

ANNUAL BUSINESS REPORT

2017-2018

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Message from the Board Chair

On behalf of the Board of Directors, I am pleased to submit the Newfoundland and Labrador Centre for Health Information's 2017/2018 Annual Business Report. This report has been prepared according to the guidelines for Category 2 Government Entities per the **Transparency and Accountability Act**. The Board accepts accountability for the results outlined within the document.

In 2017/2018, the Newfoundland and Labrador Centre for Health Information (the Centre) continued its focus on supporting the health care system by informing policy development and providing eHealth solutions to support health system decision-making. There were many new and exciting developments and initiatives that the Centre has taken on over this past year, in addition to the continued growth and use of the electronic health record, HEALTHe NL, and the electronic medical record program, called eDOCSNL.

The Centre was named the lead organization for the implementation and development of the Provincial eHealth Model. Aligning eHealth services under the mandate of the Centre will support a technologically integrated health care system that is provincial in scope, and will enhance patient safety, improve access to services and create new opportunities for innovation.

The Centre was designated as the custodian of the Chronic Disease Registry. The information contained in the registry will be the single trusted authoritative source of provincial data when it comes to future health policy development related to diabetes and other chronic diseases.

In 2017/2018, the Centre was also successful in securing nearly \$10M in Atlantic Canada Opportunities Agency (ACOA) funding for three projects. This investment will create significant opportunities and allow the Centre to expand key services including health analytics, telehealth and an electronic referral and ordering system.

With the passing of the new **Prescription Monitoring Act** in the fall 2017, the Centre was designated as the administrator of the Prescription Monitoring Program – NL, a provincial program that supports the Provincial Government's Opioid Action Plan.

As one of its priorities, the Centre continued its role in protecting personal health information. All of the Centre's work happens within the confines of a system that is governed by provincial privacy and security standards and ensures personal health data is safeguarded, protected and secure.

In 2017/2018, the Centre continued its strong partnerships with the Department of Health and Community Services, the Regional Health Authorities and numerous other stakeholders. These partnerships are a vital success factor for province-wide initiatives and we look forward to strengthening and building on our accomplishments.

I extend my thanks to the members of our Board, executive team and employees. Our accomplishments and progress in 2017/2018 were possible with their continued commitment and dedication to our shared vision of *improved health through quality health information*.

Sincerely,



Dr. Kris Aubrey-Bassler
Chairperson, Board of Directors

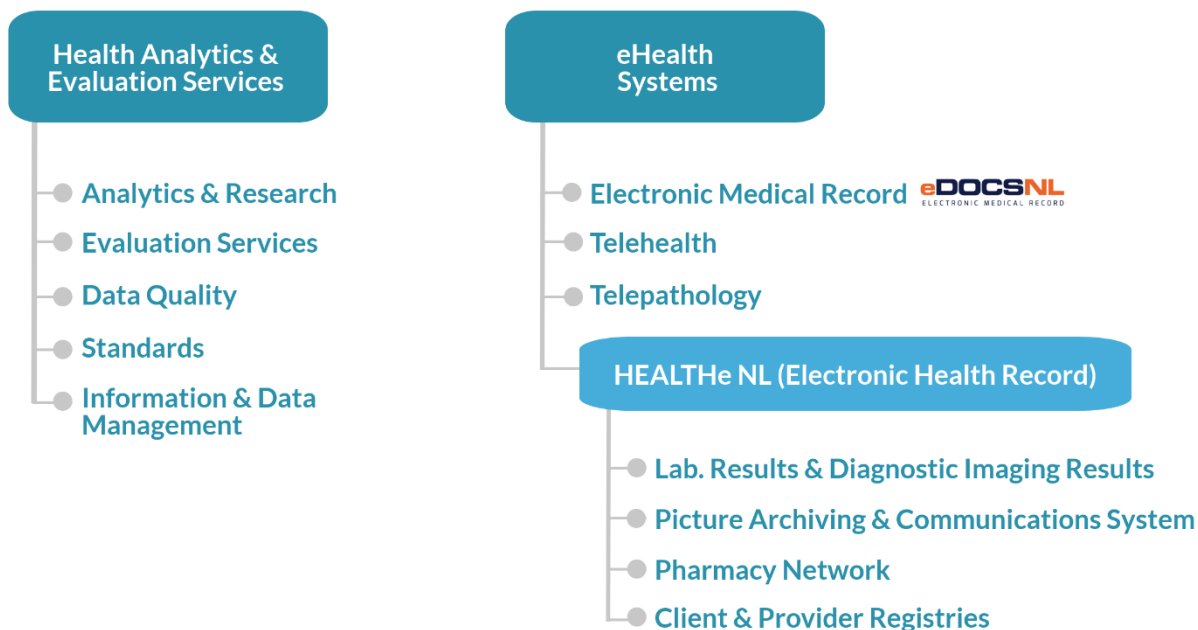
About the Centre for Health Information

The Newfoundland and Labrador Centre for Health Information (the Centre) provides quality information to health professionals, the public, researchers and health system decision-makers.

Through collaboration with the health system, the Centre supports improvements in the collection of data and use of information for individual and population levels of care, administration and planning, and conducts analytic and evaluation projects, and maintains key health databases.

For more information about the Centre's mandate, vision, lines of business and primary clients, go to www.nlchi.nl.ca.

Provincial Programs and Services



Number of Employees and Physical Location

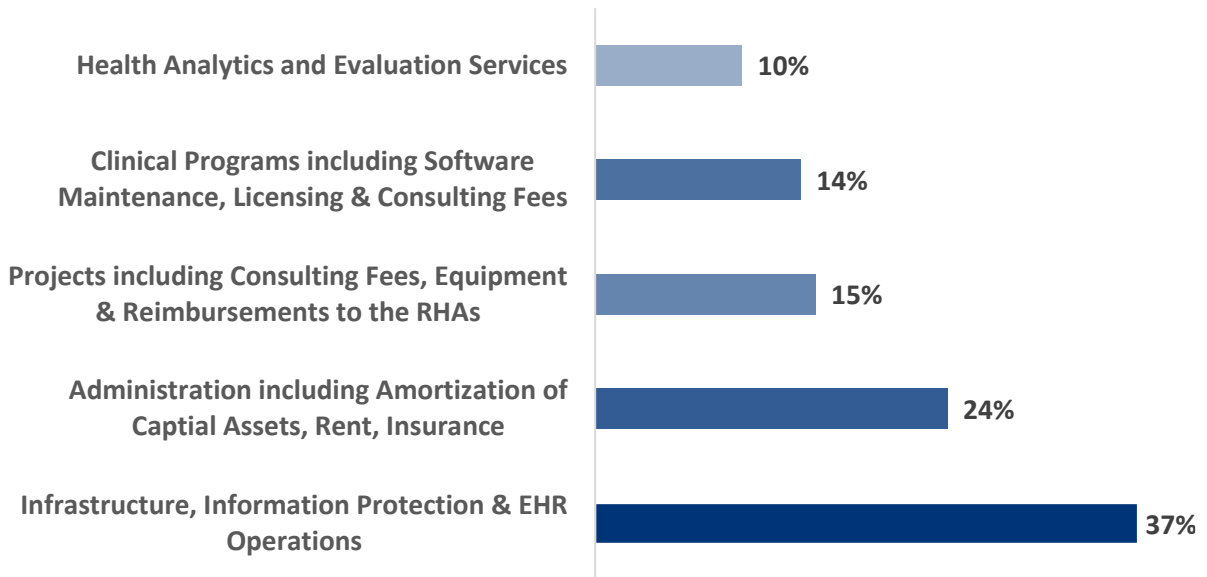
The Centre is governed by a Board of Directors (Appendix A) and is structured into four departments: Health Analytics and Evaluation Services; eHealth Clinical Programs; Provincial Health Information Systems, and Corporate Services. As of March 31, 2018, the Centre had 165 employees; 104 females and 61 males. Most employees are based in the Centre's head office at 70 O'Leary Avenue in St. John's and the remainder at its Registry Integrity Unit in Bay Roberts.

Financial Statements

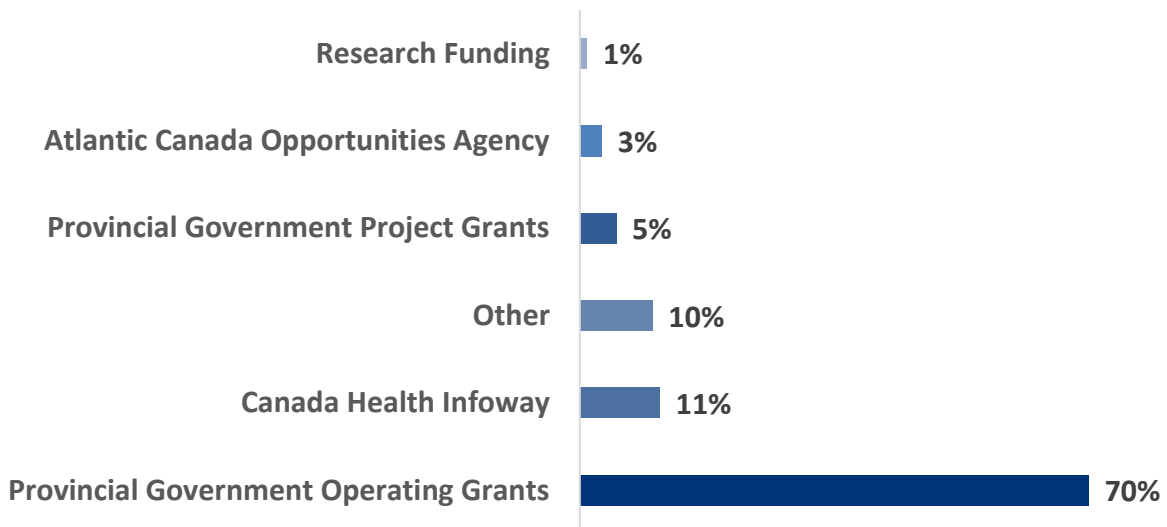
The Centre's revenues and expenses experience annual fluctuations as projects commence and conclude and according to the placement and achievement of funding for project milestones.

In fiscal year 2017/2018, the Centre's total revenue was \$34.86 million of which 70 per cent was a provincial operating grant, with the remaining 30 per cent coming from external research funding, capital funding from the Government of Newfoundland and Labrador and Canada Health Infoway for EHR development, and from Atlantic Canada Opportunities Agency for various initiatives. Expenses for the fiscal year totaled \$33.18 million. A copy of the Centre's financial statements is located in Appendix B.

Expenses by Category



Revenue by Category



Highlights and Partnerships

The Centre remains committed to its vision of *improved health through quality health information*. The following highlights were achieved through the Centre’s business and operational work plans.

Advanced HEALTHe NL, the province’s electronic health record (EHR).

The key to all of NLCHI’s work is that it is provincial in scope – it’s available to all clinicians in the province, regardless of their location. HEALTHe NL gives authorized health care professionals greater access to important patient information and supports safer, better quality health care.

In 2017/2018, HEALTHe NL was expanded to include Labrador-Grenfell Health’s Meditech data including, clinical documents, laboratory results, diagnostic imaging and encounters, and Western Health’s clinical documents and diagnostic imaging data. The

5,600
authorized health care
providers with accounts

remaining data to complete the EHR build is the integration of Central Health’s dictated reports and diagnostic imaging. This data is expected to be added by the summer 2018. With 100 per cent of community pharmacies connected to the Pharmacy Network as of May 2017, authorized health care professionals had access to more comprehensive patient information via HEALTHe NL. As of March 31, 2018, approximately 5,600 authorized health care providers had accounts for HEALTHe NL, up from over 3,000 in March 31, 2017.

Continued to deploy eDOCSNL, the provincial electronic medical record (EMR) program.

In 2017/18, the provincial EMR program, eDOCSNL, continued to advance its mandate by completing a physician participation agreement, advancing its clinician training and adoption processes, integrating access to the provincial electronic health record and Client Registry directly into the EMR, and implementing new communications processes. After successful implementation of eDOCSNL into Eastern Health’s primary care clinic on the Bonavista Peninsula, the program was extended into Burin Peninsula’s primary care clinic. During 2017/2018, work began on adding eDOCSNL to primary care clinics in both Western and

167
active physicians

Central Health. In 2017/18, the program increased the number of physicians who joined the program by 107 to bring the total users to 167 as of March 31, 2018. eDOCSNL is jointly governed by the Centre, Health and Community

Services and the NL Medical Association.

Secured ACOA funding to expand programs and services including health analytics, telehealth and an electronic referral and ordering system.

The Centre continued to expand its programs and services to meet the needs of our stakeholders. The ACOA funding will support the implementation of a Health Data Lab, which will provide new opportunities for health policy makers, researchers and entrepreneurs to access health data in a secure and protected environment; expand telehealth services to new locations and into new clinical areas including adult and pediatric emergency services, long-term care and pathology; and improve efficiency by reducing the need for paper-based

processes through electronic ordering of medical tests and procedures.

Provided health analytics and evaluation services to support population health.

Working closely with the Department of Health and Community Services (HCS), in 2017/2018, the Centre supported HCS and continued to plan and prepare for the implementation of an Indigenous Administrative Data Identifier to support service planning, delivery and population health for Indigenous residents of Newfoundland and Labrador. The Centre was also designated as the custodian of the provincial Chronic Disease Registry under the **Personal Health Information Act**. The Chronic Disease Registry (see Appendix C: List of Data Holdings) is a comprehensive source of information on chronic disease that enables comparable monitoring and reporting on disease status, health service utilization and disease management in the province. Online mapping tools were also developed for influenza immunization clinics and naloxone kit distribution sites, facilitating access to services in support of improved population health.

Continued to provide extensive health analytic and evaluation services to inform health service delivery, policy and programs.

The Health Analytics and Evaluation Services supported HCS in the development of a provincial health analytics action plan and made advancements towards an enhanced health analytic environment for the province which will provide stakeholders with new ways to interact with data and information and improve responsiveness to health system information needs. Analytic services were provided to help inform service delivery, policy and programs in a number of key areas including chronic disease, acute care, mental health and primary health care. The Centre also conducted or supported a number of evaluations of provincial programs and initiatives including the Automated Appointment Notification Reminder System, Tobacco Cessation Program for Individuals with Low Income, the Prescription Monitoring Program-NL and Towards Recovery: Mental Health and Addictions Action Plan.

Continued to enhance eHealth privacy and security.

In 2017/2018, to support and maintain optimal privacy and security of health information, the Centre continued to execute its auditing framework and formal privacy and security risk assessments of all IT solutions. The Centre also continued to enhance staff skills and knowledge in health information privacy and security, and collaborated with public and private partners to advance the privacy and security environment in NL.

Updated the Centre for Health Information Act.

In 2017/2018, the **Centre for Health Information Act** was repealed and replaced. Highlights of the new **Act** included expanding the mandate of the Centre to reflect its designation as lead of the Provincial eHealth Model; requiring an employee of the Office of the Chief Information Officer to be a director on the board of the Centre; allowing the Minister to provide directions to the Centre; and modifying the financial responsibilities and obligations of the Centre.

Started planning for Provincial eHealth Model.

As part of the Provincial Government's approach to developing a province-wide shared services eHealth model for the health care system, the Centre was tasked with coordinating information technology and information management from the four Regional Health Authorities (RHAs) and the Centre into one provincial model. The Centre commenced the planning for this process in 2017/2018. The goal is to create an efficient, effective and integrated provincial eHealth system throughout the province. The primary areas that will be focused on for inclusion in the Provincial eHealth Model includes analytics, evaluation, and decision support; data quality and standards; application support; application development; projects and programs; infrastructure; customer support; and privacy and security.

Designated administrators of the Prescription Monitoring Program – NL.

As part of the province's Opioid Action Plan, the **Prescription Monitoring Act** was passed by the Provincial Government. Under the legislation, the Centre was designated the responsibility for program administration. The **Act** came into force in January 2018, and required prescribers and dispensers to review a patient's medication profile using HEALTHe NL before prescribing/dispensing a monitored drug, effective June 30, 2018. As administrators, the Centre has responsibility for developing a reporting system for the program, monitoring incoming prescriptions, investigating any questionable activity, and ensuring all prescribers of monitored drugs were granted access to HEALTHe NL.

There are several stakeholders with whom the Centre maintains direct relationships including the Department of Health and Community Services and the Regional Health Authorities.

The Centre works with these stakeholders to develop, implement and manage health information standards and provincial health information systems such as the provincial EHR and EMR. The Centre also regularly provides quality health information to support them in meeting their respective mandates, goals and objectives and deliver required services to Newfoundlanders and Labradorians.

There are a number of other stakeholder groups that have a vested interest in the Centre's products, services and outcomes. These include Canada Health Infoway, the Canadian Institute for Health Information, regulated health professions and other provincial bodies, including the Office of the Chief Information Officer, Vital Statistics Division of Service NL and Office of the Information and Privacy Commissioner.

Partnerships with stakeholders are essential to the Centre's ability to meet its mandate and achieve its success. The partners the Centre worked with during 2017/2018 include:

Department of Health and Community Services

During 2017/18, the Centre and HCS worked together to advance the implementation and adoption of both the provincial EHR, HEALTHe NL, and the provincial EMR, eDOCSNL, in physician office settings and in support of primary care teams within the RHAs and fee-for-service clinics.

As well as being designated as the custodian of the provincial Chronic Disease Registry under the **Personal Health Information Act**, the Centre provided analytic and evaluation services to HCS. The Centre used a variety of health system data to develop indicators and generate information to support provincial strategies and plans such as the Chronic Disease Action Plan and Mental Health and Addictions Action Plan. Work continued to develop and produce indicators in key areas (e.g. opioid overdose, Chronic Obstructive Pulmonary Disease) for regular measuring and monitoring in support of a sustainable health system and better health for the people of the province. Online mapping tools were developed and deployed for influenza immunization clinics and naloxone kit distribution sites to improve access to information on service location for patients and providers.

The Centre supported HCS in the development of a provincial Health Analytics Action Plan and advanced its plans towards an enhanced health analytic environment for the province including a consolidated provincial data repository and new ways for stakeholders to interact with data and information. The Centre also conducted or supported a number of evaluations of provincial programs and initiatives including the Automated Appointment Notification Reminder System, Tobacco Cessation Program for Individuals with Low Income, the Prescription Monitoring Program - NL and Towards Recovery: Mental Health and Addictions Action Plan.

HCS and the Centre continued to plan and prepare for the implementation of an Indigenous Administrative Data Identifier to support service planning, delivery and population health for Indigenous residents of Newfoundland and Labrador. A provincial advisory group continues to guide the work and has representatives from the Indigenous communities within the province, HCS, Service NL (Vital Statistics), the Intergovernmental and Indigenous Affairs Secretariat, RHAs and the Centre. The Centre has also been designated by HCS as the provincial lead for the new Provincial eHealth Model and administrator of the Prescription Monitoring Program – NL.

Regional Health Authorities

Regional Health Authorities have an integral role in developing and adopting HEALTHe NL, including engaging in the planning, governance, implementation and operation of various HEALTHe NL components. In 2017/2018, the Centre provided analytic and evaluation support to the RHAs including the development of information used in the planning and monitoring of primary health care renewal initiatives on the Bonavista and Burin Peninsulas. As part of this work, the Centre is supporting the implementation of the provincial EMR program at the Bonavista and Burin primary health care sites, and is involved in planning for future implementation of eDOCSNL in primary health care clinics in the Western and Central regions. In The Way Forward, the Provincial Government has committed to expanding the number of

these primary health care teams throughout the province.

The Regional Health Authorities are also integral to the collection of most of the data used by the Centre for its analytic work, through its everyday clinical and business processes. The Centre supports the Regional Health Authorities in their efforts to collect this data with information standards, staff education and training and data quality initiatives. The Regional Health Authorities are represented on all provincial standards and information systems focused committees.

The Centre continued to provide analytics and evaluation services to support primary health care initiatives within Eastern Health.

Canada Health Infoway (Infoway)

Infoway is a federally-funded, independent, not-for-profit organization that invests with public sector partners to accelerate EHR development across Canada. In fiscal 2017/18, Infoway provided funding of \$3.8 million to the Centre - \$541,000 towards the interoperable electronic health record/laboratories (iEHR/Labs) project, \$1.9 million towards the electronic medical records (EMR) project, \$931,000 towards the Remote Patient Monitoring project (undertaken by Eastern Health), and \$433,000 towards the Pharmacy Network. Infoway provides joint funding with HCS for provincial EHR projects, facilitates knowledge transfer with other jurisdictions and supports project planning. It is a key partner in developing the provincial EMR program.

Health Professionals

Health professionals provide the Centre with valuable guidance and input for developing an EHR that is practical and supportive for individuals working in the health field. The Centre engaged in consultation with health professionals through their professional associations, regulatory bodies and provincial committees on clinical practice, EHR governance and policy development.

In 2017/2018, the Centre engaged clinicians in education programs about the use and integration of HEALTHe NL and eDOCSNL in practice. In partnership with MUN Office of Professional Development an accredited health profession education program was conducted and planning was started on an additional accredited program.

Canadian Institute for Health Information (CIHI)

The Centre collaborated with CIHI in support of its national health databases and related analytics, standards and data quality initiatives. In the course of providing care, health care facilities in NL collect and submit health information to national databases at CIHI. This national collaboration provides country-wide data, as well as provincial comparative data. As part of this partnership, Centre employees are involved in several of the national advisory committees of CIHI.

In 2017/2018 the Centre facilitated a provincial review and provided input into the development of new national health information standards for implementation in 2018/19. It promotes use of CIHI eReporting tools to provide comparative performance indicator reports

for provincial stakeholders. The Centre also validated provincial data published in CIHI reports and identified national and provincial data quality issues and opportunities.

Research Partners

In 2017/2018, the Centre continued to support research within the province. Data extraction, linkage and analytical services were provided to Memorial University researchers for 52 research initiatives (up from 34 in 2016/17). This included researchers affiliated with the Translational and Personalized Medicine Initiative and its Quality of Care and Choosing Wisely NL Working Group, the NL Primary Healthcare Research and Integration to Improve Health System Efficiency (PRIIME) Network, as well as other faculties and departments. The Centre further supported the PRIIME Network through the provision of a seconded epidemiology resource. The Centre also provided consultative and analytical services to private sector and out-of-province researchers. The Centre has been working internally as well as in partnership with the Health Research Ethics Authority, HCS, Memorial University and the RHAs to assess current processes and enhance access to data and services for researchers with required approvals.

52
research initiatives

Digital Health Canada (formerly known as COACH)

Digital Health Canada provides access to a diverse community of accomplished professionals who work to make a difference in advancing health care through health informatics. Digital Health Canada is recognized nationally for its work around technology and systems and its focus on effective use of health information for decision-making.

The association offers a broad range of services for networking, forums, information and sharing best practices, peer awards, national conferences and professional development, including specialized career resources and professional certification.

The Centre's Vice President of eHealth Clinical Programs currently sits on the Board of Directors and a number of Centre employees are active members of Digital Health Canada.

Report on Performance

The following section of the annual report focuses on progress of the goals and objectives related to the three strategic issues identified in the 2017/2020 Business Plan, including the initiatives and activities undertaken in 2017/2018.

Strategic Issue 1: Health Information

Delivering quality health information is at the core of the Centre’s mandate and is reflected in our mission statement. The Centre recognizes that quality health information is essential to improving efficiency and effectiveness of health care delivery. The Centre is committed to expanding and enhancing technology solutions to deliver quality health information.

The Centre plays a vital role in enabling private, secure access to health information for clinicians, clients and managers of health services, as well as policy and decision-makers within government. The Centre understands it is imperative to remain vigilant in the protection of personal health information, while providing secure, reliable and appropriate access to that information, enabling improved health outcomes and a healthier population.

Goal 2017-2020	By March 31, 2020, the Centre will have increased stakeholder access to reliable, relevant, quality information that protects privacy and supports a sustainable health system.
Indicators 2017-2020	<ul style="list-style-type: none"> • Provided quality health information and progressive tools. • Completed the Data Warehouse Project. • Protected the privacy of health information. • Continued to monitor our systems to ensure security and reliability.

Year One Objective

By March 31, 2018, the Centre will have provided stakeholders with new information and decision-making tools, critical to them.

PLANNED FOR 2017/2018	ACTUAL FOR 2017/2018
<p>Developed indicator dashboards for regular public reporting in identified priority areas (e.g. cardiovascular disease and falls).</p>	<ul style="list-style-type: none"> • Developed an indicator dashboard for regular public reporting related to COPD, external publication pending. This dashboard will be a template for public reporting in other priority areas. • Developed performance monitoring reports to support the work of HCS program consultants in the areas of ALC, Emergency Department and Medical Imaging. • Developed indicators and generated information to support provincial strategies and plans such as the Chronic Disease Action Plan and Mental Health and Addictions Action Plan.
<p>Developed and delivered a recommendations report for an enhanced provincial privacy environment for the secondary use of personal health information.</p>	<ul style="list-style-type: none"> • Completed stakeholder consultations, documented current state and identified options for an enhanced provincial privacy environment for the secondary use of personal health information. • Developed and delivered a presentation of the final summary of findings, options and recommendations for an enhanced provincial privacy environment for the secondary use of personal health information to HCS. Given the accompanying written report required supplementary detail in addition to the presentation, the report is expected to be submitted in fall 2018.

Discussion of Results

In fiscal 2017/2018, the Centre began work to create a central repository for public indicator reporting as part of a multi-phase project to enhance the provinces health analytics environment. The Centre also worked closely with the Canadian Institute for Health Information (CIHI) on custom reporting that will facilitate more comparable reporting between Newfoundland and Labrador and Canada. Recommendations for the report on an enhanced provincial privacy environment for the secondary use of personal health information were developed and presented to HCS in 2017/2018. A final written report on this subject is expected to be completed in fall 2018.

Year Two Objective

By March 31, 2019, the Centre will have implemented key components of its Data Warehouse Enhancement Project.

Year Two Indicators

- Completed audit reports in the Data Warehouse.
- Completed consultations with external stakeholder to gather feedback about interacting with data.
- Completed solution design based on stakeholder feedback.
- Implemented technology that supports multiple stakeholder groups and established pilot users.
- Integrated de-identification and key data sets (e.g. physician claims) into the data warehouse.
- Created standardized metadata templates and tools.

Strategic Issue 2: System and Process Improvements

The Centre has a unique role in supporting health care delivery and enabling access to more and better health information for clinicians and policy and decision-makers. Partnerships with health system stakeholders throughout the province are essential to ensuring alignment of priorities, efficient utilization of resources, and to driving system and process improvements.

One such partnership was the role the Centre played in supporting the establishment of a primary health care team in Bonavista through the implementation of the provincial EMR eDOCSNL program at the health facility. The Centre will continue to play a key role in that and similar initiatives in partnership with the Regional Health Authorities and other health system stakeholders to achieve efficiencies through improved delivery of health and community services.

Goal 2017-2020	By March 31, 2020, the Centre will have increased partnerships with stakeholders that enable alignment of priorities and proactively identify solutions that connect our services with their needs.
Indicators 2017-2020	<ul style="list-style-type: none">• Implemented a strategy for purposeful, targeted engagement.• Continued to collaborate with our partners.• Identified opportunities to increase health system efficiency.• Listened to stakeholders and responded to their needs.

Year One Objective

By March 31, 2018, the Centre will have implemented a strategy for purposeful, targeted engagement.

PLANNED FOR 2017/2018	ACTUAL FOR 2017/2018
Developed and implemented communications and stakeholder relations action plan.	<ul style="list-style-type: none"> Developed and implemented a number of communications and stakeholder relations action plans in 2017/18 to respond to a variety of opportunities, new initiatives and the growing role of the Centre. This included: plans to support the Centre’s new mandate related to the Provincial eHealth Model; being designated as the administrator of Prescription Monitoring Program – NL; a social media plan to increase awareness of the Centre; increased communications activities to support eDOCSNL including development of a newsletter; development of a corporate newsletter; planning to support the Indigenous Administrative Data Identifier initiative; and planning to support provincial standardization of health care forms.
Increased stakeholder awareness of Centre programs and solutions.	<ul style="list-style-type: none"> Increased stakeholder awareness of Centre programs and solutions by proactively engaging stakeholders, which included presentations and participation at several health care professional events, activities and conferences. These included: HEALTHe NL demonstration to the NLMA Family Practice Renewal Program; presented at the Janeway Hospital Kids Rock and Ask the Experts conference; PANL conference; Hacking Health Hackathon; the MUN Continuing Professional Development at Dusk and a presentation to the College of Licensed Practical Nurses.
Increased HEALTHe NL active use and adoption and identified opportunities to improve usability.	<ul style="list-style-type: none"> Increased HEALTHe NL active use by 1,318 to 2,537 and adoption from 3,053 to 5,594 in 2017/2018. Improved usability by expanding HEALTHe NL to include, Labrador-Grenfell Health’s Meditech data including, clinical documents, laboratory results, diagnostic imaging and encounters, and Western Health’s clinical documents and diagnostic imaging data. The remaining data to complete the EHR build is the integration of Central Health’s dictated reports and diagnostic imaging. This data is expected to be added by the summer 2018.
Identified priority initiatives for new stakeholders.	<ul style="list-style-type: none"> Identified priority initiatives for new and existing stakeholders including eOrdering, telehealth expansion, HEALTHe NL patient in context through Meditech, eConsult, HEALTHe NL access for Saint-Pierre and Miquelon health providers, organ donor flag in HEALTHe NL, and cancer screening tab in HEALTHe NL. Completed Multi-Jurisdictional Telepathology project build.
Reviewed, prioritized and planned HEALTHe NL roadmap.	<ul style="list-style-type: none"> Reviewed, prioritized and planned HEALTHe NL roadmap that mapped several new initiatives including eOrdering, HEALTHe NL patient in context through Meditech, eConsult, HEALTHe NL access for Saint-Pierre and Miquelon health providers, organ donor flag in HEALTHe NL.

Discussion of Results

Stakeholder use and adoption planning continued to be a priority in anticipation of more data being added to HEALTHe NL. New data was added from Labrador-Grenfell Health and Western Health. To complete the EHR build, the last two data forums from Central Health, dictated reports and diagnostic imaging will be added in the summer 2018. The addition of this remaining data was delayed waiting on the completion of a project being led by Central Health.

HEALTHe NL active users include individuals who have logged on to HEALTHe NL at least three times in the last three months. HEALTHe NL adoption users have signed on to use the program. These definitions were adopted from Canada Health Infoway however in 2018/2019 the Centre plans to revise the definitions to more accurately reflect HEALTHe NL use by health care professionals in NL.

In 2017/2018, the Centre continued its focus on creating and increasing awareness of the Centre's programs and services and the benefits of these programs to health care providers. The Centre led, participated in or presented at numerous events and conferences that included: HEALTHe NL demonstration to the NLMA Family Practice Renewal Program; the Janeway Hospital Kids Rock and Ask the Experts conference; PANL conference; Hacking Health Hackathon; the MUN Continuing Professional Development at Dusk; and a presentation to the College of Licensed Practical Nurses.

Over the last year, the Centre had several new opportunities to help advance its mandate including nearly \$10M from ACOA for three projects and has worked with a variety of stakeholders on new initiatives to enhance the functionality of HEALTHe NL.

A standalone communications and stakeholder relations plan was not developed as there was significant turnover of communications staff during 2017/2018. In place of a single plan, several plans or initiatives were undertaken to address the variety of communications activities that were required or led by the Centre.

Year Two Objective

By March 31, 2019, the Centre will have continued to collaborate with partners to identify opportunities to increase health system efficiency.

Year Two Indicators

- Increased HEALTHe NL active use and expanded adoption to include other health care providers (e.g. dentists).
- Increased adoption of HEALTHe NL by 3,000 new accounts.
- Implemented a plan to sign on all prescribers of narcotics and opioids to HEALTHe NL in accordance with the **Prescription Monitoring Act**.
- Completed EHR project build by adding the remaining RHA data sources, dictated reports and diagnostic imaging, from Central Health.
- Enhanced functionality of HEALTHe NL by adding several new features.
- Provided Multi-Jurisdictional Telepathology solution to pathologists throughout Newfoundland and Labrador.

Strategic Issue 3: Innovative Solutions

The Centre recognizes it is uniquely positioned to identify and deliver dynamic and innovative solutions necessary to enable the province to achieve its key healthcare objective of improved health outcomes. The Centre has already established the provincial electronic health record, HEALTHe NL, which gives clinicians access to laboratory and clinical reports, diagnostic imaging and complete prescription profiles from the Pharmacy Network, a historical first for Newfoundland and Labrador.

While the Centre has achieved many successes, it will continue to deliver even more practical, sustainable and innovative solutions over the next few years.

Goal 2017-2020	By March 31, 2020, the Centre will have turned strategies into actions and implemented solutions that achieve results and are feasible, practical and sustainable.
Indicators 2017-2020	<ul style="list-style-type: none">• Implemented practical solutions to critical issues.• Focused solutions on outcomes.• Used tools in innovative ways.• Expanded and enhanced services to support health system management.

Year One Objective

By March 31, 2018, the Centre will have expanded and enhanced services to support health system management.

PLANNED FOR 2017/2018	ACTUAL FOR 2017/2018
Implemented Provincial Prescription Monitoring Program in partnership with HCS.	<ul style="list-style-type: none"> Implemented the Provincial Prescription Monitoring Program (PMP) in partnership with HCS. This included: developed reports to analyze Pharmacy Network data and identified inordinate prescribing and dispensing practices as determined by the PMP Advisory Committee; assigned a clinical pharmacist to analyze the reports for clinical appropriateness; developed and implemented procedures to monitor the quality of monitored drug data captured by the Pharmacy Network; developed and implemented audit procedures to monitor users' access of patient prescription profiles in HEALTHe NL; developed and implemented a change management plan to add new prescribers to HEALTHe NL to meet the legislated June 30, 2018 deadline; and, conducted a privacy impact assessment.
Provided continued leadership and support for the eDOCSNL EMR program.	<ul style="list-style-type: none"> Continued to support the eDOCSNL EMR program including providing clinician training and training tools, developing an onboarding process, adding and enhancing EMR functionality and establishing a monthly eDOCSNL newsletter. Increased the number of physicians province-wide who have implemented the eDOCS EMR solution in their practices by 107 to bring the total users to 167 as of March 31, 2018.
Increased functionality of HEALTHe NL (e.g. notifications) and expanded data integration (e.g. WH and LGH labs data)	<ul style="list-style-type: none"> Expanded HEALTHe NL to include Labrador-Grenfell Health's Meditech data including, clinical documents, laboratory results, diagnostic imaging and encounters, and Western Health's clinical documents and diagnostic imaging data. The remaining data to complete the EHR build is the integration of Central Health's dictated reports and diagnostic imaging. This data is expected to be added by the summer 2018. As of March 31, 2018, almost 5,600 authorized health care providers created accounts within HEALTHe NL. Continued assessment of notifications pilot project. Notifications enable healthcare providers to receive real time alerts from HEALTHe NL when new patient results become available and provide valuable information essential to the ongoing care and treatment of the patient. Initiated eOrdering pilot, HEALTHe NL patient in context through Meditech, eConsult, HEALTHe NL access for Saint-Pierre and Miquelon health providers, organ donor flag in HEALTHe NL projects.
Developed and implemented an external data access solution.	<ul style="list-style-type: none"> Awarded funding from the Atlantic Canada Opportunities Agency (ACOA) to develop a solution that will enable multiple user groups to access data in a secure environment. Acquired the necessary resources to plan and implement an external data access solution. Initiated requirements gathering for the external data access solution. Initiated a pilot project to provide an external stakeholder group with interactive access to data in the data warehouse.

Discussion of Results

In 2017/2018, the number of physicians province-wide who have implemented the eDOCS EMR solution in their practices increased by 107 to bring the total users to 167. The Centre supported these physicians by adding functionality including enabling laboratory and diagnostic imaging results to flow to the appropriate patient clinics, enhancing MCP billing integration and establishing a clinician onboarding process that will see more than 200 physicians establish an eDOCS EMR in their practice by the end of 2018.

The Centre continued to work with the RHAs and HCS to implement a primary health care clinic in Burin and explored opportunities to implement primary health care clinics in other areas of the province in the future.

As a result of a significantly expanded scope and an opportunity to apply to ACOA for funding to advance the external data access solution, the timeline for development and implementation has been extended to include multiple project phases over multiple years. The resulting solution will enable multiple internal and external user groups to interact with data and information in new ways while mitigating privacy risks associated with data disclosure.



Year Two Objective

By March 31, 2019, the Centre will have continued to solve critical issues by implementing practical solutions.

Year Two Indicators

- Implemented technology to provide external stakeholders with appropriate access to data in a secure environment that minimizes the time to access data for secondary use.
- Completed adoption process of 220 fee-for-service physicians to the eDOCSNL EMR program.
- Completed HEALTHe NL build by adding remaining data from Central Health.
- Completed enhancements to HEALTHe NL functionality.

As the Centre begins its 2017/2020 business planning cycle, the following opportunities and challenges have been identified.

Opportunities

- Continuing and increasing collaboration with stakeholders to advance development, implementation and use of health information systems and services.
- Maintaining the Centre's reputation as a national leader in EHR development and implementation and ensuring the Centre is ready to continue its work in this area.
- With the addition of more data sources to HEALTHe NL, the opportunity to increase adoption is significant as we move closer to having a complete patient profile in one location.
- Increasing the adoption of the provincial EMR program eDOCSNL.
- Assisting HCS in the implementation of the Prescription Monitoring Program - NL.
- Leading the RHAs in the development of a Provincial eHealth Model.
- Continuing to develop and implement health information systems with a patient-centric view, ensuring the focus is on improving patient safety, quality of care and access to services.
- Continuing to facilitate the development and adoption of health information standards to increase consistency, usability and sharing of health data within the province.
- Increasing the data holdings of the Centre to support a broader scope of analytic work, in support of health care and health system management.
- The continued interest in and demand for health analytic products and services, and using existing health data to support more informed decisions about health care.
- Supporting the Provincial Government's initiative to improve cost-effectiveness of health information management across the RHAs and the Centre through a shared service agreement.
- Supporting HCS and RHAs decision-making processes by maintaining the Chronic Disease Registry.

Challenges

- Achieving timely implementation of the EHR while balancing resource requirements, stakeholder expectations, contractual and partnership obligations and the integrity of existing components continue to challenge the Centre.
- Developing, implementing and operating Provincial eHealth Model, Prescription Monitoring Program – NL and provincial health information systems, including the EHR and EMR, requires active involvement and partnership with various stakeholders, all of whom have individual organizational priorities and limited resources. The Centre must work to maintain positive relationships and identify opportunities for collaboration, particularly on shared provincial priorities.
- As a trusted and independent third party for management and linkage of health information, the Centre must ensure secure and confidential information management processes in an ever-evolving environment.
- The Centre must recruit and retain the right skill sets to achieve its mandate, which it does through a focused human resource management process. However, the field of health informatics remains highly competitive and continually challenges the Centre's ability to ensure appropriate organizational capacity.

Appendix A: The Board of Directors

In keeping with the **Centre for Health Information Act**, the Centre is governed by a Board of Directors. Individuals are appointed to the Board by the Lieutenant-Governor in Council for a three-year term and can continue to serve as director until re-appointed or replaced. The following individuals comprise the Centre's Board of Directors as of March 31, 2018:

Dr. Kris Aubrey-Bassler, Chairperson	Tom Burseay	Karen Oldford
Allan Bradley	Michael Harvey	Dr. Margaret Mary Steele
Elyse Bruce	Cynthia Holden	Robert Thompson
	Ellen MacDonald	

The Centre thanks Jerry Vink, Lynn Power, Chris Collingwood, Fred Cahill and Ted Dawe whose terms ended in November 2017, and Denise Tubrett whose term ended in December 2017. Sincerest appreciation is extended to all these individuals for their dedication and contribution to the Centre and its mandate.



Financial Statements

Newfoundland and Labrador Centre for Health
Information

March 31, 2018

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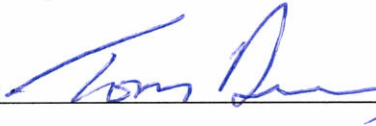
Statement of responsibility

The accompanying financial statements are the responsibility of the management of the Newfoundland and Labrador Centre for Health Information (the "Centre") and have been prepared in compliance with legislation, and in accordance with generally accepted accounting principles established by the Public Sector Accounting Board of The Chartered Professional Accountants of Canada.

In carrying out its responsibilities, management maintains appropriate systems of internal and administrative controls designed to provide reasonable assurance that transactions are executed in accordance with proper authorization, that assets are properly accounted for and safeguarded, and that financial information produced is relevant and reliable.

The Finance and Audit Committee met with management and its external auditors to review a draft of the financial statements and to discuss any significant financial reporting or internal control matters prior to their approval of the finalized financial statements.

Grant Thornton LLP as the Centre's appointed external auditors, have audited the financial statements. The auditor's report is addressed to the Directors of the Centre and appears on the following page. Their opinion is based upon an examination conducted in accordance with Canadian generally accepted auditing standards, performing such tests and other procedures as they consider necessary to obtain reasonable assurance that the financial statements are free of material misstatement and present fairly the financial position and results of the Centre in accordance with Canadian public sector accounting standards.

 Chair  Director



Independent auditors' report

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St. John's, NL
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To the Directors of

Newfoundland and Labrador Centre for Health Information

We have audited the accompanying financial statements of Newfoundland and Labrador Centre for Health Information, which comprise the statement of financial position as at March 31, 2018 and the statements of operations, net debt and changes in cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, 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.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Centre's preparation and fair presentation of the financial statements 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 the Centre's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Newfoundland and Labrador Centre for Health Information as at March 31, 2018 and its financial performance, net debt and cash flows for the year then ended in accordance with Canadian public sector accounting standards.



St. John's, Canada

June 20, 2018

Chartered Professional Accountants

Newfoundland and Labrador Centre for Health Information

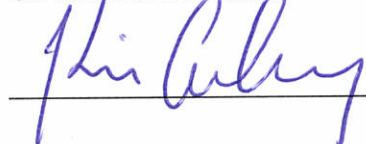
Statement of Financial Position

March 31	2018	2017
Financial assets		
Cash and cash equivalents	\$ 19,359,215	\$ 16,413,664
Receivables (Note 4)	<u>3,646,551</u>	<u>782,907</u>
	<u>23,005,766</u>	<u>17,196,571</u>
Liabilities		
Payables and accruals (Note 5)	9,884,120	7,333,541
Deferred revenue	15,434,849	12,216,000
Deferred capital contributions (Note 6)	13,824,594	16,880,296
Accrued severance pay (Note 7)	1,625,944	1,471,900
Accrued sick leave pay (Note 8)	<u>616,300</u>	<u>605,500</u>
	<u>41,385,807</u>	<u>38,507,237</u>
Net debt	<u>(18,380,041)</u>	<u>(21,310,666)</u>
Non-financial assets		
Tangible capital assets (Page 17)	16,654,396	18,806,746
Prepays	<u>2,830,527</u>	<u>1,933,728</u>
	<u>19,484,923</u>	<u>20,740,474</u>
Accumulated surplus (deficit)	<u>\$ 1,104,882</u>	<u>\$ (570,192)</u>

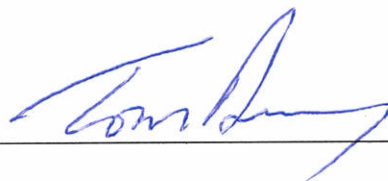
Contractual rights (Note 11)

Commitments (Note 12)

On behalf of the Centre



Chair



Director

See accompanying notes to the financial statements.

Newfoundland and Labrador Centre for Health Information

Statement of Operations and Changes in Accumulated Surplus

Year Ended March 31	Actual 2018	Budget 2018	Actual 2017
Revenue			
Grants			
Atlantic Canada Opportunities Agency	\$ 1,172,644	\$ -	\$ -
Canada Health Infoway	3,790,862	2,984,500	3,881,699
Government of Newfoundland and Labrador	24,265,259	26,217,000	24,058,603
Amortization of deferred capital contributions	3,215,082	3,238,541	3,042,563
Research	345,974	332,300	330,099
Interest	219,380	50,000	144,263
Other projects	<u>1,848,241</u>	<u>4,398,909</u>	<u>4,876,802</u>
	<u>34,857,442</u>	<u>37,221,250</u>	<u>36,334,029</u>
Expenses (Pages 18 & 19)			
Administration	7,860,254	8,241,029	7,978,518
Clinical Programs	4,637,971	4,966,625	5,373,647
Infrastructure, Information Protection and EHR Operations	12,482,202	12,886,242	12,397,462
Projects	4,913,430	3,996,584	4,329,894
Health Analytics and Evaluation Services	<u>3,288,511</u>	<u>3,556,953</u>	<u>3,465,985</u>
	<u>33,182,368</u>	<u>33,647,433</u>	<u>33,545,506</u>
Annual surplus	<u>\$ 1,675,074</u>	<u>\$ 3,573,817</u>	<u>\$ 2,788,523</u>
<hr/>			
Accumulated deficit, beginning of year	\$ (570,192)	\$ (570,192)	\$ (3,358,715)
Annual surplus	<u>1,675,074</u>	<u>3,573,817</u>	<u>2,788,523</u>
Accumulated surplus (deficit), end of year	<u>\$ 1,104,882</u>	<u>\$ 3,003,625</u>	<u>\$ (570,192)</u>

See accompanying notes to the financial statements.

Newfoundland and Labrador Centre for Health Information

Statement of Net Debt

Year Ended March 31	Actual 2018	Budget 2018	Actual 2017
Annual surplus	\$ 1,675,074	\$ 3,573,817	\$ 2,788,523
Acquisition of tangible capital assets	(2,350,459)	(2,048,485)	(2,195,078)
Amortization of tangible capital assets	4,502,809	4,666,921	4,407,015
(Increase) decrease in prepaids	<u>(896,799)</u>	<u>-</u>	<u>349,663</u>
Decrease in net debt	2,930,625	6,192,253	5,350,123
Net debt, beginning of year	<u>(21,310,666)</u>	<u>(21,310,666)</u>	<u>(26,660,789)</u>
Net debt, end of year	<u>\$(18,380,041)</u>	<u>\$(15,118,413)</u>	<u>\$(21,310,666)</u>

See accompanying notes to the financial statements.

Newfoundland and Labrador Centre for Health Information

Statement of Cash Flows

Year Ended March 31

2018

2017

Increase (decrease) in cash and cash equivalents

Operating

Annual surplus	\$ 1,675,074	\$ 2,788,523
Change in non-cash items		
Amortization of capital assets	4,502,809	4,407,015
Amortization of deferred capital contributions	(3,215,082)	(3,042,563)
Loss on disposal of capital assets	-	-
Increase (decrease) in severance pay accrual	154,044	(45,600)
Increase (decrease) in sick leave pay accrual	10,800	(6,800)

Change in non-cash operating working capital

Receivables	(2,863,644)	443,456
Prepaid expenses	(896,799)	349,663
Payables and accruals	2,550,578	1,676,996
Deferred revenue	<u>3,218,849</u>	<u>(5,530,721)</u>

Cash provided by operating transactions

<u>5,136,629</u>	<u>1,039,969</u>
------------------	------------------

Capital

Cash applied to capital transactions	<u>(2,350,459)</u>	<u>(2,195,078)</u>
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Financing

Capital contributions from Government of Newfoundland and Labrador and Canada Health Infoway	<u>159,381</u>	<u>1,431,280</u>
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Increase in cash and cash equivalents

2,945,551	276,171
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Cash and cash equivalents, beginning of year

<u>16,413,664</u>	<u>16,137,493</u>
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Cash and cash equivalents, end of year

<u>\$ 19,359,215</u>	<u>\$16,413,664</u>
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See accompanying notes to the financial statements.

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2018

1. Purpose of organization

The Newfoundland and Labrador Centre for Health Information (the Centre) was established by the Government of Newfoundland and Labrador in 1996 following the recommendation of the Health System Information Task Force (1995). The Newfoundland and Labrador Centre for Health Information Act was proclaimed April 27, 2007 and repealed March 12, 2018. The new Centre for Health Information Act, 2018 received Royal Assent March 12, 2018, and the Centre was continued as a Corporation without share capital under the Corporations Act. The Centre is a Government Organization and reports to the Legislative Assembly through the Ministry of Health and Community Services. The Centre is exempt from income tax under Section 149 of the Income Tax Act.

As part of the Provincial Government's approach to developing a province-wide shared services eHealth model for the health care system, the Centre, through the new Act, was mandated to develop and implement a Provincial eHealth Model. This model will coordinate the information technology and information management functions of the four regional health authorities and the Centre into one provincial solution.

Through the support of the provincial government and Canada Health Infoway Inc., the Centre has been recognized for its contributions to the national agenda for development of the Electronic Health Record with the first provincial client registry designed and implemented for the Electronic Health Record. The Centre is also involved with data standards development and dissemination, applied health research and the evaluation of health information systems.

2. Summary of significant accounting policies

Basis of presentation

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles as recommended by the Public Sector Accounting Standards Board (PSAB) of the Chartered Professional Accountants of Canada and reflect the following significant accounting policies.

Use of estimates

In preparing the Centre's financial statements in conformity with Canadian public sector accounting standards, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the date of the financial statements and the reported amounts of revenues and expenses during the period. Items requiring the use of significant estimates include the useful life of capital assets, estimated accrued severance and sick leave, rates of amortization and impairment of assets.

Estimates are based on the best information available at the time of preparation of the financial statements and are reviewed annually to reflect new information as it becomes available. Measurement uncertainty exists in these financial statements. Actual results could differ from these estimates.

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2018

2. Summary of significant accounting policies (cont'd.)

Revenue recognition

Government grants are recognized in the period in which entitlement arises. Revenue from grants is recognized as deferred revenue when amounts have been received but not all eligibility criteria has been met. Other revenue from research and other contracts is recognized as the related expenditures are incurred. Interest income is recognized as it is earned.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, balances with banks, and short term deposits with original maturities of three months or less. Bank borrowings are considered to be financing activities.

Non-financial assets

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives generally extending beyond the current year and are not intended for sale in the ordinary course of operations. The change in non-financial assets during the year, together with the annual surplus, provides the change in net debt for the year.

Prepaid expenses

Prepaid expenses include software maintenance, software license fees, insurance, rent and other operating expenses that the Centre has paid but the services have not been provided as of year end.

Tangible capital assets

Tangible capital assets are recorded at cost. Depreciation is provided annually at rates calculated to write off the assets over their estimated useful life as follows:

Computer equipment	20%, straight line
Office furniture	15%, straight line
Computer software	33%, straight line
Leasehold improvements	10%, straight line
Pharmacy Network	10%, straight line
Health Information Access Layer	10%, straight line
iEHR Labs	10%, straight line

Impairment of long lived assets

Long lived assets are written down when conditions indicate that they no longer contribute to the Centre's ability to provide goods and services, or when the value of future economic benefits associated with the assets are less than their net book value. The net write downs would be accounted for as expenses in the statement of operations.

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2018

2. Summary of significant accounting policies (cont'd.)

Capital contributions

The Centre receives funding specifically for the development of major software and systems to be used by the various stakeholders within the Province's health care sector. The Centre also has a responsibility to continue to develop and sustain the software and systems for the stakeholders. Based on the Centre's responsibilities to provide a service to maintain these major projects, the funding received has been included as a liability and recognized as revenue over the project's useful life.

Severance pay

Severance pay is calculated using an actuarial estimate based upon years of service and current salary levels. The right to be paid severance pay vests with employees with nine years of continual service. Severance pay is payable when the employee ceases employment with the Centre and has achieved the minimum of nine years of continual service. An actuarially determined accrued liability has been recorded on the statements for severance pay.

Sick leave pay

The Centre provides sick leave benefits to employees with sick leave days to their credit as of December 31, 2003 and employees who transfer from another government department/agency with accumulated sick leave days. No additional sick leave benefits have accumulated since December 31, 2003 or the employee's date of transfer, as the case may be. An actuarially determined accrued liability has been recorded on the statements for sick leave benefits.

Financial instruments

The Centre considers any contract creating a financial asset, liability or equity instrument as a financial instrument, except in certain limited circumstances. The Centre accounts for the following as financial instruments:

- cash and cash equivalents;
- receivables; and
- payables and accruals.

A financial asset or liability is recognized when the Centre becomes party to contractual provisions of the instrument.

The Centre initially measures its financial assets and financial liabilities at fair value adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument.

The Centre subsequently measures its financial assets and financial liabilities at cost or amortized cost.

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2018

2. Summary of significant accounting policies (cont'd.)

Financial assets measured at fair value include cash and cash equivalents. Financial assets measured at cost include receivables.

Financial liabilities measured at cost include payables and accruals.

The Centre removes financial liabilities, or a portion of, when the obligation is discharged, cancelled or expires.

Financial assets measured at cost are tested for impairment when there are indicators of impairment. Previously recognized impairment losses are reversed to the extent of the improvement provided the asset is not carried at an amount, at the date of the reversal, greater than the amount that would have been the carrying amount had no impairment loss been recognized previously. The amounts of any write-downs or reversals are recognized in net annual surplus.

3. New accounting policies

The Centre has adopted several new standards as required by Canadian public sector accounting standards for fiscal years beginning on or after April 1, 2017. All new sections have been applied prospectively.

The following three standards have resulted in additional disclosures in the notes to the financial statements in the current year:

Section PS 2200 – Related party transactions

Defines and establishes disclosure standards for related party transactions.

Section PS 3420 – Inter-entity transactions

Establishes how to account for and report on transactions between public sector entities that comprise a government reporting entity.

Section PS 3380 – Contractual rights

Defines and establishes disclosure standards on contractual rights.

Two additional standards have also been adopted but did not have an effect on the financial statements in the current year:

Section PS 3210 – Assets

Provides guidance on applying the definition of an asset and establishes disclosure standards for assets.

Section PS 3320 – Contingent assets

Defines and establishes disclosure requirements for contingent assets.

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2018

4. Receivables	<u>2018</u>	<u>2017</u>
Government of Newfoundland and Labrador	\$ 1,900,000	\$ -
Harmonized sales tax	654,749	526,286
Trade	141,368	234,407
Accrued interest	59,300	14,389
Canada Health Infoway	891,134	5,745
Other	<u>-</u>	<u>2,080</u>
	<u>\$ 3,646,551</u>	<u>\$ 782,907</u>

5. Payables and accruals	<u>2018</u>	<u>2017</u>
Trade	\$ 7,995,624	\$ 5,636,887
Vacation and compensatory pay	<u>1,888,496</u>	<u>1,696,654</u>
	<u>\$ 9,884,120</u>	<u>\$ 7,333,541</u>

6. Deferred capital contributions	<u>2018</u>	<u>2017</u>
Opening balance	\$ 16,880,296	\$ 18,491,579
Capital contributions from Government of Newfoundland and Labrador	159,380	1,293,682
Capital contributions from Canada Health Infoway	-	137,598
Amortization of deferred capital contributions	<u>(3,215,082)</u>	<u>(3,042,563)</u>
	<u>\$ 13,824,594</u>	<u>\$ 16,880,296</u>

7. Accrued severance pay

Accrued severance obligations have been calculated based on an actuarial valuation completed effective March 31, 2018. The assumptions shown below are based on future events.

Significant assumptions used:	<u>2018</u>	<u>2017</u>
Discount rate	3.2%	3.5%
Average remaining service period of active employees	16 years	12.8 years
Wage and salary escalation	3.0%	3.0%

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2018

7. Accrued severance pay (cont'd.)	<u>2018</u>	<u>2017</u>
Accrued Benefit Obligation:		
Balance beginning of year	\$ 1,471,900	\$ 1,517,500
Current period benefit cost	157,900	154,400
Interest cost	52,600	49,800
Benefits payments	(55,000)	(249,600)
Amortization of actuarial gains	<u>(1,456)</u>	<u>(200)</u>
Balance, end of year	<u>\$ 1,625,944</u>	<u>\$ 1,471,900</u>
Net benefit expense for the year:		
Current period benefit cost	\$ 157,900	\$ 154,400
Amortization of actuarial gains	(1,456)	(200)
Interest cost	<u>52,600</u>	<u>49,800</u>
Net Benefit Expense	<u>\$ 209,044</u>	<u>\$ 204,000</u>

8. **Accrued sick leave pay**

Accrued sick leave obligations have been calculated based on an actuarial valuation completed effective March 31, 2018. The assumptions shown below are based on future events.

	<u>2018</u>	<u>2017</u>
Significant assumptions used:		
Discount rate	3.2%	3.5%
Average remaining service period of active employees	15.0 years	9.7 years
Wage and salary escalation	3.0%	3.0%
Accrued Benefit Obligation:		
Balance beginning of year	\$ 605,500	\$ 612,300
Current period benefit cost	-	-
Interest cost	21,000	20,400
Benefits payments	(10,200)	(27,400)
Amortization of actuarial gains	<u>-</u>	<u>200</u>
Balance, end of year	<u>\$ 616,300</u>	<u>\$ 605,500</u>
Net benefit expense for the year:		
Current period benefit cost	\$ -	\$ -
Amortization of actuarial losses (gains)	-	200
Interest cost	<u>21,000</u>	<u>20,400</u>
Net Benefit Expense	<u>\$ 21,000</u>	<u>\$ 20,600</u>

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2018

9. Public Service Pension Plan and Government Money-Purchase Pension Plan

The Centre participates in the Government of Newfoundland and Labrador's defined benefit Public Service Pension Plan (PSPP) for full-time employees and the defined contributions Government Money-Purchase Pension Plan (GMPP) for part-time employees. The assets of the plans are held separately from those of the Centre in an independently administered fund. Plan participation is mandatory for all employees.

PSPP members must have at least five years of pensionable service to obtain a pension benefit. Normal retirement age under the plan is 65, however early retirement options are available. The PSPP is integrated with the Canada Pension Plan (CPP).

Members of the Plan are required to make contributions toward the funding of their pension benefits as follows:

- (i) 10.75% of earnings up to the Year's Basic CPP Exemption, the portion of earnings upon which no CPP contributions are required;
- (ii) 8.95% of earnings in excess of the Year's Basic CPP Exemption up to and including the Year's Maximum Pensionable Earnings ("YMPE"); and
- (iii) 11.85% of earnings in excess of the YMPE.

The lifetime PSPP pension benefit is determined as 1.4% of the best five year average salary (up to the three year average YMPE) multiplied by the years of pensionable service, plus 2% of the best five year average salary (in excess of the average YMPE) multiplied by the years of pensionable service.

Members of the GMPP can use the contributions along with interest and/or investment gain/loss to purchase a pension at retirement. Contributions made on or after January 1, 1997 are fully vested and locked-in after the completion of two years of plan participation.

Employer contributions paid and expensed by the Centre during the year for the PSPP and GMPP totaled \$1,157,817 (2017 - \$1,208,472). Additional information about the plan surplus or deficit is not available.

10. Related party and inter-entity transactions

The Centre has not had any related party or inter-entity transactions occurring at a value different from that which would have been arrived at if the parties were unrelated and that had a material financial effect on the financial statements.

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2018

11. Contractual rights

The Centre has entered into contractual agreements with several federal agencies for project funding.

Atlantic Canada Opportunities Agency has committed funding under its Business Development Program for eligible costs incurred between August 2017 and March 31, 2019 for three separate initiatives.

- Funding up to \$3,858,541 was approved to build a provincial health data lab to store and provide secure access to provincial clinical and administrative health data sets. Revenue of \$3,442,802 is expected to be recognized in the fiscal year ending March 31, 2019.
- Funding up to \$3,351,000 was approved to enable more cost-effective delivery of and expanded access to telehealth services across rural regions of Newfoundland and Labrador. Revenue of \$3,050,646 is expected to be recognized in the fiscal year ending March 31, 2019.
- Funding up to \$1,793,674 was approved to acquire and implement technology to support new electronic processes for e-ordering, to maximize use of clinical staff resources and to improve overall delivery of care at a lower cost. Revenue of \$1,337,123 is expected to be recognized in the fiscal year ending March 31, 2019.

Canada Health Infoway Inc. has committed funding of up to \$2.2 million to accelerate the implementation and adoption of electronic medical records. Revenue of \$225,000 is expected to be recognized in the fiscal year ending March 31, 2019.

There are no contractual agreements in effect after March 31, 2019.

12. Commitments

Under the terms of several long term contracts related to the rental of office space, equipment lease and software fees, the Centre is committed to make the approximate payments for the next five years as follows:

2019	\$ 4,405,503
2020	\$ 2,966,079
2021	\$ 2,635,594
2022	\$ 850,293
2023	\$ 197,654

The Centre has a significant project portfolio as it works towards development of the Electronic Health Record. Currently the portfolio includes Pharmacy, iEHR Labs, Telepathology and Electronic Medical Records (EMR). As these projects are completed and transition to programs the Centre will enter into some significant long-term commitments, particularly for EMR. The Centre does not include future commitments in its disclosure until there is some certainty around the completion of the project, transition to program and measurement.

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2018

13. Financial instruments

The Centre's financial instruments consist of cash and cash equivalents, receivables and payables and accruals. The book value of cash and cash equivalents, receivables and payables and accruals approximate fair value due to their short term maturity date.

Risks and concentrations

The Centre is exposed to various risks through its financial instruments. The following analysis provides a measure of the Centre's risk exposure and concentrations at March 31, 2018.

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The Centre is exposed to this risk mainly in respect of its payables and accruals in the amount of \$9,884,120 (2017 - \$7,333,541), which have a maturity of no later than one year. The payment of the accrued severance pay and sick leave pay liabilities will occur later than one year. The Centre reduces its exposure to liquidity risk by monitoring its cash flows and ensuring that it has sufficient cash available to meet its obligations and liabilities. In the opinion of management the liquidity risk exposure to the Centre is low and not material.

Credit risk

Credit risk is the risk of loss associated with counterparty's inability to fulfill its payment obligations. The Centre's credit risk is attributable to receivables in the amount of \$2,991,802 (2017 - \$256,621), of which \$891,134 (2017 - \$5,745) is receivable from Canada Health Infoway and \$1,900,000 (2017 - \$Nil) is receivable from the Department of Health and Community Services of the Government of Newfoundland and Labrador. Receivables are expected to be collected no later than one year. Management believes that the credit risk concentration with respect to financial instruments included in receivables is remote.

14. Subsequent event

On May 29, 2018 the Government of Newfoundland and Labrador announced that effective June 1, 2018 there will be a curtailment of severance benefits for its executives, managers, and other non-union employees. The Centre is currently estimating the impact of this announcement on the severance liability as presented in Note 7 to the financial statements.

Newfoundland and Labrador Centre for Health Information Schedule of Tangible Capital Assets

Year Ended March 31, 2018

Cost	Computer equipment	Office furniture	Computer software	Leasehold improvements	Pharmacy Network	Electronic Health Records-Labs (iEHR Labs)	Health Information Access Layer (HIAL)	2018		2017	
								2018	2017	2018	2017
Cost, beginning of year	\$ 12,252,148	\$ 391,562	\$ 6,453,741	\$ 264,421	\$ 10,334,829	\$ 8,333,909	\$ 8,291,887	\$46,322,497	\$ 44,336,367		
Additions during the year	1,184,229	17,914	1,150,222	-	-	(1,906)	-	2,350,459	2,195,078		
Disposals during the year	(202,419)	-	(45,438)	-	-	-	-	(247,857)	(208,948)		
Cost, end of year	<u>\$ 13,233,958</u>	<u>\$ 409,476</u>	<u>\$ 7,558,525</u>	<u>\$ 264,421</u>	<u>\$ 10,334,829</u>	<u>\$ 8,332,003</u>	<u>\$ 8,291,887</u>	<u>\$ 48,425,099</u>	<u>\$ 46,322,497</u>		
Accumulated Amortization											
Accumulated amortization, beginning of year	\$ 9,604,235	\$ 361,137	\$ 5,027,119	\$ 205,532	\$ 7,135,280	\$ 1,386,570	\$ 3,795,878	\$ 27,515,751	\$ 23,317,684		
Amortization	1,081,082	8,121	735,716	29,334	1,033,483	785,884	829,189	4,502,809	4,407,015		
Reversal of accumulated amortization relating to disposals	(202,419)	-	(45,438)	-	-	-	-	(247,857)	(208,948)		
Accumulated amortization, end of year	<u>\$ 10,482,898</u>	<u>\$ 369,258</u>	<u>\$ 5,717,397</u>	<u>\$ 234,866</u>	<u>\$ 8,168,763</u>	<u>\$ 2,172,454</u>	<u>\$ 4,625,067</u>	<u>\$ 31,770,703</u>	<u>\$ 27,515,751</u>		
Net book value of tangible capital assets	<u>\$ 2,751,060</u>	<u>\$ 40,218</u>	<u>\$ 1,841,128</u>	<u>\$ 29,555</u>	<u>\$ 2,166,066</u>	<u>\$ 6,159,549</u>	<u>\$ 3,666,820</u>	<u>\$ 16,654,396</u>	<u>\$ 18,806,746</u>		

Included in tangible capital assets are assets that are not in use and therefore not depreciated in the current year. These assets which \$Nil (2017 - \$569,659) relates to iEHR Labs, \$111,009 (2017 - \$244,552) to computer software, and \$421,867 (2017 - \$Nil) to computer equipment are expected to be depreciated in the next fiscal year.

Newfoundland and Labrador Centre for Health Information

Schedule of Expenses

March 31	2018	2017
Administration		
Communication	\$ 8,593	\$ 12,742
Consulting fees	423	26,413
Salaries and benefits	1,958,350	2,214,346
Amortization of capital assets	4,502,809	4,407,015
Minor equipment	14,372	3,506
Software maintenance	24,727	21,988
Rent	898,511	898,511
Security services	157	24,572
Insurance	104,780	105,361
Other	347,532	264,064
	<u>\$ 7,860,254</u>	<u>\$ 7,978,518</u>
Clinical Programs		
Consulting fees	\$ 569,452	\$ 584,239
Salaries and benefits	2,338,679	2,526,456
License fees	391,510	187,881
Minor equipment	6,807	3,014
Software maintenance	1,159,212	1,224,356
Pharmacy incentives	50,750	741,750
Rent	33,900	33,900
Other	87,661	72,051
	<u>\$ 4,637,971</u>	<u>\$ 5,373,647</u>
Infrastructure, Information Protection and EHR Operations		
Consulting fees	\$ 310,032	\$ 359,049
Salaries and benefits	5,446,980	5,453,998
Data communication charges	513,272	485,209
License fees	2,223,315	2,257,358
Minor equipment	10,824	9,323
Software maintenance	3,560,148	3,396,690
Data centre rent	281,763	301,889
Other	135,868	133,946
	<u>\$ 12,482,202</u>	<u>\$ 12,397,462</u>

Newfoundland and Labrador Centre for Health
Information
Schedule of Expenses

March 31	2018	2017
Projects		
Consulting fees	\$ 1,882,331	\$ 2,095,526
Salaries and benefits	1,620,555	1,605,445
License fees	415,113	112,112
Equipment and RHA reimbursements	792,575	299,898
Software maintenance	84,333	22,234
Other	<u>118,523</u>	<u>194,679</u>
	\$ 4,913,430	\$ 4,329,894
Health Analytics and Evaluation Services		
Consulting fees	\$ 7,500	\$ 3,476
Salaries and benefits	3,150,135	3,339,739
License fees	44,718	31,609
Minor equipment	1,863	9,691
Other	46,092	55,302
Software maintenance	<u>38,203</u>	<u>26,168</u>
	\$ 3,288,511	\$ 3,465,985
Total expenses	<u>\$ 33,182,368</u>	<u>\$ 33,545,506</u>

Appendix C: List of Data Holdings

1. Aboriginal Health Project Dataset
2. Administrative Dataset for Surveillance of Depressive Disorders in NL
3. Adolescent Health Survey
4. Adult Protection Act Information/Training Session Evaluation Survey Dataset
5. Adult Protection Dataset
6. Adult Protection Act Focus Group Recordings
7. Adult Protection Act Tracking System Dataset
8. Adverse Drug Events
9. Adverse Drug Events (ADEs) in Adult Patients Dataset
10. Adverse Drug Events (ADEs) in Paediatric Patients Dataset
11. Alcohol and Drug Monitoring Study
12. Assessment of Hypertension Dataset
13. Assessment of Psychometric Tools Dataset
14. Atlantic iEHR Evaluation Studies Dataset
15. Atlantic Student Drug Use Survey
16. Automated Notification System Administrative Dataset
17. Automated Notification System Client Experience Survey Dataset
18. Baie Verte Project Dataset
19. Baie Verte Miners' Registry
20. Birthweight Study Dataset
21. Booster Seat Study Dataset
22. Breast Cancer and Diabetes Dataset
23. Breast Feeding Study Dataset
24. BYOD Evaluation Survey Dataset
25. Canadian Community Health Survey
26. Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) Dataset
27. Canadian Network for Observational Drug Effect Studies Dataset
28. Canadian Primary Care Sentinal Surveillance Network - Newfoundland and Labrador component
29. Canadian Primary Care Sentinal Surveillance Network-Parkinson's Validation Study Dataset
30. Canadian Tobacco, Alcohol and Drug Survey
31. Canadian Tobacco Use Monitoring Survey
32. Cancer Dataset
33. Cancer and Chronic Disease Research Database
34. Cancer Control Policy Framework Review Key Informant Interview Dataset
35. Cancer-Diabetes Study Dataset
36. Cancer Patient Navigation Service Evaluation Dataset
37. C-section Impact Dataset
38. C-section Stillbirth Dataset
39. Cardiac Care Dataset
40. Cardiac Events Dataset
41. Census
42. Cervical Cancer Surveillance System
43. Childhood Burn Injury Dataset
44. Childhood Injury Research Dataset
45. Childhood Leukemia Dataset
46. Chronic Disease Registry
 - Diabetes Registry
 - Asthma Registry
 - COPD Registry
 - Heart Failure Registry
 - Hypertension Registry
 - Ischemic Heart Disease Registry
 - Stroke Registry
47. Chronic Pain in NL Dataset
48. CIHI Proof of Concept Study Dataset
49. Clarification Calls Study Dataset
50. Client Registry (CR)
51. Clinical Documents/Encounters Repository
52. Clinical Safety Reporting System
53. Colorectal Cancer and Diabetes Dataset
54. Community Rapid Response Team Administrative Dataset
55. Community Rapid Response Team Focus Group and Interview Recordings
56. Community Rapid Response Team Client Satisfaction Survey Dataset
57. Community Rapid Response Team Staff Survey Dataset
58. Community Table
59. Community Treatment Order Administrative Dataset
60. Community Treatment Order Focus Group and Interview Recordings
61. Complex Care Cohort Dataset
62. Continuity of Care Research Dataset

63. DHCS-Maps Diagrams
64. Drug Information System (DIS)
65. Drug Treatment Funding Program Evaluation Phase 1 Dataset
66. Drug Treatment Funding Program Evaluation Phase 2 Dataset
67. Early vs Late Diabetes Diagnosis Dataset
68. Emergency Room Triage Dataset
69. EMR Diabetes Risk POC Dataset
70. EMR Obesity Chronic Conditions Dataset
71. Enhanced Care in Personal Care Homes Pilot Administrative Dataset
72. ER/PR Patient Listing and Communications Database
73. Factors Associated with Breast Screening Dataset
74. Factors Influencing Breastfeeding Dataset
75. First Nation Administrative Health Database (FNAHD)
76. Health Forums 2014-15 Data
77. Health Information Management in First Nations Communities in NL Survey Dataset
78. Healthline Evaluation
79. Health Service Utilization by Size at Birth Dataset
80. HEALTHe NL Viewer Adoption Evaluation Dataset
81. HEALTHe NL Viewer User Monitoring System
82. Healthy Workplace Pilot Project Dataset
83. Heart Failure Outreach Program Client Experience Survey Dataset
84. Heart Failure Outreach Program Key Informant Interview Transcripts
85. Heart & Stroke Dataset from Canadian Stroke Network (NL Data file)
86. Hepatitis C Project Dataset
87. HIV Study Dataset
88. HOME Study Dataset
89. Home Support Program Dataset
90. Illegal Drug Use Study Pharmacist Survey Dataset
91. Impact C-section Dataset
92. Impact of EHR to facilitate Medication Reconciliation Dataset
93. Impact of Out-of-Pocket Prescription Costs Survey Dataset
94. Injuries Study Dataset
95. Intentional Misuse of Prescription Drugs Dataset
96. Investigating Celiac Disease in NL Dataset
97. Laboratory Information System
98. Laboratory Test Data, Eastern Health
99. Laboratory Test Data, Western Health
100. Longitudinal In-patient ADE Database
101. Longitudinal Paediatric Research Database
102. MCP Beneficiary Registration Database
103. MCP Fee-For-Service Physician Claims Database
104. MCP Provider Registry
105. MCP Purge File
106. Medical Transportation Assistance Program AES Claims Dataset
107. Medical Transportation Assistance Program HCS Claims Dataset
108. Meditech ER Data, All RHAs
109. Meditech Long Term Care Data, All RHAs
110. Meditech Medical Imaging Data, All RHAs
111. Meditech OR Data, All RHAs
112. Meditech Laboratory Data, All RHAs
113. Mental Health Study (Administrative Case Definition)
114. Mental Health Care and Treatment Act (MHCTA) Evaluation Dataset
115. Miawpukek Diabetes Study Dataset
116. Newfoundland Adult Health Survey Study Dataset
117. National Longitudinal Survey of Children and Youth
118. National Population Health Survey
119. Newfoundland and Labrador Chronic Disease Surveillance System
120. Newfoundland and Labrador Prescription Drug Program Dataset
121. NewLab Psoriasis Clinical Dataset
122. NL Adult Health Survey (NAHS)
123. NL Health Line Clinidata Dataset
124. NL Health Line Fonemed Dataset
125. NL Mental Health Care and Treatment Act Evaluation Dataset
126. NLCHI Employee Survey
127. NLCHI Live Birth System (LBS)
128. NLCHI Mortality System (MS)
129. NLCHI Stillbirth System (SS)
130. Non-Suicidal Self-Injury Survey Dataset
131. Nurse Absenteeism Study Dataset
132. OCME Suicide Dataset
133. Opioid-Related Deaths Dataset

134. Ottawa Nursing Model Dataset
135. Out of Province Discharge Abstract Database
136. Outcomes for Type 2 Diabetes Dataset
137. Paid Family Caregiving Option Dataset
138. PACS Implementation Evaluation Dataset
139. PACS Information Management Dataset
140. Paid Family Caregiving Option Administrative Dataset
141. Paid Family Caregiving Option Client Experience Survey Dataset
142. Paid Family Caregiving Option Focus Group Transcripts
143. Pharmacy Network POC Dataset
144. Pharmacy Validation Studies Dataset
145. Physician Claims Administrative Health Data
146. Postal Code Conversion File
147. Premier's Health Summit 2015 Data
148. Prescription Drug Misuse Dataset
149. Primary Care Reform Dataset
150. Primary Health Care Survey Dataset
151. Primary Health Care Focus Group and Key Informant Interview Recordings
152. Privacy Training Survey
153. Provider Registry (PR)
154. Provider Table (CDMS)
155. Provincial Community Mental Health Reporting System
156. Provincial Discharge Abstract Database
157. Provincial Mental Health Reporting System
158. Provincial Continuing Care System
159. Provincial Diabetes Database
160. Provincial Home Care System
161. Provincial Management Information System (MIS) Data
162. Provincial Rehabilitation System
163. Provincial Smoking Cessation Program Administrative Dataset
164. Provincial Smoking Cessation Program Client Telephone Survey Dataset
165. Provincial Smoking Cessation Program Health Professionals Survey Dataset
166. Psoriasis Research Dataset
167. Psoriasis Studies Datasets
168. Public Awareness Survey 2012 Dataset
169. Public Health Laboratory Data
170. Rates and Waits Study Dataset
171. Researching Nursing Practice in the Community Dataset
172. Seniors Medication Use Dataset
173. Signing Bonus Program Evaluation (2014)
174. Speech-Language Pathology Audit Data
175. Statin Study
176. Statistics Canada Annual Mortality Data Files
177. Statistics Canada Annual Stillbirth Data Files
178. Statistics Canada Population Estimates
179. Student Drug Use Survey
180. Suicide Database
181. Suicide Study Dataset
182. Telehealth Evaluation Dataset
183. Telehealth Utilization Data
184. Telehealth Utilization Data in iScheduler

Newfoundland and Labrador
Centre for Health Information

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