	485	23	1,149	N/A
Q2 2015–2016	**534**	**105**	**395**	**21**	**1,055**	**1,560**

Notes

* Other includes YouTube and Pinterest.

† The rate of growth in CIHI's social media communities is usually higher in Q3 and Q4 due to the Twitter and Facebook advertising campaigns that take place during these time frames

Number of social media mentions

The total number of mentions in Q2 2015–2016 increased significantly over the same period last fiscal year primarily because CIHI published more posts and because CIHI's online community is larger, which provides a larger pool of potential sharers. The higher number of mentions may also reflect a perceived increase in the quality of CIHI posts as stakeholders considered the content more "share-worthy."

Despite more mentions, there were fewer brand impressions compared to Q2 of last fiscal year. This is likely because CIHI benefitted from a few sharers who had very sizeable followings last year – for example, one bariatric surgery related account, with over 400,000 followers, retweeted a CIHI post, which significantly added to the number of brand impressions.

	Number of social media mentions					
	Posts by CIHI			CIHI mentions by others*		
	Twitter	Facebook	LinkedIn	Total	Target	Brand impressions†
Q2 2014–2015	279	27	N/A	1,605	1,800	4,239,948
Q2 2015–2016	**339**	**35**	**13**	**2,484**	**1,800**	**3,775,152**

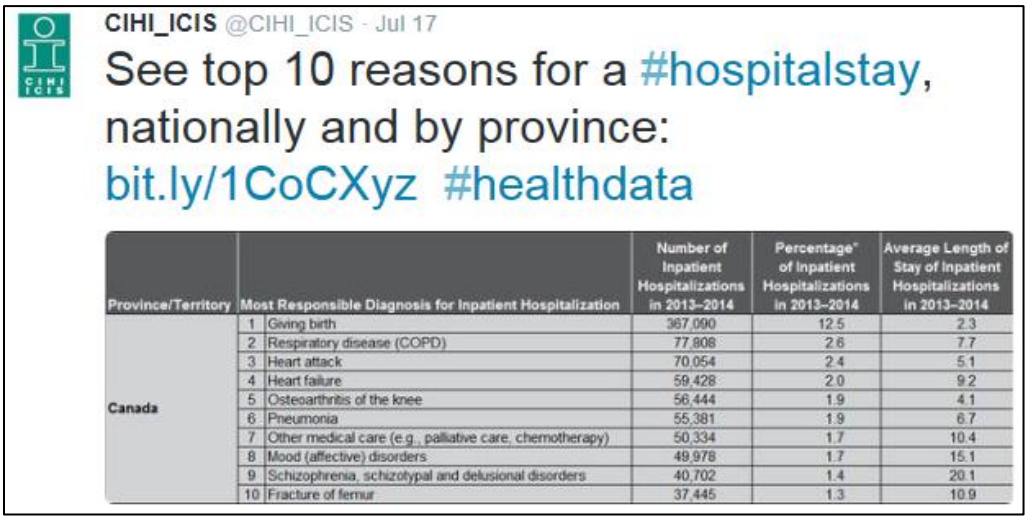
Notes

* Mentions by others are defined as any post that refers to either CIHI or the Canadian Institute for Health Information, or that contains a link to CIHI content.

† Brand impressions are the number of times that CIHI content appears on social media — Twitter, Facebook, LinkedIn, blogs or comment boards. For example, if a person with 500 followers posts 1 tweet about CIHI, that tweet is published on 500 pages, resulting in 500 brand impressions.

Engagements by others are defined as clicks, shares, replies, likes and favourites.

The following post was the top Twitter performer in Q2 2015–2016. It received a total of 182 engagements.



Province/Territory		Most Responsible Diagnosis for Inpatient Hospitalization	Number of Inpatient Hospitalizations in 2013–2014	Percentage* of Inpatient Hospitalizations in 2013–2014	Average Length of Stay of Inpatient Hospitalizations in 2013–2014
Canada	1	Giving birth	367,090	12.5	2.3
	2	Respiratory disease (COPD)	77,808	2.6	7.7
	3	Heart attack	70,054	2.4	5.1
	4	Heart failure	59,428	2.0	9.2
	5	Osteoarthritis of the knee	56,444	1.9	4.1
	6	Pneumonia	55,381	1.9	6.7
	7	Other medical care (e.g., palliative care, chemotherapy)	50,334	1.7	10.4
	8	Mood (affective) disorders	49,978	1.7	15.1
	9	Schizophrenia, schizotypal and delusional disorders	40,702	1.4	20.1
	10	Fracture of femur	37,445	1.3	10.9

The following post was the top Facebook performer in Q2. It received 689 engagements, which included 60 likes and 81 shares reaching at least 6,188 people.

Improved understanding and use

CIHI will work with stakeholders to help them better understand, access and use our data and analyses in their day-to-day decision-making.

Data request activity

An area of focus for the organization is improving access to CIHI's data and reports for our clients and stakeholders through the development of better access tools. Service standards are CIHI's commitment to provide good-quality services that incorporate the principles of accessibility, responsiveness, timeliness and accountability.

The data request tracking tool (DaRT) captures information on all custom data requests received from external clients. The service standards for this program are based on the type (i.e., aggregate or record-level) and complexity of the data request.

Level of complexity	Description	Service standard* (85% completed)	
		Aggregate	Record-level
Standard	Minimal or internal consultation only. Data readily and easily available.	10 working days	20 working days
Complex	Moderate levels of consultation and new programming. Data sourced from a single data holding.	20 working days	40 working days
Very Complex	High level of consultation and new programming. May involve linkage of data records across CIHI data holdings, moderate to high involvement from several CIHI teams and approvals from stakeholders external to CIHI.	Service targets are negotiated on a case by case basis.	

Note

* The service standard covers the time period between receipt of a client's completed data request form by the CIHI program area and release of the data to the client — the date of formal request until the date of data release.

Completed data requests

In Q2 2015–2016, CIHI completed 79 standard and complex data requests, compared to 80 in Q2 of the previous fiscal year. A total of 48 aggregate requests were completed, 16% fewer than in Q2 of the previous year. A total of 31 record-level requests were completed, an increase of 35% from Q2 of last fiscal year.

In addition, 20 very complex requests (12 aggregate and 8 record-level) were completed in Q2 2015–2016, compared to 12 in Q2 2014–2015. Timelines for very complex requests are negotiated with the client on a case-by-case basis.

	Completed standard and complex data requests							
	Aggregate				Record-level			
			Variance				Variance	
	2014–2015	2015–2016	#	%	2014–2015	2015–2016	#	%
Q1	54	46	(8)	(15%)	36	21	(15)	(42%)
Q2	57	48	(9)	(16%)	23	31	8	35%
Total	**111**	**94**	**(17)**	**(15%)**	**59**	**52**	**(7)**	**(12%)**

Data request turnaround time

The performance target is for 85% of external custom data requests to be completed within the service standard.

Type of request	Q2	Number of requests		
		0–10 days turnaround time*	11–20 days turnaround time*	21 days and over turnaround time*
Aggregate — Standard	2014–2015	22	3	1
	2015–2016	**18**	**3**	**1**
Type of Request	**Q2**	**0–20 days turnaround time***	**21–40 days turnaround time***	**41 days and over turnaround time***
Aggregate — Complex	2014–2015	25	3	3
	2015–2016	**23**	**2**	**1**
Record-level — Standard	2014–2015	12	2	0
	2015–2016	**13**	**0**	**0**
Record-level — Complex	2014–2015	8	1	0
	2015–2016	**10**	**7**	**1**

Note

* Data request turnaround time is calculated as the time period from the date of request to the date of release.

Source

Data request tracking tool (DaRT).

Overall, the performance target was met in Q2 2015–2016, with 90% (71 of 79) of data requests completed within the service standard. Efforts are being made to continue to enhance the completion time of the aggregate requests to meet the service standard target.

	Standard and complex data requests completed to service standard	
	Aggregate	Record-level
Standard	82% (18)	100% (13)
Complex	88% (23)	94% (17)
Overall	**90% (71)**	

Education

It is important to illustrate the value of CIHI's Education program as part of CIHI's ability to deliver on and respond to clients' needs.

Education and outreach sessions delivered by modality

In Q2 2015–2016, 248 education and outreach sessions were delivered, compared to a planned target of 304 sessions. A variance of 5-10% is typical for this indicator. The 18% variance in Q2 can be attributed to changing program area and jurisdictional plans as well as cancellation of some sessions with low enrolments. Review of enrollment and evaluations trends, in consultation with program areas, resulted in retirement of some courses from the inventory. A review of proposed deliverables for the second half of the year will re-align targets.

	Number of sessions delivered					
	Workshop	Web conference	Self-study	Outreach*	Total	Target†
Q1 2015–2016	8	22	222	0	252	304
Q2 2015–2016	13	16	219	0	248	304
Total	**21**	**38**	**441**	**0**	**500**	**608**

Notes

* Outreach includes products that are not considered a formal Education course.

† Target is the number of sessions that should go ahead as planned, anticipating <5% cancellation.

Education evaluation — all modalities

The chart below summarizes client evaluations for CIHI Education courses delivered in Q2 2015–2016. CIHI's Education program continues to receive very strong ratings in client satisfaction across all modalities.

	Q2 2015–2016				YTD
Evaluation rating*	Workshop	Web conference	Self-study	All modalities†	All modalities
Recommend to others	100%	97.3%	95.5%	97.6%	96.9%
Practical	100%	100%	98.5%	99.5%	98.7%
Relevant	100%	98.2%	99.5%	99.2%	98.8%
Essential	93.8%	92.8%	90.5%	92.3%	94.3%
Average	**98.4%**	**97.1%**	**96.0%**	**97.2%**	**97.2%**

Notes

* Percentage of respondents rating CIHI's educational offerings as good or excellent.

† All modalities include workshops, web conferences and self-study.

Organizational excellence

CIHI promotes continuous learning and development, fosters an engaged workforce and strengthens accountability (response to client needs).

ITS responsiveness to client needs

Response rate of Central Client Services

Client support numbers reflect client queries related to access to secure products/services and onboarding/offboarding facilities. Order desk numbers reflect the number of orders that were filled through the order desk, for both electronic and manual orders.

The target is 100% initial response rate within 2 working days. This target was met for Order Desk and Education requests. Lack of resources in the summer months contributed to the 90% response rate for Client Support.

Client service	Number of requests		Response rate
	Q2 2014–2015	Q2 2015–2016	
Client Support	10,420	**13,369**	90%
Order Desk	276	**272**	100%
Education	1,646	**1,114***	100%

Note

* Reflects July volumes only. Due to a change in team structure, Education support metrics are now included in Client Support.

Engaged workforce

CIHI conducted its biennial employee survey in June 2015. The survey was modified this year to enhance our understanding of how we are optimizing the effectiveness of employees, as engaged and enabled employees contribute to our success. The survey allows us to identify areas of improvement based on employees' perceptions, provide formal feedback for employees on engagement and enablement, and measure future progress with the provided baseline.

The results provided an excellent snapshot of employee views with a very high response rate of 93%. Overall results on the modified survey show a favourable pattern and show strong improvement. Results continue to paint a picture of a highly effective organization with overall engagement at 78% and enablement at 76%, exceeding both public sector and high-performing norms.

CIHI Performance measurement framework, 2015 to 2018