



# CIHI's Annual Report

2021–2022



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé

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# About CIHI

The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential information on Canada's health systems and the health of Canadians.

Health information has become one of society's most valuable public goods. It informs policy, management, care and research, leading to better, more equitable health outcomes for all Canadians.

CIHI has earned the trust of health systems as the main gatherer, packager and disseminator of information. To succeed in this role, we have evolved to be both knowledge leaders and service providers — in tune with the health systems' needs while setting the pace on data privacy, security, accessibility and innovation.

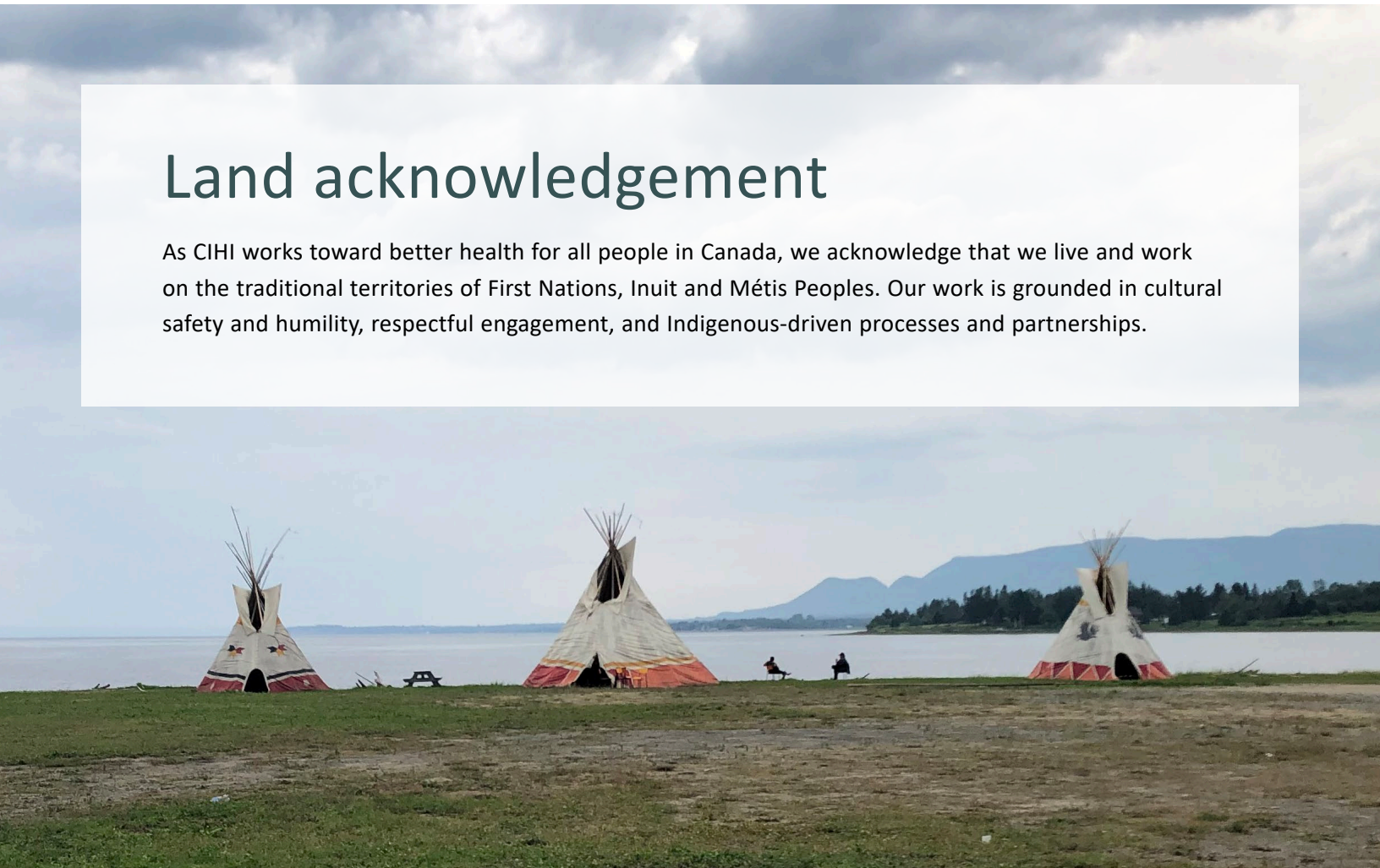
We are facing rapid change from a place of strength, thanks to the expertise, curiosity and integrity of our people, collaborating with stakeholders at every level throughout Canada's health systems.

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**Better data. Better decisions. Healthier Canadians.**

## Land acknowledgement

As CIHI works toward better health for all people in Canada, we acknowledge that we live and work on the traditional territories of First Nations, Inuit and Métis Peoples. Our work is grounded in cultural safety and humility, respectful engagement, and Indigenous-driven processes and partnerships.



# Message from CIHI's Board Chair and President

No one could have predicted the depth to which COVID-19 would touch each of our lives when that term first entered our vernacular in 2020. As we start the third year of working in and living with pandemic conditions across the country, this virus continues to have widespread impacts on Canadians and on the health care they receive. It's clear that recovery and resilience will be a marathon, not a sprint.

As an institution trusted to provide essential information on Canada's health systems and the health of Canadians, CIHI continues to deliver timely, relevant, meaningful work on high-priority issues. This includes our response to COVID-19, which you can read about in this report, including data to support decision-makers on such unintended consequences as impacts on mental health and long-term care, as well as important insights into virtual care, home care and other emerging health priorities.

The pandemic has forced us to pivot to find innovative ways to engage with and inform our stakeholders, including webinars and podcasts. In broadening our digital resources, we launched a new secure access environment that elevates the safe and efficient use of our health data to new levels. All of this has helped to strengthen our collaborations with federal, provincial/territorial and pan-Canadian health organization partners, and to share and leverage our joint expertise.

We couldn't have achieved such success without the incredible work of our CIHI team. We are so proud of our employees — nearly 800 strong — who have again shown resilience, strength and dedication to our mission in another challenging pandemic year.

It's been another year of evolving public health stipulations and general unease, which certainly affects the lives of our team members. That includes the strain on mental health, which we recognize as a key challenge amid the pandemic, and for which employers must serve as support systems. To that end, we remained focused on supporting staff through change, including the transition to our new hybrid work environment.

Over the past year, the organization has continued to make strides toward inclusivity. We've focused our efforts — led by employees, stakeholders and patient partners — on equity, diversity and inclusion to ensure we lead a culturally sensitive workforce. This occurs through learning, through educating others and through thoughtful, proactive action. There is no better example than the commitment to Indigenous learning we are upholding that fosters cultural safety and humility.

The pandemic is a massive focus for all our partners in health care across the country. In many ways, it has demonstrated the urgent need for [integrated health system data](#) — an area where CIHI can play a foundational role — which has sparked a necessary national discussion. With CIHI's new strategic plan as our guide, we are well positioned to play a key role in the health data infrastructure in Canada. We will build on our past successes and continue to be a reliable, trusted resource for both health experts and all Canadians.

Thank you to our Board and our partners for their support, and to Canada's legion of health care workers who continue to perform above and beyond in providing care in the midst of a pandemic.



*Vivek Goel*

**Dr. Vivek Goel**  
Board Chair



*David O'Toole*

**David O'Toole**  
President and CEO

# Our accomplishments

## Be a trusted source of standards and quality data

### CIHI data paints a picture of the pandemic's impact

CIHI exists to measure and report on national health data, and the global health crisis over the past 2 years has proven how invaluable such information is.

During the COVID-19 pandemic, CIHI has been asked to coordinate with the federal and provincial/territorial governments to identify information that will help system leaders manage the outbreak. Our pan-Canadian lens and breadth of data helped our stakeholders understand the situation and the needs of each province and territory. For instance, jurisdictions wanted to compare their wait-lists with those of others and to consult with jurisdictions that were faring better to help them determine how to get through a backlog of surgeries and other procedures.

With our wealth of data, we could quickly see how things were changing as the pandemic evolved. We were also able to see how different the landscape was looking as institutions across the country responded to the unexpected.

### CIHI analysis reveals a pandemic's impact

From March 2020 through June 2021, Canada experienced 3 waves of the COVID-19 pandemic. CIHI performed an analysis on changes and system impacts during this period (compared with the pre-pandemic year of 2019), across 5 distinct topics.



Here are selected findings (more data and context are available on our [COVID-19 resources web page](#)):

## Canadians avoided emergency departments

- There were 9,300 fewer daily visits (down 22%).
- Visits for children age 0 to 4 dropped by 50% per month.
- Visits for youth age 5 to 19 dropped by 38% per month.

## Surgeries and specialized hospital services were deeply impacted

- 560,000 fewer surgeries were performed.
- Inpatient admissions were down 11% overall, but there was an average increase of 3,000 admissions each month for respiratory conditions.
- By April 2021, 87% of respiratory admissions to the intensive care unit (ICU) were for COVID-19.

## Physician services experienced a shift

- Surgeon activity in April 2020 dropped between 41% and 60% (variable by jurisdiction), compared with April 2019.
- Family physicians provided between 27% and 57% of consults and visits virtually (variable by jurisdiction).





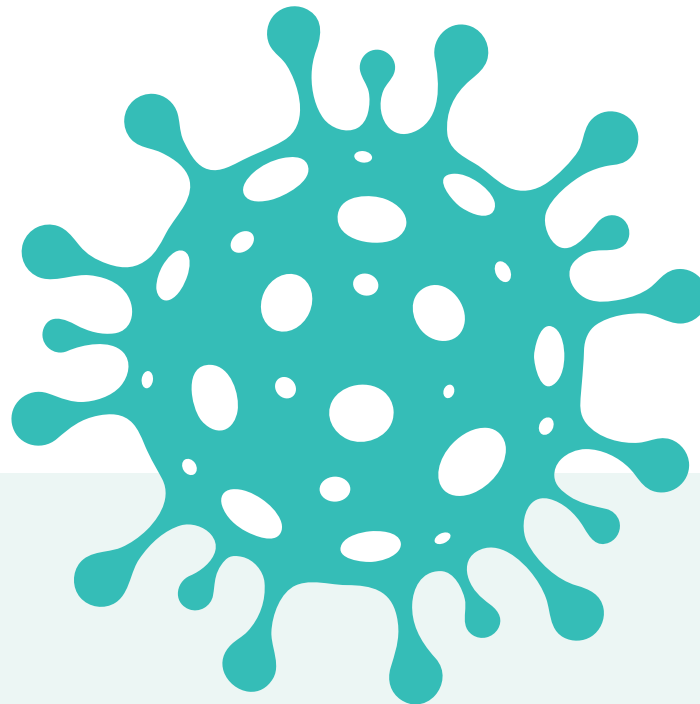
## Long-term care was disproportionately affected

- Jurisdictions experienced peaks in infections and deaths at different times.
- Long-term care (LTC) resident deaths were higher than expected in waves 1 and 2.

## There were unintended consequences

- Hospitalizations for harms
  - Caused by substance use rose by 9%; and
  - Caused by alcohol rose by 10%.
- There was a rise in ED visits and hospitalizations for
  - Opioid-related harms (36% and 30%, respectively);
  - Cannabis-related harms (14% for both); and
  - Self-harm for females age 10 to 24 (10% and 12%, respectively).

As the pandemic continues, CIHI data is a key input in the ongoing exercise of understanding the effects of COVID-19 and building resilience for the future. The learnings from CIHI data during waves 1, 2 and 3 are valuable for health care system leaders seeking to adapt their responses to COVID-19. In this way, we help with capacity-building across Canada and serve to galvanize change with our publicly reported metrics.



## Analyzing the financial toll of a pandemic on health care

As the COVID-19 avalanche spread through Canada and put a phenomenal strain on health care systems, leaders turned to CIHI to understand its economic toll.

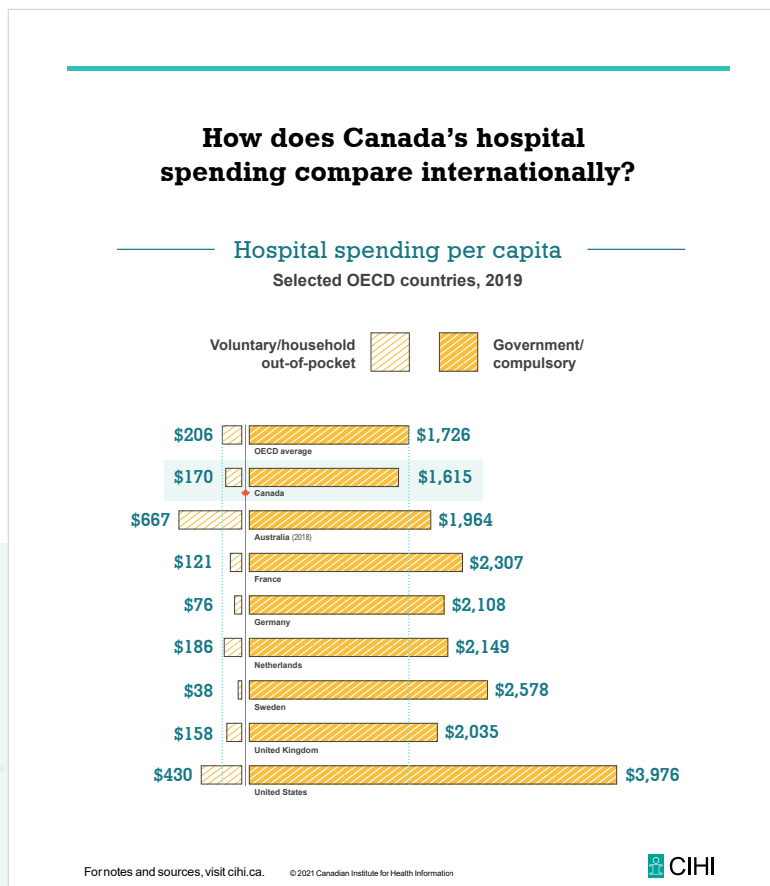
In summer 2021, we released a hospital spending report that crystalized the extraordinary fiscal challenge at hand. Through statistical comparison, the impact is clear.

### Approximate average cost of hospital stay (per patient)

Cost	COVID-19	Heart attack	Pneumonia
All	\$23,000	\$7,000	\$8,000
With ICU stay	\$50,000	\$8,400	\$22,000

Such glaring findings highlight a key point about COVID-19: if you were sick enough to be treated in hospital, it meant you were very ill. This was not comparable to having the flu. In fact, the average cost of treating 1 COVID-19 patient was in the vicinity of the cost to perform a single kidney transplant (\$27,000).

COVID-19 patients were sicker and in hospital longer than patients with nearly all other health conditions. 1 in 4 required an ICU stay. The average length of stay in hospital was 15 days — more than double the time for patients with pneumonia.



CIHI's data provided the first glimpse of the fiscal toll COVID-19 was taking. While it garnered national media attention, it was also relevant information for stakeholders at exactly the right time.

## Vital intel underscores a sprint and a marathon

Inside CIHI's National Health Expenditure Trends report, the 2021 story was one of both a sprint — as policy-makers dealt with emergency responses — and a marathon — as they assessed underlying trends that would affect budgets and priority areas of focus moving forward.

Our data revealed a huge spike in spending in 2020 due to COVID-19 as the focus remained entirely on the sprint. In the transition year of 2021, our data showed a shift to an equal focus on emergency response and on resilience planning for health care systems. Key areas for the latter — that marathon — included an aging population, the threat of future crises, and how technology, innovation and virtual care would rise in prominence.

Such information is invaluable for CIHI's stakeholders. No other organization reports on spending trends in Canadian health care, and in the face of a black swan event such as a global pandemic, financial sustainability is vital for future planning. There are finite resources and areas of great demand, including non-hospital sectors such as long-term care and primary care. CIHI's data-driven metrics can support investment decisions in all jurisdictions moving forward.

## Looking ahead

In next year's National Health Expenditure Trends report, CIHI will determine where pandemic investments tended to go and which areas of health care received less attention as a result. These statistics will support policy-makers who are busy recasting financials not as costs to be contained but as investments that allow people to stay healthy and economies to grow.



### New in knowledge sharing

This year, CIHI hosted a special panel discussion about the fiscal sustainability of Canada's health care systems. Experts in health statistics, data, economics and finance contributed to a lively discussion.

## Taking aim at priority populations and knowledge gaps across Canada

At CIHI, we take steps to ensure that our indicators, data and reports comprehensively cover the most important focus areas for our stakeholders.

To that end, our Thematic Priorities unit consults with health system experts and leaders across Canada on the key populations they need to understand better in order to optimize care. Many of these populations are part of the [Shared Health Priorities](#) endorsed by federal, provincial and territorial governments.

To date, we've completed nearly 50 projects designed to fill knowledge gaps in priority populations identified in CIHI's 2016 to 2021 strategic plan. Key projects and themes include the following:

### Seniors and aging

- Indicators to measure access to home and community care, including caregiver distress, home care wait times, and LTC residents who could have been cared for at home
- In-depth analyses on access to palliative care, the impact of dementia and seniors in transition
- CIHI Hospital Frailty Risk Measure to characterize this risk among seniors

### Mental health and substance use

- Indicators to measure access to services in these areas, including hospital stays for substance use, and wait times for community mental health counselling and self-harm (including suicide)
- In-depth analyses on opioids
- *Health System Resources for Mental Health and Addictions Care in Canada*

### Children and youth

- In-depth analyses on caring for mental disorders, on medical complexity in Canada, and on hospital stays for harm caused by substance use

### First Nations, Inuit and Métis Peoples

- *Measuring Cultural Safety in Health Systems* — a new framework in this area, plus a list of potential indicators, to guide future reporting

Other health information priorities include equity, community and primary care, health systems, the health workforce and virtual care. For all thematic priorities, CIHI delivers high-quality, reliable information that stakeholders can use to make sound decisions.

The impact of COVID-19 has made most priority areas even more pressing and in need of data-driven attention, as many existing challenges have been exacerbated. Our teams collaborate with stakeholders to keep a watchful eye on what new indicators may become high-value, such as those in the areas of virtual care and health system capacity.

As indicators are published, they initially provide a baseline against which to track improvements. Over time, they start to tell a clearer story about access to care across Canada and to pinpoint gaps in service that need to be addressed for the health of patients and families.


 NEW

## Indicators introduced this year

- Wait Times for Community Mental Health Counselling (May 2021)
- Wait Times for Home Care Services (May 2021)



## Measuring frailty in hospitals

In December 2021, we released our [Hospital Frailty Risk Measure](#) to support care planning and resourcing for seniors (age 65 and older) in hospitals. Health system planners, decision-makers, care delivery managers and health researchers now use it to inform models of care for this target population, advance quality improvement efforts, and improve outcomes for those at risk of frailty in acute care settings.

## Incorporating the patient perspective at all levels

Understanding the patient experience is integral to improving patient-centred care. CIHI strives to bring the voice of patients, families and caregivers into all our work, as they bring our data to life.

We are committed to learning from patient journeys and applying those learnings in meaningful and actionable ways to our projects. Patient partners make data critically understandable, thus making it as impactful and relevant as possible to health care leaders at all levels.

To better drive patient engagement throughout CIHI, we run community of practice learning forums for our staff, co-hosted with patient partners who share their perspectives. We have patient advisory groups in place who share their experiences in one-on-one interviews, focus sessions and surveys. The Patient Engagement team not only facilitates these efforts but also highlights all considerations that lead to CIHI operating at a best-practice level.

Patients offer a unique insight that helps us to understand our data. Their lived experiences help to explain our findings and ensure that our work remains relevant to decision-makers at all levels of health care.



### Have a question or want to be involved?

Email us at [patientengagement@cihi.ca](mailto:patientengagement@cihi.ca).

### Several projects in the works

More than 20 projects are currently underway in partnership with a diverse set of patients whose perspectives bring invaluable context to the data. They are directly involved in standards and indicator development, analysis and reporting, capacity-building, strategy and governance, and communications. They are also involved at all stages of a project, from defining the scope of work and analyzing data to telling the story publicly.

Among the highlights are key areas within the [Shared Health Priorities](#) portfolio. Canadians with lived and living experiences have played vital roles in informing updates to indicators on often-sensitive issues, including

- Hospital Stays for Harm Caused by Substance Use
- Frequent Emergency Room Visits for Help With Mental Health and/or Addictions
- Self-Harm, Including Suicide
- Hospital Stay Extended Until Home Care Services or Supports Ready
- Caregiver Distress
- New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home

The [impact of COVID-19 on the patient experience](#) has been a timely piece. For this we turned to a standardized hospital survey that helps CIHI collect patient-reported experience measures ([PREMs](#)). Our inaugural report on the topic — based on data from hospitals in Ontario, Manitoba and Alberta between April 2020 and March 2021 — revealed strong efforts by hospital staff despite the conditions.

Findings included the following:

- Two-thirds (65%) of patients reported having had a positive hospital experience despite the pandemic.
- Most patients rated their experience communicating with doctors and nurses positively, similar to ratings in pre-pandemic years.
- Half of patients reported that their family or friends were adequately involved in care decisions (down from 69% the previous year), likely due to visitor restrictions

Overall, despite radical transformation of health care systems, patients' assessments of their own experience were positive, as providers maintained a high standard of care. With further investigation, we can unearth strategies on how to adjust services and deliver patient-centred care efficiently no matter the circumstances.



## Patient partner perspective: Laurie Proulx

**For over 25 years, Laurie Proulx has lived with juvenile rheumatoid arthritis, which has impacted all facets of her life. To her lasting credit, Laurie has put time and energy into advocacy for education, policy and health research — particularly at the Canadian Arthritis Patient Alliance where she serves as vice president. She is currently a patient partner at more than 10 health organizations, including CIHI.**

“Patient voices are unique in that they bring on-the-ground perspectives that can influence decision-making for the better,” Laurie says. “There is so much to be learned if organizations listen and create the space and environment for patient partners to share their often-vulnerable experiences.”

She commends CIHI’s willingness to do so, and is comfortable being open and honest about her sometimes difficult experiences in the health care system. “I feel that CIHI has taken the time to learn, reflect and thoughtfully consider how patient partnership fits, and to teach their staff about how to engage meaningfully.”

Laurie is particularly drawn to CIHI’s patient engagement community of practice, which is a forum co-created by patients and staff to help instill their voice in CIHI’s work. Over the years, she says she’s seen a rise in the number of projects and resources that involve patient partners from conception to completion.

“I feel that CIHI staff appreciate our insights and candour, which I take to mean that patient advisors are changing hearts and minds,” Laurie says. “Engaging patients means building relationships and setting the foundation for us to be a meaningful part of decision-making here.”

## Other accomplishments

### **CIHI helps Shared Health Manitoba and Manitoba Health understand COVID-19 hospitalization rates, and the impact on surgeries and diagnostics in Manitoba**

We conducted a custom analysis to understand comparative provincial COVID-19 hospitalization census rates and corresponding reductions in surgical volumes in waves 2 and 3 of the pandemic, to help with planning for post-pandemic recovery.



The main finding was that Manitoba had the highest per capita COVID-19 hospitalization rate of all provinces and also had the largest reductions in surgical volumes in waves 2 and 3. Shared Health Manitoba and Manitoba Health combined CIHI's report with local data to confirm the timing and level of impact of COVID-19 hospitalizations on surgical volumes in Manitoba.

CIHI's results complemented local data and experience, which had already led to the establishment of Manitoba's Diagnostic and Surgical Recovery Task Force to address the backlog in services that resulted from the COVID-19 pandemic.

### **CIHI data helps Labrador–Grenfell Regional Health Authority improve client outcomes across LTC, ALC, and patient safety and quality**

Using CIHI's performance indicators, Labrador–Grenfell Health identified high rates of usage of antipsychotics and restraints, and high rates of falls in LTC. Also, Labrador–Grenfell Health observed a sharp spike in alternate level of care (ALC) use from 2020–2021 to 2021–2022, which brought challenges in acute care facilities related to ALC clients, especially older adults.

To improve outcomes, Labrador–Grenfell Health took the following actions to lower rates for the inappropriate use of antipsychotic medications:

- Ensured medications are not used inappropriately by conducting an in-depth review of medications on admission;
- Developed a protocol for assessing, describing and monitoring inappropriate use of antipsychotic medications; developed a policy on inappropriate use of antipsychotic medications; and developed alternate ways of promoting mental health;
- Provided orientation and ongoing education for LTC employees; and
- Regularly monitored and reviewed the use of antipsychotic medications.

To lower the rates of restraint use, a policy was developed and put in place.

To lower the rates of falls, a policy was developed and put in place alongside orientation and ongoing education for employees.

Labrador–Grenfell Health decision-makers are using CIHI's ALC data to gain a better understanding of this population to improve client outcomes.

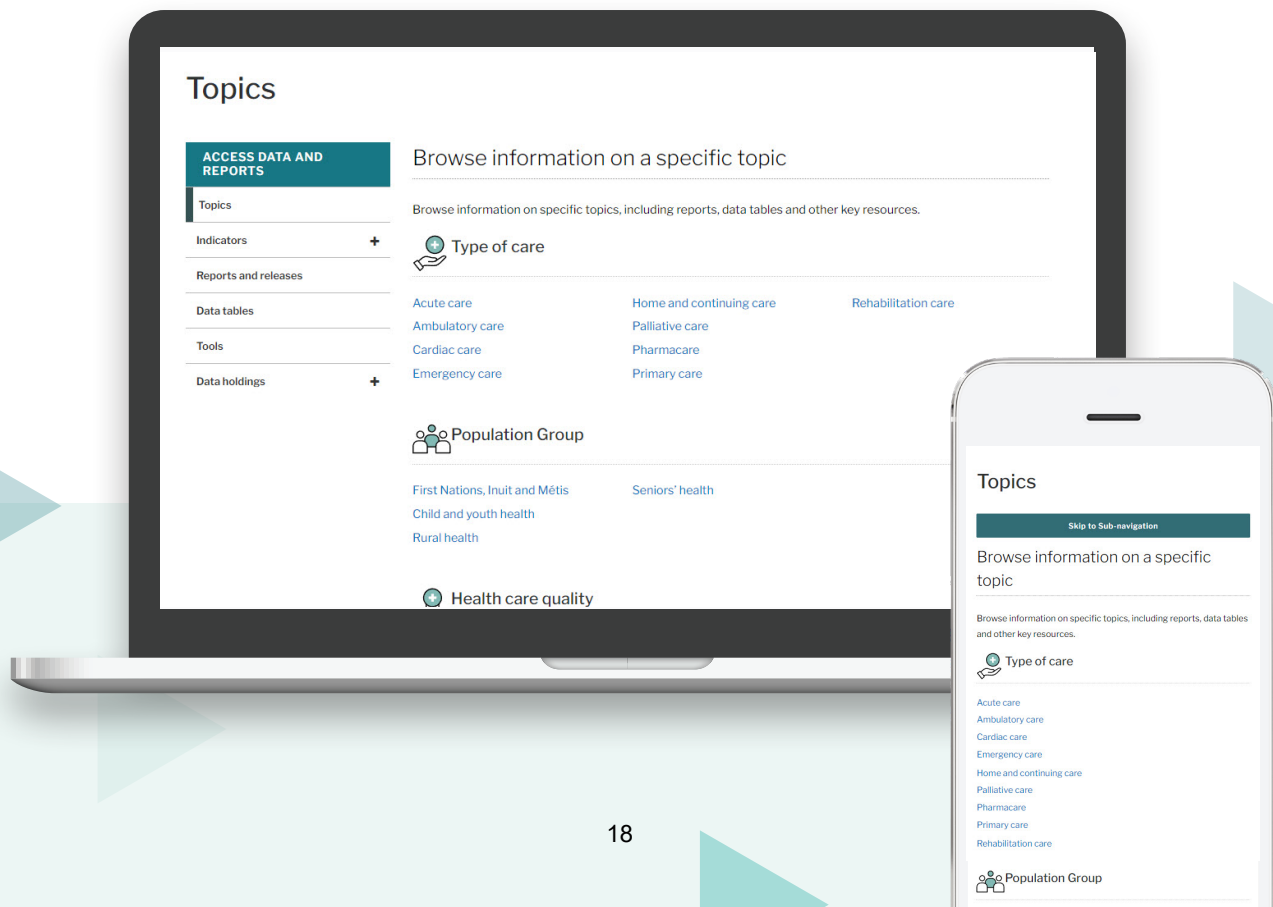
Labrador–Grenfell Health was able to set annual targets to decrease the use of antipsychotic medications and restraints and the incidence of falls in LTC. Labrador–Grenfell Health is currently reviewing and improving discharge planning processes to reduce the number of ALC clients in acute care facilities.

# Expand analytical tools to support measurement of health systems

## Enabling greater access to health information

Stakeholders rely on CIHI data because it is high quality, unbiased, standardized and rigorously reviewed. Ministries of health and health care institutions across the country trust our reports and use them to monitor their own health system performance, to compare with their peers' performance and, critically, to plan for the future.

To make such information as accessible as possible to every stakeholder, we are transforming CIHI's online reservoir of data into a one-stop shop for tools and products. This move stems from CIHI's overall pursuit of innovation and improved connections that allow us to serve stakeholder needs more quickly and efficiently.



Users of [cihi.ca](https://cihi.ca) can confidently search in 1 spot for the precise report, data table or indicator they need to guide their next decision, plan or policy. Here are 3 key transformations that took place in the past year:

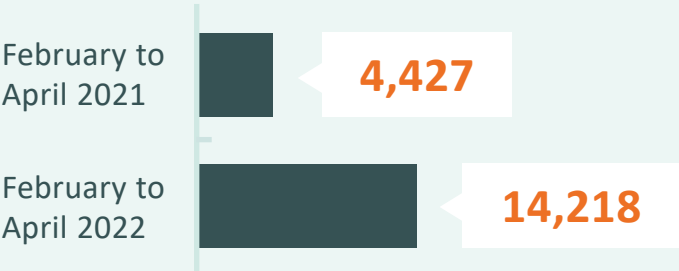
- **Indicator metadata:** Previously, this data was organized on microsites separate from the main website. Now, users can search [cihi.ca](https://cihi.ca) for [indicator information](#), and each indicator is packaged together with results and methodology. This helps stakeholders better interpret what they are seeing, understand the rationale and directly apply it to their work.
- **Searchable topics:** CIHI produces reports on particular topics, such as mental health or seniors' care, and these are now listed, by category, on a dedicated [Topics web page](#). From this single access point, users can easily find all of our reports, data tables and indicators related to the topic they're interested in. This type of grouping also allows users to see the full range of topics we report on.
- **New technology:** Our teams have devised a secure data platform that is able to integrate diverse information sources that sit within different databases. We began with the priority area of mental health and substance abuse, connecting previously siloed data from various sources such as hospitals, clinics and ambulatory care departments. As a result, we can perform analyses more efficiently, as well as gain an accurate look at the big picture. Meanwhile, we created new data visualizations to help users quickly decipher key information such as wait times.



## Proof in numbers

Making data more accessible has had immediate impacts. In a 3-month period in 2022, we had 221% more interactions with our indicators than in that same period in 2021.

## Indicators web page interactions



## **Secure access environment now in place for CIHI data**

As part of our modernization, CIHI launched a new secure access environment (SAE) in January 2022 that enables the safe and efficient use of our health data.

Through this new controlled system, authorized users can access record-level CIHI data within a secure, encrypted cloud environment. This represents a major step forward in minimizing any risk of data breaches and aligns our data security efforts with industry best practices.

Inside our virtual environment, only approved analysts can access data that has been vetted by CIHI staff for validated research projects. Administrative controls are in place to ensure that confidential information is not disclosed, in order to protect the privacy of individual patients.

## **Propelling research forward, safely**

It is predominantly academic researchers and system planners who work with CIHI data to support their own modelling, analyses and forecasting. Each data request must align with our privacy policy, demonstrate what the data is needed for and be tied to a project approved by an ethics review board.

With the SAE, CIHI can better serve the increasingly complex data linkage needs of researchers. This protected environment allows CIHI to absorb the burden of data security, freeing users to focus exclusively on their work. It also enhances collaboration among researchers at different universities and organizations, as they can work together and share their modelling work within the environment, resulting in more efficient projects.

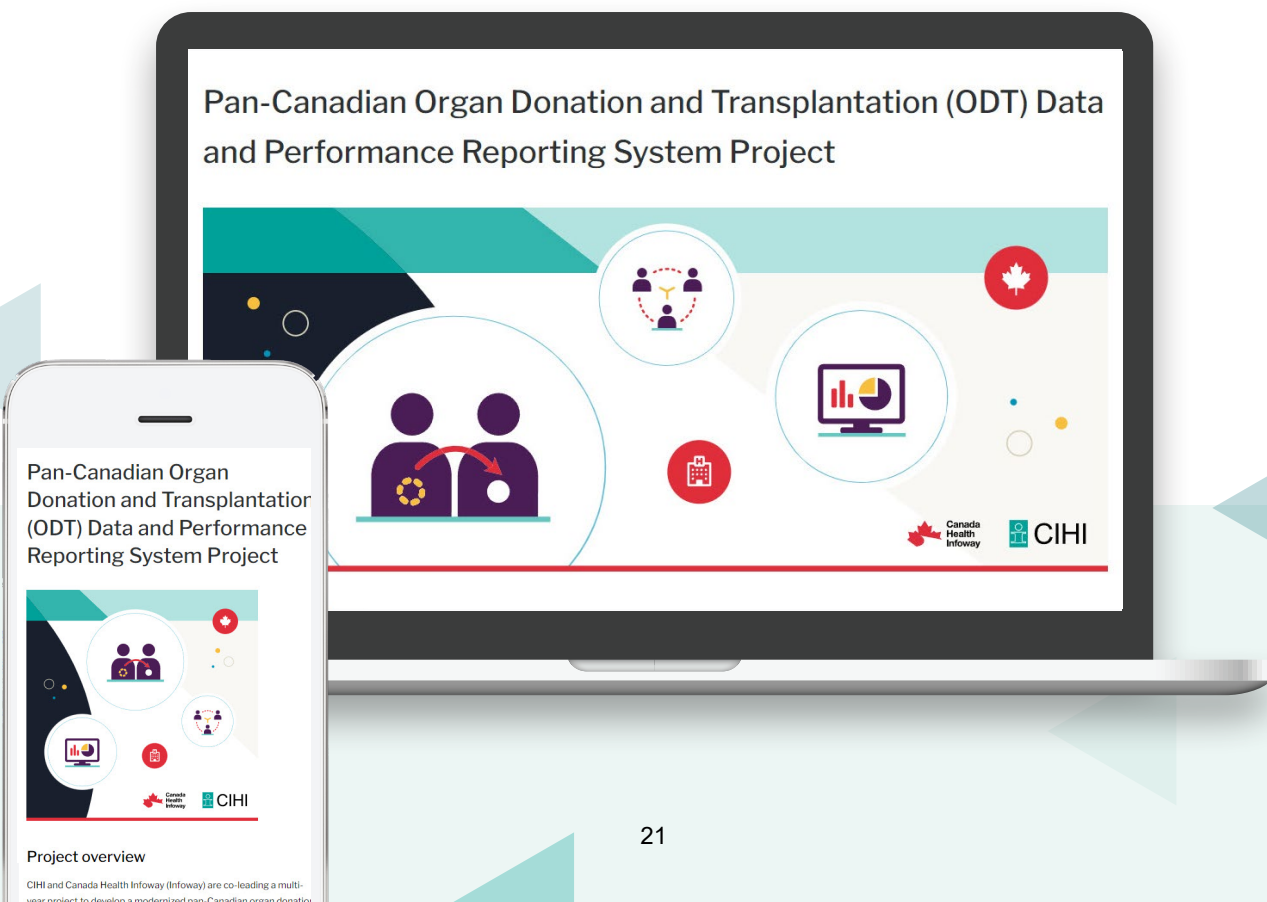
Our SAE is now a key part of Canada's health data infrastructure to help support data-driven planning, policy-making and innovation.

## CIHI and Canada Health Infoway co-lead project on organ donation and transplantation

As of December 2021, 4,043 Canadians were waiting for an organ transplant, yet only 2,782 received one. Tragically, 250 people died waiting.

Despite significant investments and improvements in organ donation and transplantation (ODT) practices, Canada is still not meeting the need for organ transplants. In fact, our rate of deceased organ donations lags behind that of other countries, and there remains significant variation across jurisdictions in organ donation rates and access to transplantation.

To address this, CIHI and Canada Health Infoway are co-leading a \$40.4 million project — the [Pan-Canadian Organ Donation and Transplantation \(ODT\) Data and Performance Reporting System Project](#) — funded by Health Canada over 5 years, with the goal to develop a modernized pan-Canadian organ donation and transplantation data and performance reporting system.



Such a system will support tracking progress toward improved equity of access. Better data can inform decision-making to increase the number of donors, decrease the number of missed opportunities in the system and increase access to transplantation for those who need it.

The ambitious project leverages the complementary strengths of both organizations and is one of the first partnerships of its kind for a project of this scope.

- **CIHI** brings its leadership in the development of data standards, managing national data holdings and indicator reporting. Our core strengths include experience with extensive pan-Canadian stakeholder engagement to develop health system performance indicators and new reporting tools, as well as our ability to connect linkages to other CIHI databases.
- **Canada Health Infoway** brings expertise in digital health solutions to modernize Canadian health care. This is imperative to address the current state of ODT in Canada, which uses older forms of communication and technology. A high-performing ODT system, instead, requires timely data exchange across jurisdictions. Infoway is leading the procurement, deployment and integration of data management solutions across the country focused on deceased donation, living donation and transplantation.

### Forging ahead despite a pandemic

Despite the ongoing challenges associated with COVID-19, this project moved forward with strong support from the ODT community. Progress to date would not have been possible without extensive stakeholder engagement through the project's expert advisory groups, which comprise provincial and territorial ministry of health representatives, clinical leaders, decision-makers and system operators from organ donation organizations and transplant centres, as well as patients, families and donors themselves.



This project was endorsed by the Federal/Provincial/Territorial Conference of Deputy Ministers of Health in June 2021, and joint presentations and co-sponsorships at 2 national conferences helped to raise awareness about CIHI-Infoway progress and garner additional support.

Looking ahead to 2022–2023, we will begin developing indicator methodologies in consultation with key ODT stakeholders, as well as finalizing requirements for building the new ODT reporting tools.



## The ODT indicators

A CIHI-led survey sent to over 375 stakeholders, followed by a series of virtual sessions launched in fall 2021, identified a priority set of ODT indicators for future CIHI reporting from the new ODT pan-Canadian repository under development. In parallel, CIHI developed preliminary data standards and minimum data sets for deceased donation, transplantation and living donation in order to report on these priority indicators. All of the ODT indicators can lead to improvements in outcomes, cost savings and quality of life.

Working in close collaboration with federal, provincial and territorial agencies, this initiative will improve consistency and quality of ODT data across Canada and will expand its use for decision-making. The new data and reporting systems will enable improvements in the supply of solid organs, access to transplantation services, and health outcomes for transplant patients and living donors.



**Dr. Joseph Kim**  
 Director, Kidney Transplant Program, Toronto General Hospital; and  
 Co-Chair, Health Canada's ODT Collaborative Data System Working Group

## Produce actionable analysis and accelerate its adoption

### Helping leaders solve health care dilemmas in rural Canada

Every rural community in Canada is distinct and each one varies from the next, often in very specific ways. This makes the delivery of health care services in these communities more complex and more nuanced than in metropolitan areas.

Canada's urban centres share similarities in terms of access to specialists, equipment and services. But in rural areas there is endless variation, on both qualitative and quantitative levels. Many elements — population demographics, town size, proximity to clinical centres, seasonal industries, cultural sensitivities and even access to roads — factor into local health care.



**About 1 in 5 Canadians live in rural areas,** which cover 95% of the country's landmass.



Rural health system leaders routinely face complicated decisions around the delivery of health services (e.g., investing in delivering a service locally versus building bridges to nearby towns). To help solve such dilemmas, CIHI is in a position to provide invaluable comparative insights and to facilitate key interprovincial connections.

Case in point: our Sparsely Populated Regions Advisory Group unites health system leaders in the 4 Western provinces and 3 territories. This group meets regularly to discuss evolving issues and urgent needs, which keeps CIHI well-versed on the challenges in rural regions.



## New guide launches

In 2021, CIHI launched the first [Rural Health Service Decision Guide](#) in collaboration with that advisory group and leaders in rural regions in Central and Eastern Canada. This resource presents a framework and systematic approach to determine whether to start, change or stop a local health care service.

The framework was generated collaboratively with input from both CIHI and from leaders in sparsely populated northern regions who know their people, area and culture.

Such decisions carry deep impact and are long-lasting. They are best made by reviewing available data and fully assessing population need, demand for service and alternative service options. For many busy health care leaders, though, time and resources are limited.



## Rural Health Service Decision Guide

June 2021

Our guide helps stakeholders objectively consider all angles to find the best and most practical solution to sustainably deliver rural health services. Key questions, such as the following, home in on clinical aspects and on the community itself:

- How many residents actually need this service?
- Is there a local provider who can deliver the service or would we need to recruit someone?
- Would this be an emergency situation or can someone be scheduled during normal business hours?
- What other team members might be needed?
- What is the history of health services here?
- What do residents expect?
- What is projected for the future?
- Should a role look different?

These types of questions can help build a case for or against a particular service (e.g., whether a local hospital should provide obstetrics services or orthopedic surgery), and help make decisions about service providers (e.g., how to manage the pending retirement of a community's only surgeon) and service delivery (e.g., how to adjust a service delivery model to address changing primary care needs).

Overall, our structured guide, backed by shared experience, is designed to help organizations of all sizes and needs uncover solutions quickly and focus decision-making during often-tumultuous times. Importantly, it also serves as a tool to help communicate thoughtful change to the public and have productive, fact-based conversations with local stakeholders and service providers.

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The framework in the guide really gave us a methodical way to identify any risks. While we're able to come up with the *what*, the framework has allowed us to dig into the *why* and has given us a path to guide the *how*.

Helga Bryant, RN, BScN, MScA  
Chief Executive Officer  
Northern Health Region, Manitoba





### Inside a remote Manitoba community

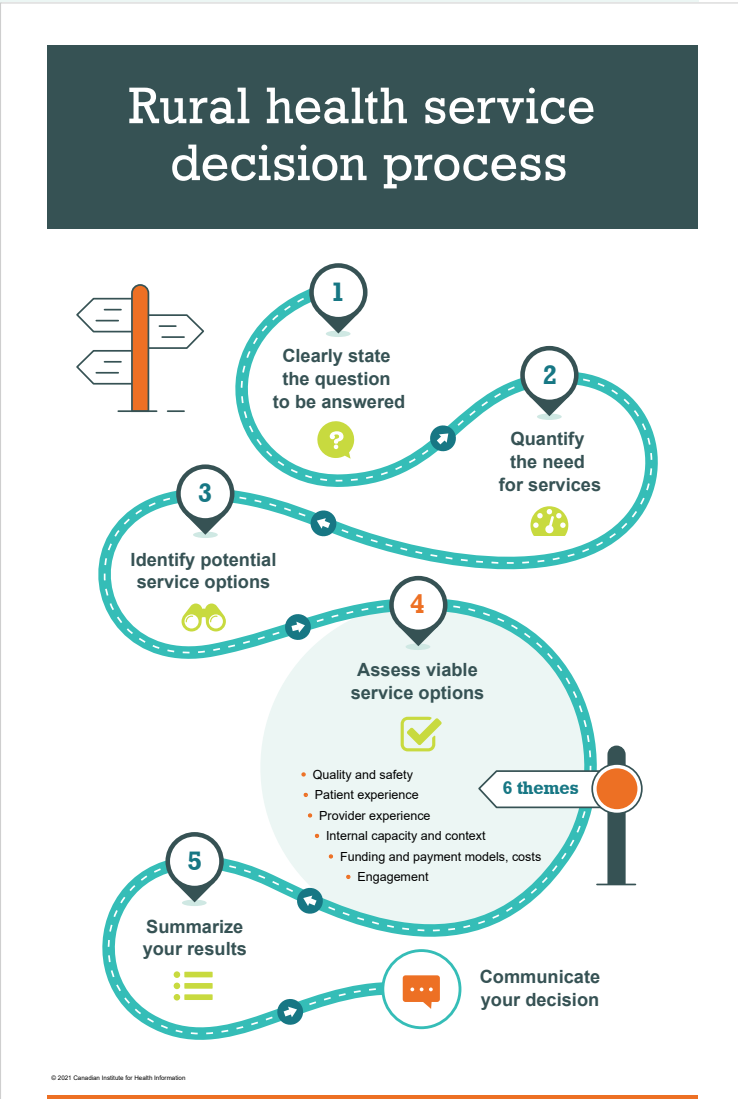
In northern Manitoba, a 400-person community of mostly Indigenous residents sits 3 hours away from the nearest hospital. A single gravel road leads in and out of town, with air access the only alternative.

Yet perhaps one of the most important issues faced by this community is the enormous social context surrounding it. There is high unemployment, housing is poor and residents suffer a high burden of illness. Not designated as a First Nations community and lacking a mayor, the community is not well equipped to govern itself.

The health care package designed decades ago by the provincial government is outdated. A complete overhaul is necessary to provide both economic and health care services that meet the needs of residents.

When the Northern Health Region set out to build and present a plan to stakeholders, the framework in CIHI's [Rural Health Service Decision Guide](#) came into play. Decision-makers and operators were able to formulate a plan considering all the challenges and opportunities on multiple levels to guide decisions moving forward.

Now, working collaboratively with Indigenous partners, a new health delivery package is underway to address primary and social care services. With CIHI's support, the goal is to establish a new model for care in summer 2022.



## New interactive learning bundle helps coders apply 2022 standards

The foundation of data collection lies within disease classification codes. Used by coders at health institutions across Canada, these codes tell the story of what is happening across all clinics and departments.

New versions of coding standards are regularly released with new codes added, changed or removed to reflect identified health priorities, new diseases and emerging innovations in medical treatments and interventions. COVID-19 was a main focus, naturally, as were enhancements that allow for more precise coding of issues related to mental health and substance use.

It is imperative to maintain data quality to drive CIHI's health indicators, which have cascading effects on decisions around staffing, funding, resourcing and how to best support the health of Canadians. Thus when coding changes occur, we have a responsibility to educate coders so they are able to integrate the changes accurately and efficiently.

### Designing new education modules

This year, CIHI released a [new learning bundle](#) composed of a self-learning course and 5 e-learning modules to help coders understand and apply the evolving standards. This interactive, custom bundle replaces a previous reference document; it enables coders not only to find what they need for their specific role but also to have access to it at any time.



This educational initiative came after CIHI engaged a range of stakeholders — including decision-makers and coders themselves — to gather feedback on how we could offer better support and understand their specific needs as learners. Stakeholders were part of the development process throughout, and helped design and review the suite of materials.

As a result, the modules focus on the areas where people actually need training in order to interpret the changes properly and code effectively. They also reflect the responsibility our teams feel to equip people to work with the coding standards that CIHI develops and publishes.

The self-learning courses include practice scenarios that require coders to make certain decisions, often complex and involving multiple steps. They are short, punchy exercises broken down by topic, and serve as reference material.

Coders expect education from CIHI and we are happy to deliver. We are indebted to those who gave their time to test this new learning bundle and participated in conversations to make sure we indeed listened to their needs and responded with meaningful resources.



## Destination: v2022 Canadian Coding Standards and Classifications learning bundle

Modules explore key changes to version 2022 of the ICD-10-CA/CCI and the *Canadian Coding Standards*, as well as related enhancements in the following areas:

- Mental and behavioural disorders
- *Adverse Reactions Versus Poisonings* coding standard
- Therapeutic interventions on the middle ear
- Cleft palate and velopharyngeal insufficiency (VPI) repair
- Heart valve replacement

## **CIHI's COVID-19 Intervention Scan and Timeline**

Throughout the pandemic, we have maintained and updated an interactive timeline that highlights selected interventions from our COVID-19 Intervention Scan. It displays a high-level timeline of federal, provincial and territorial government interventions to reduce the spread of COVID-19 and improve health outcomes — things like travel restrictions and school closures. Scanning began in mid-March of 2020, including data from as early as January 2020. These resources will serve as a long-standing, consolidated record of decisions as researchers, governments and organizations study the impact of these interventions over time.

## **The Canadian Health Information Podcast (the CHIP)**

The Canadian Health Information Podcast (the CHIP) and its French-language counterpart, *Balado d'information sur la santé du Canada*, launched this year with episodes on a wide variety of subjects, including COVID-19, LTC, health care spending, Indigenous health, rural health and organ transplantation.

These thoughtful conversations with experts, clinicians, patients and others have added even greater depth to CIHI data and the response has been overwhelmingly positive.

## **Early access to indicator results to help reduce hospitalizations entirely caused by alcohol**

Restoring public health programs in the areas of mental health and substance use is a high priority for recovery planning in Ontario. To assist with this, we provided 8 Ontario public health units with early access to results for [Hospitalizations Entirely Caused by Alcohol](#):

- Brant County Health Unit
- Huron Perth Public Health
- Kingston, Frontenac and Lennox & Addington Public Health
- Leeds, Grenville and Lanark District Health Unit
- North Bay Parry Sound District Health Unit
- Simcoe Muskoka District Health Unit
- Toronto Public Health
- Windsor–Essex County Health Unit

They were able to access their results months in advance of the public release.

# What's next?

## CIHI's Strategic Plan, 2022 to 2027

2021–2022 marks the final stage of our last strategic plan, culminating in an unprecedented national discussion about health data after a global pandemic challenged and stretched us in unpredictable ways.

As we look forward to the next 5 years, many challenges lie ahead that stem from the COVID-19 crisis. These include exhausted health care workers, increasing provincial and territorial health budgets and, perhaps more than ever before, the urgent need for quality, reliable health information that can provide trusted insights into both immediate crises and future needs.

We've shaped our priorities for 2022 to 2027 through deep consultation with stakeholders, as well as by our own assessment of health information trends, technologies and opportunities. CIHI is well positioned to lead the transformation of health information with our partners and to continue being an essential resource for all Canadians.



**To that end, we have formulated 3 strategic goals that will guide our focus through the next 5 years:**

- 

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


- 

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


- 

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



We are committed to vigorously monitoring our progress throughout the next 5 years to ensure that we continue to provide unique and actionable insights on health care in Canada and to help prepare our health systems to respond to emerging needs.

# Our Strategic Plan | 2022 to 2027



## About CIHI

● The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential information on Canada's health systems and the health of people living in Canada.

### Mandate

Deliver comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum of care.

### Vision

Better data.  
Better decisions.  
Healthier Canadians.

### Values

- Inclusion
- Integrity
- Collaboration
- Excellence
- Innovation



## Strategic goals

● **A comprehensive and integrated approach to Canada's health system data**  
Collaborate with partners to continuously advance the creation, validation and accessibility of health system data

● **An expanded offering of analytics, indicators and tools to support health system decision-making**  
Provide the insight needed to drive better health outcomes across Canada's health systems

● **Health information users who are better equipped and enabled to do their jobs**  
Help build users' capacity by equipping them to make the best use of data, and by convening forums where they can explore solutions together and share best practices



## Health information priorities

- Children and youth
- Community and primary care
- Equity
- First Nations, Inuit and Métis Peoples
- Health systems and public health links

- Health workforce
- Mental health and substance use
- Seniors and aging
- Virtual care



## Our foundation



Our people



Stakeholder engagement and partnerships



Privacy and security



Information technology



# Our people

## Our leadership and governance

### Board of Directors as of March 31, 2022

#### Canada at large

**Dr. Vivek Goel** (Chair)  
President and Vice-Chancellor  
University of Waterloo

**Dr. Denis Roy** (Vice Chair)  
Deputy Commissioner for Evaluation  
Commissaire à la santé et au bien-être

**Dr. Alexandra T. Greenhill**  
Founder, CEO and Chief  
Medical Officer  
Careteam Technologies Inc.

**Dr. Verna Yiu**  
Past President and CEO  
Alberta Health Services

#### Region 1 • British Columbia

**Dr. Maureen E. O'Donnell**  
Executive Vice President  
Clinical Policy, Planning and Partnerships  
Provincial Health Services Authority  
(Non-government)

**Mr. Martin Wright**  
Assistant Deputy Minister  
Health Sector Information,  
Analysis and Reporting  
British Columbia Ministry of Health  
(Government)

#### Region 2 • Prairies

**Mr. Réal Cloutier**  
Past President and CEO  
Winnipeg Regional Health Authority  
(Non-government)

**Ms. Karen Herd**  
Deputy Minister  
Health, Seniors and Active Living  
Province of Manitoba  
(Government)

#### Region 3 • Ontario

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

**Dr. Catherine Zahn**  
Deputy Minister  
Ontario Ministry of Health  
(Government)

## Region 4 • Quebec

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### **Mr. Marc-Nicolas Kobrynsky**

Assistant Deputy Minister

Strategic Planning and Performance Measurement Branch

Ministère de la Santé et des Services sociaux du Québec

(Government)

## Region 5 • Atlantic

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### **Ms. Andrea McKenna**

Deputy Minister

Newfoundland and Labrador Department of Health and Community Services

(Government)

## Region 6 • Territories

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### **Mr. Bruce Cooper**

Deputy Minister

Northwest Territories Department of Health and Social Services

(Government)

## Health Canada

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### **Dr. Stephen Lucas**

Deputy Minister

Health Canada

## Statistics Canada

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### **Ms. Lynn Barr-Telford**

Assistant Chief Statistician

Social, Health and Labour Statistics Field

Statistics Canada

**The Board met virtually in June 2021, November 2021 and March 2022.**

## Board committees as of March 31, 2022

### Finance and Audit Committee

#### Members

Karim Mamdani (Chair)  
Lynn Barr-Telford  
Karen Herd  
Stephen Lucas

#### Meetings

June 7, 2021  
November 18, 2021  
February 15, 2022

### Governance and Privacy Committee

#### Members

Denis Roy (Chair)  
Marc-Nicolas Kobrynsky  
Martin Wright  
Verna Yiu

#### Meetings

June 9, 2021  
November 4, 2021  
February 17, 2022

### Human Resources Committee

#### Members

Vivek Goel (Chair)  
Réal Cloutier  
Alexandra Greenhill  
Maureen O'Donnell  
Denis Roy

#### Meetings

November 9, 2021  
March 1, 2022

## Senior management as of March 31, 2022

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**David O'Toole**

President and CEO

**Neala Barton**

Vice President

Communications and Client Experience

**Brent Diverty**

Vice President

Data Strategies and Statistics

**Caroline Heick**

Vice President

Corporate Services

**Ron Huxter**

Vice President and Chief Information Officer

Information Technology and Services

**Georgina MacDonald**

Vice President

Western Canada

**Cal Marcoux**

Chief Information Security Officer

Information Technology and Services

**Kathleen Morris**

Vice President

Research and Analysis

**Louise Ogilvie**

Vice President

Special Projects

**Stephen O'Reilly**

Executive Director

Federal Relations

**Elizabeth Blunden**

Director

Human Resources and Administration

**Herbet Brasileiro**

Director

ITS Product Delivery

**Ann Chapman**

Director

Spending and Primary Care

**Deborah Cohen**

Director

Pharmaceuticals and Health Workforce  
Information Services

**Natalie Damiano**

Director

Specialized Care

**Mélanie Josée Davidson**

Director

Health System Performance

**Keith Denny**

Director

Population and Indigenous Health  
and Classification

**Hassan Gesso**

Director

Infrastructure, Business Operations  
and Technology Services

**Matthew Godycki**

Director

Strategy, Architecture and Standards

**Cheryl Gula**  
Director  
Thematic Priorities

**Jean Harvey**  
Director  
Western Canada

**Kimberly Harvey**  
Executive Director  
Hub Implementations

**Jeffrey Hatcher**  
Director  
Advanced Analytics

**Tracy Johnson**  
Director  
Health System Analytics

**Connie Paris**  
Director  
Strategy and Operations

**Chantal Poirier**  
Director  
Finance

**Francine Anne Roy**  
Vice President  
Eastern Canada

**Dora Silva Alves**  
Director  
Digital Innovation

**Greg Webster**  
Director  
Acute and Ambulatory Care  
Information Services

**Rhonda Wing**  
Executive Director, Chief Privacy  
Officer and General Counsel  
Privacy and Legal Services



## Reinforcing a commitment to equity, diversity and inclusion

CIHI has made purposeful strides in becoming a more welcoming and diverse organization, including expanding our Cultural Intelligence, Diversity and Inclusion Committee and initiating a governance structure with a senior advisory board dedicated to building a more inclusive organization.

This past year, what began as a grassroots employee initiative has turned into an important pillar in [CIHI's broader equity, diversity and inclusion \(EDI\) efforts](#). The committee has championed several important initiatives, with virtual participation from more than 750 employees:

- Listening sessions and surveys helped to better understand employees' vision of an inclusive organization.
- The employee engagement survey was updated with questions on inclusion and belonging, and a more comprehensive demographic section using our race-based/Indigenous identity data collection standards.
- New resources were made available to staff, including podcasts, articles, books and a multi-faith calendar.
- 9 human resources policies were reviewed and a new support tool was developed for decision-makers who develop and review policies.
- We trained 100 of our people leaders through a series of courses on unconscious bias, privilege and allyship over a 6-month period and introduced courses on inclusive hiring.
- An EDI learning path was developed for all employees and a micro-credentialing course was finalized for roll out in spring 2022.
- A signature template was updated to include pronouns, pronunciation and land acknowledgments.
- Our visual identity standards guide was revised for a more equitable and inclusive lens.
- "Inclusion" was added to our values and our code of conduct.

Diversity and inclusion impact everything we do, from the work we undertake and the commitments we make to how we engage with each other, even how we sign our names and go about our work — and everyone deserves to feel like their authentic selves at work. We looked at best practices and processes to create an engaging culture of learning and to begin building the kind of organization where inclusion is part of our daily fabric. While the foundation is now in place, we know that to truly reflect the diversity around us, the work is ahead, with the emphasis on continuous learning, unlearning, reflection and growth.



Lisa Nowlan  
Program Consultant, Diversity and Inclusion, Human Resources, CIHI; and  
Co-Chair, CIHI's Cultural Intelligence, Diversity and Inclusion Committee



# Top 3 priorities

- 1** **Implement** a learning plan for all existing and new employees.
- 2** **Engage** the Board in EDI work.

- 3** **Develop** recommendations and implement best practices at CIHI in recruitment, retention and advancement.





## CIHI celebrates Black History Month

During Diversity Month, we held our first-ever Black History Month, which seeks to understand and remember the struggles that have been met in the journey to achieve universal rights for all people, regardless of their innate characteristics. Black History Month not only honours resiliency in overcoming these struggles but also the strong vibrancy of people and the achievements they contributed to help build our society.

To mark CIHI's Black History Month celebration, the Cultural Intelligence, Diversity and Inclusion Committee hosted a series of activities. These included weekly “trailblazers in history” emails, featuring individuals who were pioneers of their time; several guest speakers; a book club; and guided meditation sessions led by Black meditation teachers.

## CIHI's Declaration of Commitment to Advance Cultural Safety and Humility: 1 year later

In December 2020, CIHI's CEO, David O'Toole, signed our groundbreaking [Declaration of Commitment to Advance Culture Safety and Humility](#). This declaration reflects our support for First Nations, Inuit and Métis Peoples in addressing their health needs and data priorities and to serve as champions of cultural safety and humility in our work with other organizations.

This commitment is underscored by the people we have in place to drive the work needed to ensure we are embedding cultural safety at all levels of CIHI — and holding ourselves accountable.

In the year since the declaration was signed, we've led several unique and memorable initiatives for our staff, including the following:

- An Indigenous health speaker series, featuring health professionals and other leaders who talked about important areas of consideration for health data from an Indigenous perspective;
- Regular workshops and group training programs, often led by cultural safety facilitators;
- The Sharing Circle — a monthly forum for CIHI staff to explore a variety of topics and achieve an open dialogue; and
- A follow-up event 1 year after the declaration was signed, to look back on our accomplishments and to remind ourselves of our commitments — what they look like in practice and how we can build on the work we've done.



Indigenous leaders who were present at the signing told us it was so important for them to bear witness. Cultural safety is a means and an outcome determined by Indigenous Peoples and so we look to them to hold us accountable to our commitments.



Victoria Tenasco-Commanda  
(Algonquin-Anishinabe, Kitigan Zibi)  
Program Consultant  
Indigenous Health, CIHI

CIHI acknowledges that we are on a lifelong learning journey, guided by what we have learned, and continue to learn, from Indigenous Peoples, communities, governments and organizations. Our engagement has underscored the importance of Indigenous Peoples' right to self-determination, including data governance, and its direct bearing on their health and wellness outcomes.

Thank you to all members of our Indigenous Health team, to our many partners and to all of CIHI for their cooperation and engagement.



## First Nations, Inuit and Métis data

CIHI has a responsibility to respect Indigenous Data Sovereignty. As such, CIHI policy requires that any request for Indigenous data be accompanied by approvals from appropriate Indigenous authorities. Our commitment to this process is outlined in [A Path Forward: Toward Respectful Governance of First Nations, Inuit and Métis Data Housed at CIHI](#).

### A Path Forward

#### Toward Respectful Governance of First Nations, Inuit and Métis Data Housed at CIHI

Updated August 2020

We acknowledge and respect the land on which CIHI offices are located. Ottawa is the traditional unceded territory of the Algonquin nation and Toronto is the traditional territory of the Wendat, the Anishinabek Nation, the Haudenosaunee Confederacy and the Treaty land and territory of the Mississaugas of the Credit. We acknowledge with respect the traditional territory of the Kanien'kehá:ka, where our Montréal office is located. In Victoria, we acknowledge with respect the traditional territory of the Songhees, Esquimalt and W̱SÁNEĆ peoples, whose historical relationships with the land continue to this day. We recognize that these lands are home to many diverse First Nations, Inuit and Métis and we embrace the opportunity to work more closely together.



## Principles that guide CIHI's work with First Nations, Inuit and Métis Peoples

- Cultural humility and safety are foundational to meaningful and respectful engagement.
- A distinctions-based approach acknowledges the unique histories, interests and priorities of First Nations, Inuit and Métis Peoples.
- Indigenous-driven processes and partnerships are fundamental to the appropriate use of First Nations, Inuit and Métis data.
- Data and information about health and wellness are critical tools for self-determination.
- The inherent and collective sovereign rights of First Nations, Inuit and Métis Peoples to self-determination include ownership and governance of their data, regardless of where it is housed, and control over their own health and health care priorities.



## Our focus areas for Indigenous health

### **Foundational capacity**

Develop foundational capacity by promoting and embedding cultural safety and humility within CIHI. This includes supportive policies, training and processes.

### **Governance of Indigenous data**

Develop a respectful approach to the governance of Indigenous data at CIHI. Aligned with the principles of Indigenous data sovereignty, CIHI policy requires that before we release or disclose data that can identify Indigenous individuals or communities, appropriate First Nations, Inuit or Métis authorities must provide approval.

### **Relationships and partnerships**

Build relationships and partnerships locally, regionally and nationally with First Nations, Inuit and Métis Peoples, communities, governments and organizations to find opportunities to work together in pursuit of Indigenous health and wellness.

### **Analysis and capacity-building**

Enable actionable analysis and capacity-building by working in collaboration with First Nations, Inuit and Métis Peoples to identify analyses, products, services, training, data infrastructure and/or tools to support their health priorities, health planning and wellness.

## CIHI selected as a National Capital Region Top Employer

For the fourth year in a row, CIHI has been recognized as one of the [National Capital Region's Top Employers](#). The annual competition, part of Canada's Top 100 Employers, recognizes employers in the Ottawa–Gatineau metropolitan area that lead their industries in offering exceptional places to work. This year's winners were announced in a [special magazine](#) co-published with the *Ottawa Citizen*.

Employers are evaluated using 8 criteria: Physical Workplace; Work Atmosphere & Social; Health, Financial & Family Benefits; Vacation & Time Off; Employee Communications; Performance Management; Training & Skills Development; and Community Involvement. Employers are compared with other organizations in their field to determine which offers the most progressive and forward-thinking programs.

This year, CIHI was specially noted for our support for employees during the pandemic. Early on, we shifted all 800 employees to work-from-home arrangements. During the times of change, though, it was CIHI's focus on wellness that many employees appreciated most.

“As a mom, having to balance homeschooling while contributing to important work was challenging, but CIHI handled this well,” said Rahme Daoud, Program Lead, Performance Improvement and Capacity-Building at CIHI.

“Our leaders enabled flexible hours and empowered us to work on our own time. We felt supported, that taking care of our physical and mental health was a clear priority. The message to teams was always ‘Do what works for you.’ The pandemic proved that trust is more than a stated value at CIHI — it is inherent and actually followed throughout our organization.”

Rahme highlighted several other measures that helped employees feel cared for and connected:

- Encouragement to lean on our Employee and Family Assistance Program, which includes one-on-one counselling sessions;
- Webinars on work–life balance, managing stress and other wellness-focused initiatives;
- Regular virtual coffee chats with leadership; and
- Ongoing efforts to recognize employee contributions, including team milestones, lunches, virtual activities and free vacation days.

Using technology, we've stayed connected and maintained our strong corporate culture, and we've been working hard to meet the data and information needs of Canada's health systems as they grapple with the pandemic.

David O'Toole  
President and CEO  
CIHI



## Putting employees first

- Many programs to help employees with work–life balance, including flex hours and options for reduced summer hours
- 3 weeks of paid vacation for new employees, with previous roles considered for vacation entitlements for more experienced candidates
- Tuition subsidies for job-related courses
- Opportunities for growth and development include in-house training, coaching, mentoring, language training and conference participation

# Risk management

## Audit Program

CIHI maintains an Audit Program that serves to

- Evaluate the extent to which operations are compliant with applicable administrative policies, procedures and government regulations;
- Assess the overall effectiveness of controls and processes currently in place; and
- Identify opportunities for improvement.

In 2021–2022, activities included

- An internal audit of key entity-level controls, with a specific focus on financial stewardship;
- An internal audit of payroll and finance internal controls used in the remote work environment;
- A compliance survey audit of third-party record-level data recipients;
- An internal audit of ISO 27001 and an ISO 27001 version 2013 surveillance audit; and
- Penetration testing and vulnerability assessments of the information technology network, server infrastructure and selected applications.

We developed action plans to address the recommended areas for improvement that resulted from these audits.

## Risk management activities

CIHI's Strategic Risk Management Program focuses on identifying risks that could impede our ability to meet commitments and deliver high value to stakeholders, harm CIHI's reputation and/or impact the achievement of our strategic plan.

The program's goal is to foster reasonable risk-taking based on risk tolerance and to create action plans that focus on mitigating the risks in question. Our approach is to anticipate potential events and build consensus on how to reduce or eliminate their impact. Our Strategic Risk Management Program serves to support effective management, strengthen accountability and improve future performance.

## CIHI's Risk Management Framework



## Strategic risk management activities for 2021–2022

The executive team identified and assessed several key risks based on the likelihood of occurrence and potential impacts. 5 of these were identified as strategic risks due to their high level of residual risk (risk level after considering existing mitigation strategies):

- 1. Current and emerging technology needs** — A risk that the organization will not achieve its strategic goals because of our inability to maintain existing technologies (business continuity risk) and to keep pace with emerging technologies (obsolescence risk)

To mitigate this risk, CIHI continued to implement technology and business modernization initiatives. We refreshed our multi-year comprehensive IT roadmap to ensure continued alignment with organizational and stakeholder needs; we also expanded the roadmap, drawing new attention to infrastructure. Considering the continued competitive market for critical IT skills, we integrated new recruitment strategies and introduced new in-house training and retention initiatives.

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

The COVID-19 pandemic continued to elevate the risk that CIHI would face challenges acquiring or accessing timely data to inform health system decision-making, impacting our value to stakeholders and the fulfillment of our mandate. While the pandemic affected the extent to which data advancement plans could be realized, CIHI was able to receive new data to support the Shared Health Priorities indicators and unanticipated new data related to COVID-19, among other data. We made progress in the implementation of new technologies to provide near-term flexible data collection mechanisms, and we continued to engage with key government agencies and pan-Canadian health organizations to advance data supply modernization.

- 3. Demonstrating value to stakeholders** — A risk that CIHI does not understand which products and services provide highest value to stakeholders, and lacks an adequate and integrated mechanism for demonstrating this value to funders and other stakeholders

To manage this risk over the past year, we have worked to ensure that our value proposition aligns with the needs of our stakeholders. The 2022 to 2027 strategic plan, shaped by extensive stakeholder consultation, formed the backbone of our 2021–2022 operational plan.

In 2021–2022, CIHI continued to support emerging information needs, while adjusting communication and delivery models to balance awareness with minimizing burden on stakeholders. We released several COVID-19–related analyses, even as we delivered on our operational plan for the year. Work started on a refreshed Performance Measurement Framework that includes a stronger focus on assessing perceived stakeholder value. CIHI also continues to hold an active role on several federal/provincial/territorial tables focused on pandemic response and recovery.

- 4. Susceptibility to a major privacy and security breach** — A risk that current privacy and security risk mitigation strategies are not sufficient to prevent a major privacy and security breach

Our Privacy and Security Risk Management (PRSM) Program is one of our core strengths; however, there is always a need to monitor and plan for emerging threats as social engineering techniques become more sophisticated, and as business processes and technologies evolve. We addressed this risk by continuing to monitor our control effectiveness and using the PRSM for effective decision-making and control design, initiating the roll out of a supplier management framework and finalizing a demonstrable accountability framework. We also continued to proactively monitor the privacy and security landscape to ensure that CIHI continues to respond to emerging risks and to the evolving privacy needs of stakeholders and regulators.

- 5. Funding and operational management** — A risk that CIHI will not be able to manage existing operations, to make sustained progress on digital transformation or to make progress on new strategic plan initiatives with the current level of funding

During a time of shifting health care priorities and continued pandemic pressures, we addressed this risk by engaging early and often in discussions with Health Canada regarding the 2023 renewal of CIHI's main source of revenue, the Health Canada contribution agreement. In the absence of a longer-term funding view, we continued to assess operational work and commitments and present a balanced multi-year budget to our Board. We have also invested in supports to sustain and retain our workforce, and we remain attentive to staff well-being (e.g., ongoing communications, an employee survey, expanded access to employee benefits related to mental health).



# Leading practices

This section provides an overview of our operations and an explanation of our financial results. It should be read along with the financial statements in this annual report.

## Who does what

- Management prepares the financial statements and is responsible for the integrity and objectivity of the data in them. This is in accordance with Canadian accounting standards for not-for-profit organizations.
- CIHI designs and maintains internal controls to provide reasonable assurance that the financial information is reliable and timely, that the assets are safeguarded and that the operations are carried out effectively.
- The Board of Directors carries out its financial oversight responsibilities through the Finance and Audit Committee (FAC), which is made up of directors who are not employees of the organization.
- Our external auditors, KPMG LLP, conduct an independent audit in accordance with Canadian generally accepted auditing standards and express an opinion on the financial statements. The auditors meet on a regular basis with management and the FAC and have full and open access to the FAC, with or without the presence of management.
- The FAC reviews the financial statements and recommends their approval by the Board of Directors. For 2021–2022 and previous years, the external auditors have issued unqualified opinions.

## Disclaimer

This section includes some forward-looking statements that are based on current assumptions. These statements are subject to known and unknown risks and uncertainties that may cause the organization's actual results to differ materially from those presented here.

## Revenue

### Annual sources of revenue

Revenue source (\$ millions)	2018–2019 Actual*	2019–2020 Actual*	2020–2021 Actual*	2021–2022 Planned*	2021–2022 Actual*	2022–2023 Planned*
Federal government — Health Information Initiative <sup>†</sup>	85.0	88.7	91.7	109.9	99.7	107.5
Provincial/territorial governments — Core Plan	18.1	18.4	18.8	19.1	19.1	19.5
Other <sup>‡</sup>	7.4	6.2	5.7	7.4	7.8	6.5
<b>Total annual source of revenue</b>	<b>110.5</b>	<b>113.3</b>	<b>116.2</b>	<b>136.4</b>	<b>126.6</b>	<b>133.5</b>

#### Notes

\* Actual is the recorded revenues for the fiscal year whereas planned is an estimate or budget of what is expected to transpire.

† Reflects annual revenue on a cash basis, adjusted for the carry-forward projects. Therefore, excludes depreciation expense–related revenue. In addition, the 2019–2020 actual amount includes \$306,525 transferred from pension plan deferred funds.

‡ Includes contributions from provincial/territorial governments for special-purpose programs/projects as well as lease inducements for 2019–2020, 2020–2021 and 2021–2022.

### Funding agreements

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

- The proportion coming from these 2 levels of government has evolved over time, and Health Canada's proportion has grown since the renewal of the Health Information Initiative (HII) agreement.
- Our total annual source of revenue averaged \$116.7 million for the 4 years between 2018–2019 and 2021–2022. This pays for our ongoing program of work related to our core functions and priority initiatives.

Since 1999, Health Canada has significantly funded the building and maintenance of a comprehensive and integrated national health information system. Funding has come through a series of grants and contribution agreements referred to as the Roadmap Initiative or HII.

- Our base HII funding is \$77.7 million per year.
- In 2017–2018, the HII funding agreement was renewed, providing \$53 million over 5 years in addition to our base funding: \$3 million in year 1 (2017–2018), \$5 million in year 2, \$10 million in year 3, \$15 million in year 4 and \$20 million in year 5.
- CIHI received a 1-year extension of its 5-year HII funding agreement, which will now expire March 31, 2023, and reflects a \$5 million decrease compared with the prior year.
- The 2022–2023 planned funding from Health Canada includes an approved carry forward of \$10.2 million from 2021–2022 related to unspent funds caused by delays in planned project spending that prevented or reduced activities (e.g., hiring, external and professional services, travel, advisory group meetings) as well as a delay in key initiatives underway in 2021–2022 that will in turn continue in 2022–2023. Similarly, the results presented for 2021–2022 include a carry forward of \$8.5 million from 2020–2021, the results presented for 2020–2021 include a carry forward of \$581,525 from 2019–2020, the results presented for 2019–2020 include a carry forward of \$750,000 from 2018–2019 and the results presented for 2018–2019 include a carry forward of \$1.8 million from 2017–2018.
- CIHI secured additional funding of \$500,000 in 2019–2020, \$3.4 million in 2020–2021, \$3.7 million in 2021–2022 and \$4.6 million in 2022–2023 for a 5-year initiative to develop a modernized organ donation and transplantation data and performance reporting system.
- CIHI also secured one-time additional funding of \$3.5 million in 2020–2021 from the federal government's Safe Restart Agreement.
- Finally, the HII funding agreement also included a multi-year program of work on prescription drug abuse, for a total of \$4.42 million over 5 years (2014–2015 to 2018–2019).

Through bilateral agreements, the provincial/territorial ministries of health continued to fund our Core Plan (a set of products and services provided to the ministries and identified health regions and facilities).

- These agreements provided \$19.1 million in funding in 2021–2022.
- They were renewed in 2020–2021 for 3 years, through 2022–2023. \$19.5 million has been budgeted for 2022–2023, which reflects a 2% increase as outlined in the 3-year agreements.

# Expenses

## Operating expenses

Operating expenses (\$ millions)*	2018–2019 Actual†	2019–2020 Actual†	2020–2021 Actual†	2021–2022 Planned†	2021–2022 Actual†	2022–2023 Planned†
Salaries, benefits and pension expenses	85.4	87.5	89.3	99.7	91.6	98.4
External and professional services, travel and advisory committee expenses	8.6	8.8	8.6	16.2	16.0	16.7
Occupancy, information technology and other expenses‡	17.5	19.0	18.1	19.7	17.5	18.6
<b>Total operating expenses</b>	<b>111.5</b>	<b>115.3</b>	<b>116.0</b>	<b>135.6</b>	<b>125.1</b>	<b>133.7</b>

### Notes

- \* Reflects operating expenses; therefore, includes amortization of capital assets and a loss on impairment in 2019–2020.
- † Actual is the recorded expenses for the fiscal year whereas planned is an estimate or budget of what is expected to transpire.
- ‡ Effective April 1, 2022, CIHI changed its accounting policy related to the capitalization of capital assets. The capitalization threshold was increased from \$2,500 to \$5,000 to more accurately reflect the organization's assets with future economic value.

## Total operating expenses, 2021–2022: \$125.1 million

These include compensation costs, external and professional services, occupancy costs and information technology costs required to deliver on several key projects undertaken in 2021–2022. Additional information about employee remuneration is provided in the table below. Total remuneration paid to CIHI's Board of Directors was \$12,800.

Occupational category	Salary range (\$)	Taxable benefits (\$)*	Number of employees†
Administration	35,940–55,260	12–124	4
Support	52,650–79,270	6–150	133
Professional/technical	77,000–115,460	1–305	507
Management	110,870–204,380	12–465	99
Vice presidents	196,560–244,490	358–524	7
President and CEO	312,950–388,630	570	1

### Notes

- \* Taxable benefits paid include insurance benefits.
- † Number of employees as of March 31, 2022.

## Total operating expenses, 2021–2022 planned versus actual

The net underspending of \$10.5 million in 2021–2022 versus the planned amount can be explained by the following:

- 2021–2022 was an exceptional year for CIHI given the large budget that was available to spend. As stated above, the budget included an additional \$5 million, as part of the last year of Health Canada priority funding; a large carry forward from 2020–2021; and additional funding received to develop a modernized organ donation and transplantation data and performance reporting system. The ongoing pandemic created uncertainty in our work plans, and we were unable to host and attend in-person meetings with stakeholders and advisors, and to attend conferences, all of which contributed to the net underspending.
- Current market conditions created challenges with recruitment, causing a higher-than-expected vacancy rate and difficulties filling contract positions.
- Throughout the year, reallocations were made where possible, although ultimately not all budget dollars were spent. The overall underspend led to a Health Canada–approved carry forward of \$10.2 million.
- It is also worth noting that the actual allocation of our carry-forward items from 2020–2021 was different from what we had planned.

## Capital investments

Capital investments (\$ millions)	2018–2019 Actual	2019–2020 Actual	2020–2021 Actual	2021–2022 Planned	2021–2022 Actual	2022–2023 Planned*
Furniture and office equipment	0.0	0.1	0.0	0.0	0.0	0.0
Computers and telecommunications equipment	0.5	0.1	0.1	0.0	0.1	0.1
Leasehold improvements	0.6	0.0	0.2	0.0	0.7	0.0
<b>Total capital investments</b>	<b>1.1</b>	<b>0.2</b>	<b>0.3</b>	<b>0.0</b>	<b>0.8</b>	<b>0.1</b>

### Note

- \* Effective April 1, 2022, CIHI changed its accounting policy related to the capitalization of capital assets. The capitalization threshold was increased from \$2,500 to \$5,000 to more accurately reflect the organization's assets with future economic value.

## Acquisition of capital assets, 2021–2022: \$0.8 million

- Capital investments for 2021–2022 were higher than planned, mainly due to the carpet installation and work related to the data centre at the Toronto office.
- Capital investments over the years are based on an ongoing roadmap of planned acquisitions and upgrades to ensure that equipment and software are robust and adequate to meet changing operational demands.
- The amount of capital asset disposals during 2021–2022 was \$4.3 million, related mainly to decommissioning the data centres in the Toronto office, which was delayed from the prior year.

# Audited financial statements

## Independent Auditors' Report

### To the Board of Directors of the Canadian Institute for Health Information

## Opinion

We have audited the financial statements of the Canadian Institute for Health Information (“CIHI”), which comprise:

- the statement of financial position as at March 31, 2022
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies (hereinafter referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of CIHI as at March 31, 2022, its results of operations, its changes in net asset and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

## Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “*Auditors’ Responsibilities for the Audit of the Financial Statements*” section of our auditors’ report.

We are independent of CIHI in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing CIHI’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the CIHI or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing CIHI’s financial reporting process.

## Auditors’ Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of CIHI's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on CIHI's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause CIHI to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

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

Ottawa, Canada

June 22, 2022



# Statement of financial position

As at March 31, 2022, with comparative information for 2021

	Notes	2022	2021
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	3	\$22,006,075	\$9,095,998
Accounts receivable	4	2,967,601	14,951,843
Prepaid expenses		4,748,135	4,690,336
<b>Total current assets</b>		<b>29,721,811</b>	<b>28,738,177</b>
<b>Long-term assets</b>			
Capital assets	5	2,232,734	2,010,425
Other assets	6	217,360	154,179
<b>Total long-term assets</b>		<b>2,450,094</b>	<b>2,164,604</b>
<b>Total assets</b>		<b>\$32,171,905</b>	<b>\$30,902,781</b>
<b>Liabilities and net assets</b>			
<b>Current liabilities</b>			
Accounts payable and accrued liabilities	8	\$7,164,859	\$8,769,666
Unearned revenue		1,439,935	1,523,421
Deferred contributions	9a	14,408,190	11,839,860
<b>Total current liabilities</b>		<b>23,012,984</b>	<b>22,132,947</b>
<b>Long-term liabilities</b>			
Deferred contributions			
Expenses of future periods	9a	214,570	151,389
Capital assets	9b	1,022,933	916,575
Lease inducements	10	1,333,906	1,205,628
<b>Total long-term liabilities</b>		<b>2,571,409</b>	<b>2,273,592</b>
<b>Total liabilities</b>		<b>\$25,584,393</b>	<b>\$24,406,539</b>
<b>Net assets</b>			
Invested in capital assets		544,663	703,119
Unrestricted		6,042,849	5,793,123
<b>Total net assets</b>		<b>6,587,512</b>	<b>6,496,242</b>
Commitments	14		
<b>Total liabilities and net assets</b>		<b>\$32,171,905</b>	<b>\$30,902,781</b>

See the accompanying notes to the financial statements.

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

## Statement of operations

Year ended March 31, 2022, with comparative information for 2021

	Notes	2022	2021
<b>Revenue</b>			
Core Plan	11	\$19,131,253	\$18,756,132
Sales		2,448,617	2,656,044
Funding — other	12	4,959,649	3,040,035
Health Information Initiative	9	98,636,110	91,513,904
Other revenue		47,541	34,074
<b>Total revenue</b>		<b>125,223,170</b>	<b>116,000,189</b>
<b>Expenses</b>			
Compensation		91,624,744	89,307,625
External and professional services		15,702,066	8,403,542
Travel and advisory committee		272,148	211,907
Office supplies and services		695,443	717,171
Computers and telecommunications		9,411,559	9,790,736
Occupancy		7,425,940	7,569,208
<b>Total expenses</b>		<b>125,131,900</b>	<b>116,000,189</b>
<b>Excess of revenue over expenses</b>		<b>\$91,270</b>	<b>\$0</b>

See the accompanying notes to the financial statements.

## Statement of changes in net assets

Year ended March 31, 2022, with comparative information for 2021

	Invested in capital assets	Unrestricted	Total 2022	Total 2021
Balance, beginning of year	\$703,119	\$5,793,123	\$6,496,242	\$6,496,242
Excess (deficiency) of revenue over expenses	(233,325)	324,595	91,270	0
Change in invested in capital assets	74,869	(74,869)	0	0
<b>Balance, end of year</b>	<b>\$544,663</b>	<b>\$6,042,849</b>	<b>\$6,587,512</b>	<b>\$6,496,242</b>

See the accompanying notes to the financial statements.

# Statement of cash flows

Year ended March 31, 2022, with comparative information for 2021

	Notes	2022	2021
<b>Cash provided by (used in)</b>			
<b>Operating activities</b>			
Excess of revenue over expenses		\$91,270	\$0
<b>Items not involving cash</b>			
Amortization of capital assets		565,148	593,643
Amortization of lease inducements		(243,798)	(238,561)
Amortization of deferred contributions — capital assets		(269,999)	(328,879)
Loss on disposal of capital assets		32,814	66,602
Change in non-cash operating working capital	13	10,238,150	(6,212,524)
Net change in other assets		(63,181)	38,191
Net change in deferred contributions		3,007,868	8,408,954
<b>Cash provided by operating activities</b>		<b>13,358,272</b>	<b>2,327,426</b>
<b>Investing activities</b>			
Acquisition of capital assets		(820,271)	(339,162)
<b>Cash used in investing activities</b>		<b>(820,271)</b>	<b>(339,162)</b>
<b>Financing activities</b>			
Lease inducement received		372,076	3,031
<b>Cash provided by financing activities</b>		<b>372,076</b>	<b>3,031</b>
<b>Increase in cash and cash equivalents</b>		<b>12,910,077</b>	<b>1,991,295</b>
Cash and cash equivalents, beginning of year		9,095,998	7,104,703
<b>Cash and cash equivalents, end of year</b>		<b>\$22,006,075</b>	<b>\$9,095,998</b>
<b>Represented by</b>			
Cash		\$5,506,075	\$5,095,998
Short-term investments		16,500,000	4,000,000
		<b>\$22,006,075</b>	<b>\$9,095,998</b>
<b>Supplemental information</b>			
Interest received		\$41,012	\$47,276

See the accompanying notes to the financial statements.

# Notes to financial statements

Year ended March 31, 2022, with comparative information for 2021

## 1. Organization

The Canadian Institute for Health Information (CIHI) is a national not-for-profit organization continued under Section 211 of the *Canada Not-for-profit Corporations Act*.

CIHI's mandate is to deliver comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum.

CIHI is not subject to income taxes under paragraph 149(1)(l) of Canada's *Income Tax Act*.

## 2. Significant accounting policies

These financial statements have been prepared by management in accordance with the Canadian accounting standards for not-for-profit organizations in Part III of the *CPA Canada Handbook — Accounting* and include the following significant accounting policies:

### a) Revenue recognition

CIHI follows the deferral method of accounting for contributions for not-for-profit organizations.

Funding contributions are recognized as revenue in the same period as the related expenses are incurred. Amounts approved but not received at the end of the period are recorded as accounts receivable. Excess contributions that require repayment in accordance with the agreement are recorded as accrued liabilities.

Contributions provided for a specific purpose and those restricted by a contractual arrangement are recorded as deferred contributions, and subsequently recognized as revenue in the same period as the related expenses are incurred.

Contributions provided for the purchase of capital assets are recorded as deferred contributions — capital assets, and subsequently recognized as revenue over the same terms and on the same basis as the amortization of the related capital assets.

Interest revenue is recorded as period income on the basis of the accrual method.

Restricted investment revenue and investment losses on restricted contributions are debited or credited to the related deferred contributions account and recognized as revenue in the same period as eligible expenses are incurred.

## b) Capital assets

Capital assets are recorded at cost and are amortized on a straight-line basis over their estimated useful lives, as follows:

Assets	Useful life
<b>Tangible capital assets</b>	
Computers and telecommunication equipment	5 years
Furniture and equipment	5 to 10 years
Leasehold improvements	Term of lease
<b>Intangible assets</b>	
Computer software	5 years

## c) Lease inducements

Lease inducements, consisting of leasehold improvement allowances, free rent and other inducements, are amortized on a straight-line basis over the term of the lease.

## d) Foreign currency translation

Revenue and expenses are translated at the exchange rates prevailing on the transaction date. Any resulting foreign exchange gains or losses are charged to miscellaneous income or expenses. Foreign currency monetary assets and liabilities are translated at the prevailing rates of exchange at year end.

## e) Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of revenue and expenses during the year. Actual results could differ from management's estimates. These estimates are reviewed annually; as adjustments become necessary, they are recognized in the financial statements in the period they become known.

## 3. Cash and cash equivalents

Cash and cash equivalents are made up of cash and short-term investments that have a variety of interest rates and original maturity dates of 90 days (2021: 90 days) or less.

## 4. Accounts receivable

	2022	2021
Operating	\$2,593,722	\$11,937,114
Funding — other	373,879	3,014,729
<b>Total accounts receivable</b>	<b>\$2,967,601</b>	<b>\$14,951,843</b>

## 5. Capital assets

	Cost	Accumulated amortization	2022 Net book value	2021 Net book value
<b>Tangible capital assets</b>				
Computers and telecommunication equipment	\$1,210,520	\$838,881	\$371,639	\$561,310
Furniture and equipment	3,148,659	3,097,670	50,989	73,047
Leasehold improvements	9,832,192	8,068,974	1,763,218	1,270,707
<b>Intangible assets</b>				
Software	7,958,189	7,911,301	46,888	105,361
<b>Total capital assets</b>	<b>\$22,149,560</b>	<b>\$19,916,826</b>	<b>\$2,232,734</b>	<b>\$2,010,425</b>

Cost and accumulated amortization as at March 31, 2021, amounted to \$25,692,523 and \$23,682,098, respectively.

During the year, CIHI disposed of capital assets with a cost of \$4,363,233 (2021: \$7,155,143) and accumulated amortization of \$4,330,419 (2021:\$7,088,541).

During the year ended March 31, 2020, CIHI determined that certain tangible and intangible computer assets were impaired due to the movement of CIHI's applications and data to a cloud environment. The \$1,042,133 net book value of the assets, with a cost of \$6,688,617 and accumulated amortization of \$5,646,484, was recorded as an impairment loss as their fair value was assessed as \$Nil. As at March 31, 2022, there remain impaired assets with a cost and accumulated amortization both equal to \$435,532 (2021: \$1,435,015) that have not yet been disposed of.

## 6. Other assets

Other assets consist of rent deposits to landlords for office space as well as prepaid software, equipment support and maintenance expenses.

## 7. Bank indebtedness

CIHI has a line of credit of \$5,000,000 (2021: \$5,000,000) with a financial institution bearing interest at the prime rate. This credit facility is secured by a general security agreement on all assets with the exception of information systems.

As at March 31, 2022, there are no draws on the line of credit (2021: \$0).

## 8. Accounts payable and accrued liabilities

Accounts payable and accrued liabilities are operational in nature.

The government remittance payable at the end of the year is \$134,087 (2021: \$1,039,674).

## 9. Deferred contributions

### a) Expenses of future periods

Since 1999, Health Canada has been significantly funding the building of a comprehensive national health information system and infrastructure to provide Canadians with the information they need to maintain and improve Canada's health systems and the population's health. Health Canada's funding contribution is received annually based on CIHI's capital resource requirements.

Deferred contributions related to expenses of future years represent unspent restricted contributions. The changes for the year in the deferred contributions — expenses of future years are as follows:

	2022	2021
Balance, beginning of year	\$11,991,249	\$3,761,959
Contribution received from Health Canada	101,373,979	99,593,979
Amount recognized as funding revenue	(98,366,111)	(91,185,025)
Amount transferred to deferred contributions — capital assets	(376,357)	(179,664)
<b>Balance, end of year</b>	<b>14,622,760</b>	<b>11,991,249</b>
Less current portion	14,408,190	11,839,860
<b>Balance, end of year, long-term portion</b>	<b>\$214,570</b>	<b>\$151,389</b>



## b) Capital assets

Deferred contributions related to capital assets include the unamortized portions of restricted contributions with which capital assets were purchased.

The changes for the year in the deferred contributions — capital assets balance are as follows:

	2022	2021
Balance, beginning of year	\$916,575	\$1,065,790
Amount received from Health Information Initiative	376,357	179,664
Amount recognized as funding	(269,999)	(328,879)
<b>Balance, end of year</b>	<b>\$1,022,933</b>	<b>\$916,575</b>

## 10. Lease inducements

The lease inducements include the following amounts:

	2022	2021
Leasehold improvement allowances	\$665,138	\$390,731
Free rent and other inducements	668,768	814,897
<b>Total lease inducements</b>	<b>\$1,333,906</b>	<b>\$1,205,628</b>

During the year, a leasehold improvement allowance of \$369,045 (2021: \$0) and free rent of \$3,031 (2021: \$3,031) were received. The amortization of leasehold improvement allowances was \$94,638 (2021: \$90,083). The amortization of free rent and other inducements was \$149,160 (2021: \$148,478).

## 11. Core Plan

The Core Plan revenue relates to a set of health information products and services offered to Canadian health care facilities, regional health authorities and provincial/territorial ministries of health. Provincial/territorial governments have secured CIHI's Core Plan on behalf of all facilities in their jurisdiction.

## 12. Funding — other

	2022	2021
Provincial/territorial governments	\$3,085,600	\$2,674,131
Other	1,874,049	365,904
<b>Total funding — other</b>	<b>\$4,959,649</b>	<b>\$3,040,035</b>

## 13. Change in non-cash working capital items

	2022	2021
Accounts receivable	\$11,984,242	\$(7,811,895)
Prepaid expenses	(57,799)	(722,192)
Accounts payable and accrued liabilities	(1,604,807)	2,386,865
Unearned revenue	(83,486)	(65,302)
	<b>\$10,238,150</b>	<b>\$(6,212,524)</b>

## 14. Commitments

CIHI leases office space under different operating leases, which expire on various dates. In addition, CIHI is committed under various agreements with respect to professional contracts and software and equipment maintenance and support. The minimum amounts payable over the next 5 years and thereafter are as follows:

2023	\$20,543,068
2024	11,854,878
2025	8,420,021
2026	5,856,115
2027 and thereafter	10,138,164
	<b>\$56,812,246</b>

## 15. Financial instruments

Financial instruments are measured at fair value on initial recognition. Subsequent to initial recognition, they are accounted for based on their classification. Cash and cash equivalents as well as investments are measured at fair value. Accounts receivable net of allowance for doubtful accounts and accounts payable and accrued liabilities are carried at amortized cost. Because of the short-term nature of the accounts receivable as well as the accounts payable and accrued liabilities, amortized cost approximates fair value.

It is management's opinion that CIHI is not exposed to significant interest rate, credit, liquidity, current or other price risks arising from the financial instruments.

### a) Interest rate risk

Interest rate risk refers to the adverse consequences of interest rate changes on CIHI's cash flows, financial position and investment income.

**b) Credit risk**

Credit risk relates to the potential that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur financial loss.

Credit risk concentration exists where a significant portion of the portfolio is invested in securities that have similar characteristics or similar variations relating to economic, political or other conditions. CIHI monitors the financial health of its investments on an ongoing basis.

**c) Liquidity risk**

Liquidity risk is the risk that CIHI will be unable to fulfill its obligations on a timely basis or at a reasonable cost. CIHI manages its liquidity risk by monitoring its operating requirements. CIHI prepares budget and cash forecasts to ensure that it has sufficient funds to fulfill its obligations.

In addition, as disclosed in note 7, CIHI has an available line of credit that is used when sufficient cash flow is not available from operations to cover operating and capital expenditures.

**d) Other**

Management does not believe that CIHI is exposed to significant current, foreign currency or other price risks.

The ultimate duration of the COVID-19 pandemic and the magnitude of its impact are not known at this time. CIHI is continually monitoring the impact of market volatility on its financial instruments. These financial risks are not considered significant to operations by management; as such, there have been no significant changes in the policies, procedures and methods used to measure the risks.

# Appendix

## **Text alternative for CIHI's Risk Management Framework**

The first process is Establish framework (which involves the policy and governance frameworks, as well as the process, methods and tools). The second process is Assess the risks (which involves identification of strategic goals and risks, as well as risk assessment). The third process is Risk response and treatment (which involves key risk indicators, strategy and action plans, and risk champions). The fourth process is Monitor and communicate (which involves reviewing the framework, executive and Board oversight and risk management reporting).

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