



ANNUAL BUSINESS REPORT

2018–2019

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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 2018/2019 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 2018/2019, the Newfoundland and Labrador Centre for Health Information (NLCHI) continued to support the provincial health care system. Utilizing eHealth programs, tools, data analytics and evaluation support, NLCHI provided health care professionals and decision makers with quality sources of information to enhance patient care and support better patient outcomes.

NLCHI reached a number of significant milestones in 2018/2019 including the completion of the provincial electronic health record, HEALTHe NL. This project is the culmination of many years of work and as a result, Newfoundland and Labrador now has the most comprehensive electronic health record in Canada. NLCHI also continued to expand its use of HEALTHe NL, adding over 2,700 new authorized users for a total of over 8,000 users with access to this tool. In 2018/2019, 43 per cent of the provincial population saw a clinician who utilized HEALTHe NL as part of their patient care model.

The provincial electronic medical record program, eDOCSNL, continued to be a success with over 300 clinicians now enrolled in the program and over 50 per cent of the provincial population now having a digital record in an eDOCSNL system.

This past year, NLCHI continued to implement the Provincial eHealth Model which will combine the eHealth functions of the four Regional Health Authorities and NLCHI into a provincially focused organization. The eHealth model will help drive efficiencies, advance technology, address access to services, increase privacy and security and enhance decision support.

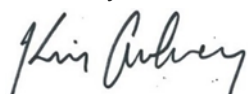
In September 2018, the Multi-Jurisdictional Telepathology network, a first of its kind in Canada, went live. Through a partnership between Newfoundland and Labrador, Manitoba and the University Health Network in Ontario, this network allows for local pathology specialists and sub-specialists to connect, share information and consult across the three jurisdictions.

NLCHI also continued to implement three significant projects that were funded by the Atlantic Canada Opportunities Agency - a health data lab, telehealth expansion project, and an eOrdering solution for cardiac catheterization and vascular referrals. These initiatives bring federal money to the province and build on the core foundations of NLCHI.

NLCHI continues to be led by a strong system of values that aims to protect the privacy and security of clients and patients, with patient safety and improved health outcomes as focal points of everything we do.

I extend my thanks to the members of our Board, executive team and employees whose dedication to the work of NLCHI shines through in the many accomplishments and successes we have been privileged to share in.

Sincerely,



Dr. Kris Aubrey-Bassler
Chairperson, Board of Directors

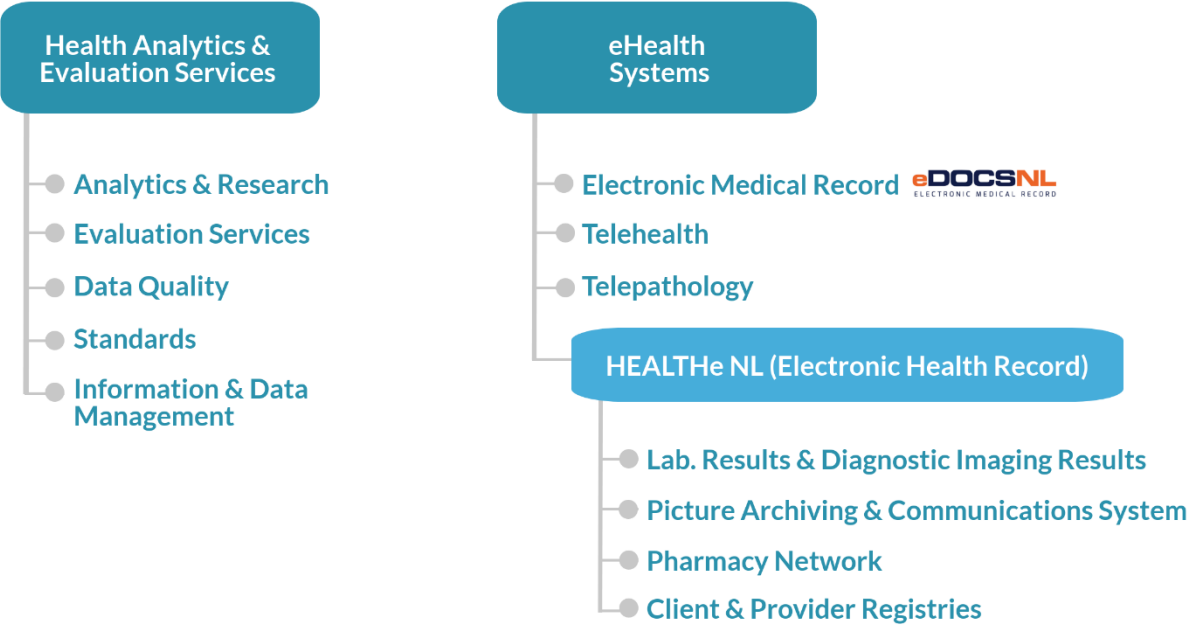
About the Centre for Health Information

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

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

For more information about NLCHI’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

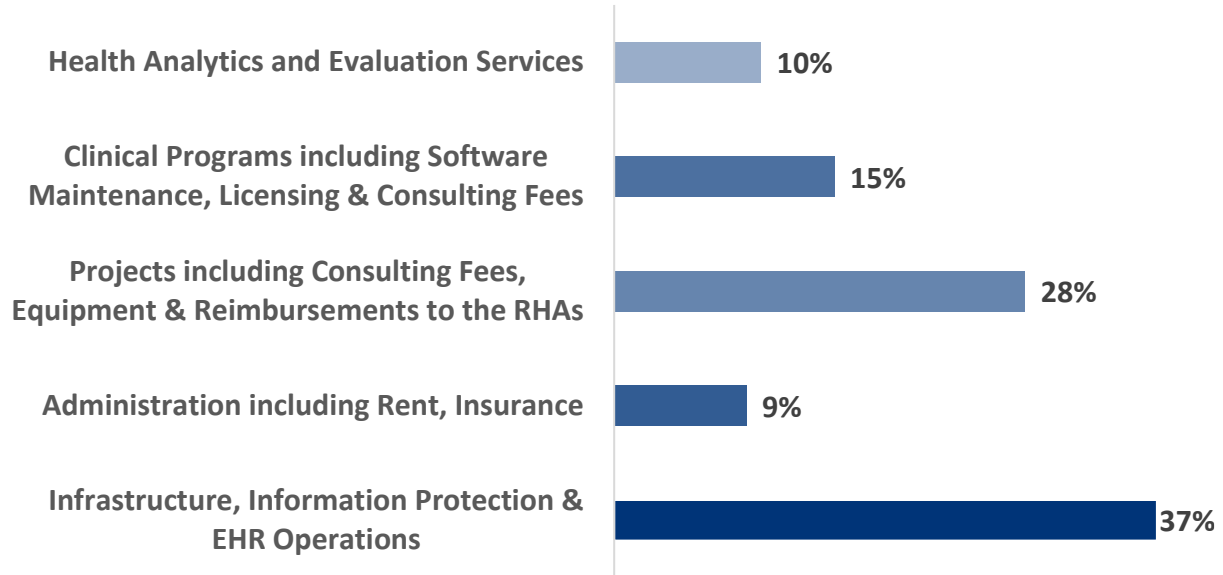
NLCHI is governed by a Board of Directors (Appendix A) and is structured into four departments: Health Analytics and Evaluation Services; eHealth Clinical Programs; Provincial Health Information Systems; and Corporate Services. As of March 31, 2019, NLCHI had 175 employees; 108 females and 67 males. Most employees are based in NLCHI's head office at 70 O'Leary Avenue in St. John's, and the remainder at its Registry Integrity Unit in Bay Roberts and at various locations across the province.

Financial Statements

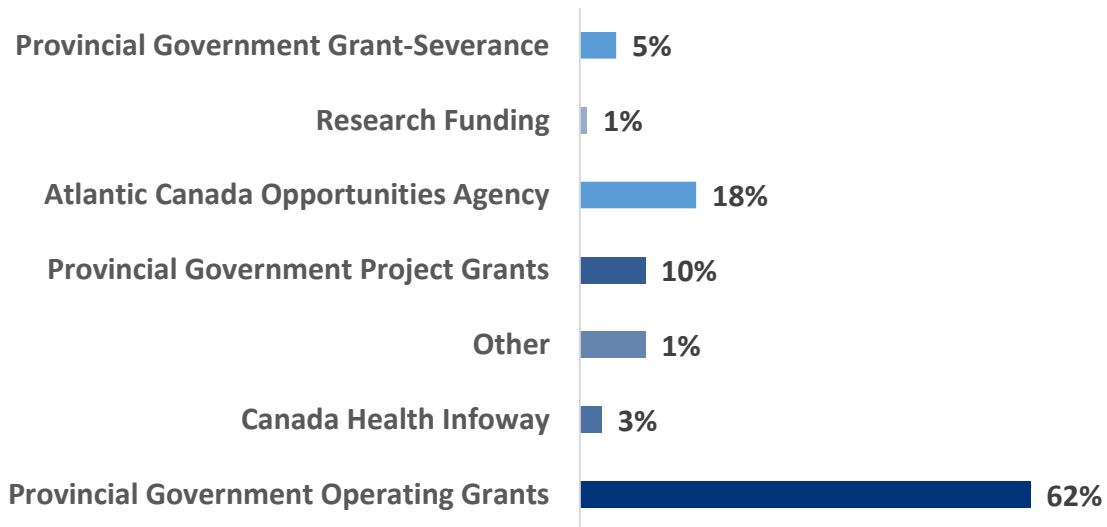
NLCHI's revenues and expenses experience annual fluctuations as projects commence and conclude and according to the placement and achievement of funding for project milestones.

In fiscal year 2018/2019, NLCHI's total revenue was \$38.82 million of which 62 per cent was a provincial operating grant, with the remaining 38 per cent coming from external research funding, capital funding from the Government of Newfoundland and Labrador and Canada Health Infoway for electronic health record (EHR) development, and from Atlantic Canada Opportunities Agency (ACOA) for various initiatives. Expenses for the fiscal year totaled \$36.17 million. A copy of NLCHI's financial statements is located in Appendix B.

Expenses by Category



Revenue by Category



Highlights and Partnerships

NLCHI remains committed to its vision of improved health through quality health information.

NLCHI is responsible for developing and implementing the province’s confidential and secure EHR called HEALTHe NL, and a provincial electronic medical record (EMR) program called eDOCSNL. HEALTHe NL is a private record of an individual’s health care information, available electronically to authorized health care professionals. It supports patient care by giving health care providers access to essential information such as medical imaging, labs and medication profiles. eDOCSNL provides clinicians with a more complete patient record that informs their decision-making and supports better patient outcomes.

The following highlights were achieved through NLCHI’s business and operational work plans.

Completed and expanded HEALTHe NL, the province’s EHR.

In 2018, NLCHI reached a significant milestone with the completion of the provincial EHR, HEALTHe NL. With the final integration of data from Central Health, combined with the existing data from Eastern Health, Western Health and Labrador-Grenfell Health, this completed the foundational development of the EHR. This province now has one of the most comprehensive EHRs in Canada. As of March 31, 2019, 8,358 authorized health care providers had been given access to a HEALTHe NL account, up from approximately 5,600 in March 31, 2018.

Continued to deploy eDOCSNL, the provincial EMR program.

In 2018/2019, eDOCSNL had a positive effect across Newfoundland and Labrador by supporting clinicians with patient care, office administration and supporting clinical decision making. There are more than 300 clinicians enrolled in the program resulting in more than 50 per cent of the provincial population having an electronic record in an eDOCSNL EMR. With its integration to the provincial EHR, eDOCSNL clinicians have greater and more robust access to patient information in one location and are able to better serve the health needs of patients. In 2018/2019, the program increased the number of clinicians who joined the program by 141 to bring the total users to 308 (17 nurse practitioners and 291 physicians) as of March 31, 2019. eDOCSNL is jointly governed by NLCHI, Health and Community Services (HCS) and the NL Medical Association (NLMA).



Continued to implement three significant projects funded by ACOA including health analytics, telehealth and an electronic referral and ordering system.

In 2018/2019, NLCHI led three major projects that were supported by \$10 million in funding from the ACOA. These projects included a Health Data lab, which upon completion will deliver one of the most advanced and comprehensive provincial-level health data environments in Canada.



The expansion of the provincial Telehealth program included new infrastructure and a provincial scheduling tool that improves clinical workflow; the addition of new sites located throughout the

province; piloting Telehealth access in a clinician's office and from the patient's home. As well as the addition of new clinical areas such as adult and pediatric emergency services and long-term care, and increased access to community and public health, and pathology appointments.

The implementation of eOrdering processes and access for cardiac catheterization procedures and vascular lab referrals through the HEALThe NL EHR platform. This electronic process will remove fax machines and paper referral processes; allow for scheduling of patients during their appointment; prioritize patients based on need; support the use of artificial intelligence technology to advise on clinical best practices - customized to the patient; provide better/faster information to those receiving referrals; and reduce wait times for urgent care.

Continued to enhance eHealth privacy and security.

In 2018/2019, to support and maintain optimal privacy and security of health information, NLCHI continued to execute its auditing framework and formal privacy and security risk assessments of all IT solutions. NLCHI 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.

Continued planning for Provincial eHealth Model.

In 2018, NLCHI's legislative mandate was changed to assume responsibility for all provincial eHealth functions including information technology, information management and decision support that reside in the four Regional Health Authorities (RHAs) and combine them with NLCHI to create one provincially focused eHealth organization. The objective of the eHealth model is to strengthen health care technology; create efficiencies; improve health care delivery and patient safety; enhance system reliability; increase security and privacy; and, combine resources and expertise. In 2018/2019, NLCHI determined the eHealth functions that would move from the RHAs to NLCHI, designed a new organizational structure and began implementing a plan centred on the people, finances, governance and services required to realize this initiative.

Signed on Prescribers as HEALThe NL users as per the Prescription Monitoring Act.

In 2018, the **Prescription Monitoring Act** came into effect, which designated NLCHI as the administrators of Prescription Monitoring Program – NL (PMPNL). Under this **Act**, all prescribers who wished to prescribe a monitored drug were required to review their patient's medication profile in the provincial EHR, HEALThe NL, as of July 1, 2018.

As part of Centre’s responsibilities, as administrators of both the program and providing access to HEALTHe NL, 94 per cent of all prescribers in the province – ranging from physicians, nurse practitioners and dentists – were signed on as HEALTHe NL users to meet the July 1, 2018 legislative deadline.

There are several stakeholders with whom NLCHI maintains direct relationships including the Department of HCS and the four RHAs.

NLCHI works with these stakeholders to develop, implement and manage health information standards and provincial health information systems such as the provincial EHR and EMR. NLCHI 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 NLCHI’s products, services and outcomes. These include Canada Health Infoway, Canadian Institute for Health Information, ACOA, Digital Health Canada, 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 (OIPC).

Partnerships with stakeholders are essential to NLCHI’s ability to meet its mandate and achieve its success. The partners NLCHI worked with during 2018/2019 include:

Department of Health and Community Services

During 2018/2019, NLCHI continued to provide analytic and evaluation services to HCS. It 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, Primary Health Care Action Plan, Mental Health and Addictions Action Plan, Emergency Department Wait Time Strategy and Opioid Action Plan. NLCHI continued work to develop and produce indicators in key areas (e.g. opioid overdose, chronic obstructive pulmonary disease, stroke, and health system performance) for regular measuring and monitoring in support of a sustainable health system and better health for the people of the province. Evaluation services were provided to provincial programs such as Midwifery Practice, PMPNL and Mobile Crisis Response Teams. In addition, NLCHI provided evaluation services to the Family Practice Renewal Program, a collaborative partnership between HCS, the NLMA and RHAs. NLCHI also provided direct epidemiology and evaluation support through the secondment of resources to specific program areas including Public Health and Policy, Planning and Evaluation.

NLCHI supported HCS in executing key objectives relating to health analytics and made advancements towards an enhanced health analytic environment for the province. This included assessing existing capacity within the province for analytics to identify opportunities to maximize effectiveness; building a foundation for consolidating provincial data in a linked data repository;

establishing infrastructure for a data lab that will facilitate access to provincial data and information by multiple stakeholder groups while reducing privacy risks; developing a metadata repository to capture important information required to appropriately use and manage provincial health data; and reviewing data access procedures across the health system to identify opportunities for improving access to provincial health data for research. NLCHI also developed an interactive dashboard that will enable clinicians to regularly review their prescribing practices in comparison to other prescribers within the province. For a list of NLCHI's data holdings see Appendix C.

NLCHI has established a working group with HCS, Education and Early Childhood Development and the OIPC as part of the Education Action Plan's recommendation to develop an early identification data repository which is part of a broader project to bring data regarding the social determinants of health into the data warehouse.

Regional Health Authorities

In 2018/2019, NLCHI provided analytic and evaluation support to the RHAs including, but not limited to, the development of information used to determine the frequency of patient travel for specialist visits and laboratory testing prior surgery from defined geographic areas; the development of guidelines for community health needs assessments; using geographic information systems to map primary health care service areas; and provision of analytic and evaluation services to support primary health care initiatives.

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

Research Partners

In 2018/2019, NLCHI continued to support research within the province. Data extraction, linkage and analytical services were provided to Memorial University researchers for 57 initiatives (up from 52 in 2017/2018). This included researchers affiliated with the Translational and Personalized Medicine Initiative and its Quality of Care NL/Choosing Wisely NL initiative Quality of Care NL/Choosing Wisely NL, the Primary Healthcare Research Unit, as well as other faculties and departments. NLCHI has also been working with the Health Research Ethics Authority, HCS, and the RHAs to develop a data access process and services for researchers that will improve efficiency and mitigate risks to privacy.



NLCHI is also part of the Pan-Canadian Real-world Health Data Network which has received funding from Canadian Institutes of Health Research for the Strategy for Patient-Oriented Research Canadian Data Platform.

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 2018/2019.

Strategic Issue 1: Health Information

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

NLCHI 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. NLCHI 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, NLCHI 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 Two Objective

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

PLANNED FOR 2018/2019	ACTUAL FOR 2018/2019
Completed audit reports in the Data Warehouse.	<ul style="list-style-type: none"> • Developed regular audit reports that show who has access to what data and who accessed the data. • Developed ad hoc reports for use where further investigation was required based on regular audit reports.
Completed consultations with external stakeholder to gather feedback about interacting with data.	<ul style="list-style-type: none"> • Completed 11 consultation sessions including 57 external stakeholders to better understand and gather requirements for interacting with data and information in the data lab. Feedback included types of data valuable to stakeholders, how they use it, tools and supports required, and potential areas of concern. The information was used to develop a set of business and technical requirements for the design of the data lab. Stakeholders included health system managers, decision-makers, researchers and application developers.
Completed solution design based on stakeholder feedback.	<ul style="list-style-type: none"> • Completed data lab solution design based on business and technical requirements identified through the 11 consultation sessions held with external stakeholders. Three data environments were architected including the decision support/business intelligence, research and evaluation and application development.
Implemented technology that supports multiple stakeholder groups and established pilot users.	<ul style="list-style-type: none"> • Implemented technology and infrastructure for the three environments of the data lab and performed functionality testing. • Established a pilot group for the decision support/business intelligence environment and created a dashboard that has the ability to provide clinicians with an interactive summary of their individual prescribing patterns in comparison to other prescribers within the province.
Integrated de-identification and key data sets (e.g. physician claims) into the data warehouse.	<ul style="list-style-type: none"> • Integrated an automated de-identification process. • Integrated key datasets in the data warehouse including the Drug Information System data, client registry, provider registry, and MCP beneficiary and physician claims data.
Created standardized metadata templates and tools.	<ul style="list-style-type: none"> • Defined metadata requirements from three perspectives - contextual, technical and information management. • Built a metadata tool that will be populated with key information on data managed by the Centre. This will support improved information management and appropriate use of data, and ensure the most value can be extracted from provincial health data.

Discussion of Results

Pilot users were also identified for the research and evaluation and application development environments. However, use of the decision support/business intelligence environment and physician dashboard has been limited to internal functionality testing due to time and resource constraints. Real-world pilots will be carried out within each environment during 2019/2020.

The de-identification process used programming within the EHR along with a parallel process to de-identify static data sets until all existing data has been consolidated in the data warehouse.

Year Three Objective

By March 31, 2020, NLCHI will have continued to monitor systems and processes to ensure privacy, security and reliability of health information.

Year Three Indicators

- Piloted a provincial intake and consultation process for data access.
- Developed procedures and processes to implement a metadata solution.
- Developed metrics and processes to measure quality of data elements.
- Assessed and revised the data model for Drug Information System data.
- Advanced implementation of the Data Warehouse Project.

Strategic Issue 2: System and Process Improvements

NLCHI 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.

As part of The Way Forward commitment to expand primary health care delivery, NLCHI continued to support the establishment of primary health care teams through the implementation of the provincial EMR eDOCSNL program. NLCHI actively worked on similar initiatives in partnership with the RHAs and other health system stakeholders to achieve efficiencies through improved delivery of health and community services.

Goal 2017-2020	By March 31, 2020, NLCHI 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 Two Objective

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

PLANNED FOR 2018/2019	ACTUAL FOR 2018/2019
Increased HEALTHe NL active use and expanded adoption to include other health care providers (e.g. dentists).	<ul style="list-style-type: none"> Increased active use of HEALTHe NL in 2018/2019 to 4,337, up from 2,537 in 2017/18. Increased adoption of HEALTHe NL by other health care providers including dentists, oral surgeons, out of province physicians within Canada, physicians and nurse practitioners from St. Pierre et Miquelon, midwives, hospital pharmacy technicians and others.
Increased adoption of HEALTHe NL by 3,000 new accounts.	<ul style="list-style-type: none"> Increased adoption of HEALTHe NL by 2,768 new users. In 2018/2019, the Centre met 92 per cent of its adoption target due to shifting priorities that were required for the ACOA projects. As of March 31, 2019, 8,358 health care providers had been given access to a HEALTHe NL account.
Implemented a plan to sign on all prescribers of narcotics and opioids to HEALTHe NL in accordance with the Prescription Monitoring Act .	<ul style="list-style-type: none"> Implemented a plan in 2018/2019 to sign on all prescribers of narcotics and opioids to HEALTHe NL in accordance with the Prescription Monitoring Act. 95 per cent of active prescribers have HEALTHe NL access. The plan included ongoing communication to prescribers by email, telephone, pamphlets, clinic visits, notice to the regulatory body and RHAs, on-site sign up sessions and videoconferencing.
Completed EHR project build by adding the remaining RHA data sources, dictated reports and diagnostic imaging, from Central Health.	<ul style="list-style-type: none"> Integrated the remaining RHA data sources, dictated clinical documents and diagnostic imaging reports from Central Health into the EHR in September 2018. The integration completed the RHA project build and expansion project that included adding all labs, clinical documents, and diagnostic imaging reports to the provincial EHR.
Enhanced functionality of HEALTHe NL by adding several new features.	<ul style="list-style-type: none"> Enhanced the functionality of HEALTHe NL by adding several new features including: the ability to launch HEALTHe NL from a RHA Meditech system; view organ donor status; access to myCCath from HEALTHe NL which enables electronic referrals to the cardiac catheterization lab at Eastern Health; access to iScheduler, a Telehealth scheduling application; and implementation of the eOrdering referral process for Eastern Health's vascular lab expected to be launched summer/fall 2019.
Provided Multi-Jurisdictional Telepathology solution to pathologists throughout Newfoundland and Labrador.	<ul style="list-style-type: none"> Completed the Multi-Jurisdictional Telepathology project in September 2018. Multi-Jurisdictional Telepathology enables pathologists across the province to directly consult with pathologists in Manitoba and at the United Health Network in Ontario.

Discussion of Results

NLCHI increased adoption of HEALTHe NL to other health care providers including dentists, oral surgeons, out of province physicians within Canada, physicians and nurse practitioners from St. Pierre et Miquelon, midwives, hospital pharmacy technicians and others. A business case that recommended specific access and role based on the health care providers need and workflow was developed for each group and approved by the Cross Domain Management Committee.

NLCHI continued to increase awareness of HEALTHe NL via ongoing promotions, sponsorships, speaking engagements, health care events, social media postings, training sessions and engagement sessions with clinicians in an effort to increase active use.

In 2018/2019, NLCHI signed on all prescribers of narcotics and opioids to HEALTHe NL in accordance with the **Prescription Monitoring Act**. The plan included ongoing communication to prescribers by email, telephone, pamphlets, clinic visits, notice to the regulatory body and RHAs, on-site sign up sessions and videoconferencing. As of July 2018, 1,584 of active prescribers were signed on to HEALTHe NL. Prescribers who have not signed up included individuals who do not prescribe opioids, are retiring or on leave. All new prescribers are notified by their regulatory body to contact NLCHI to sign on to HEALTHe NL.

Both HEALTHe NL and the eDOCSNL programs provided numerous education opportunities to clinician users by leading, participating and presenting at numerous conferences and events, one-on-one learning sessions, webinars and through on-line training materials.



Year Three Objective

By March 31, 2020, NLCHI will have implemented processes that enable proactive and anticipatory solutions that align with stakeholders' priorities.

Year Three Indicators

- Increased HEALTHe NL active use and expanded adoption to include other health care providers (e.g. Chiropractors).
- Increased adoption of HEALTHe NL by 2,500 new accounts.
- Incorporated HEALTHe NL training in the MUN School of Nursing curriculum.
- Implemented an expanded governance structure to support the new Provincial eHealth Model.
- Aligned NLCHI strategic planning process with key health system stakeholders.
- Led eHealth model transition activities to support the implementation of a provincial eHealth solution delivery (projects) approach.
- Developed an eHealth safety program and framework.

Strategic Issue 3: Innovative Solutions

NLCHI 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. NLCHI has completed the provincial EHR, 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.

NLCHI will continue to deliver more practical, sustainable and innovative solutions over the next few years.

Goal 2017-2020	By March 31, 2020, NLCHI 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 Two Objective

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

PLANNED FOR 2018/2019	ACTUAL FOR 2018/2019
<p>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.</p>	<ul style="list-style-type: none"> • Developed and implemented hardware and software technology to be used in upcoming pilot projects and for the data warehouse enhancement project. This technology will provide external stakeholders with appropriate access to data in a secure environment that will reduce the time to access data for secondary use. This process included gathering stakeholder requirements, designing a solution, establishing and testing a fundamental infrastructure that will enable secure access to data by multiple data users.
<p>Completed adoption process of 220 fee-for-service (FFS) physicians to the eDOCSNL EMR program.</p>	<ul style="list-style-type: none"> • Completed the adoption process for 220 FFS physicians to the eDOCSNL EMR program in August 2018. • Over 300 clinicians were using the eDOCSNL EMR solution by March 31, 2019.
<p>Completed HEALTHe NL build by adding remaining data from Central Health.</p>	<ul style="list-style-type: none"> • Completed HEALTHe NL build when the remaining data from Central Health was added to HEALTHe NL in September 2018. • Integrated the remaining data from Central Health to complete the RHA project build and expansion project that included adding all labs, clinical documents, and diagnostic imaging reports to the provincial EHR.
<p>Completed enhancements to HEALTHe NL functionality.</p>	<ul style="list-style-type: none"> • Completed enhancements to HEALTHe NL functionality by adding several new features that included: the ability to launch HEALTHe NL from a RHA Meditech system; view organ donor status; access to myCCath from HEALTHe NL; access to iScheduler, a Telehealth scheduling application; and started development of the eOrdering process for vascular labs expected to be launched in the summer/fall 2019.



Discussion of Results

While the original objective of the eDOCSNL program was to implement the EMR solution in 300 FFS physician practices, the program has expanded to include salaried physicians and nurse practitioners. As a result of this expansion to the program, 308 clinicians including 230 family physicians, 61 specialists and 17 nurse practitioners were using the eDOCSNL EMR solution by March 31, 2019.



Year Three Objective

By March 31, 2020, NLCHI will have continued to add user-driven functionality to existing systems.

Year Three Indicators

- Implemented the eDOCSNL EMR solution in 300 FFS physician practices.
- Developed and implemented an eOrdering process for the vascular lab at Eastern Health (St. Clare's Mercy Hospital).
- Implemented technology to provide stakeholders secure access to interactive dashboards via the internet.
- Developed a portal to provide stakeholders with information on data and information services and centralized data access.

Some of the opportunities and challenges NLCHI expects to encounter as it continues to provide quality information to key stakeholders include:

Opportunities

- Continuing and increasing collaboration with stakeholders to advance development, implementation and use of health information systems and services.
- Maintaining NLCHI's reputation as a national leader in EHR development and implementation and ensuring NLCHI is ready to continue its work in this area.
- Increasing adoption and expanding active use of HEALTHe NL, resulting from the addition of data sources and system functionality.
- Increasing the adoption of the provincial EMR program, eDOCSNL.
- Assisting HCS in the management of PMPNL.
- Leading the RHAs in the transition to 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 NLCHI to support a broader scope of analytic work, in support of health care and health system management.
- Supporting the Provincial Government's initiative to improve cost-effectiveness of health information management across the RHAs and NLCHI through a shared service agreement.
- Supporting HCS and RHAs decision-making processes by maintaining the Chronic Disease Registry.

Challenges

- Achieving timely implementation of projects and programs while balancing resource requirements, stakeholder expectations, contractual and partnership obligations and the integrity of existing services continue to challenge NLCHI.
- Developing, implementing and operating the Provincial eHealth Model, PMPNL 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. NLCHI must work to maintain positive relationships and identify opportunities for collaboration, particularly on shared provincial priorities.
- Ensuring secure and confidential information management processes are maintained in an ever-evolving environment focused on data analytics.
- Maintaining a focused human resource management process to recruit and retain the right skill sets in the highly competitive field of health informatics to achieve NLCHI's mandate.

Appendix A: The Board of Directors

In keeping with the **Centre for Health Information Act, 2018**, NLCHI 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 NLCHI's Board of Directors as of March 31, 2019:

Dr. Kris Aubrey-Bassler, Chairperson	Allan Bradley	Allan Kendall
Pat Coish-Snow, Co-Chairperson	Elyse Bruce	Angela Power
Pamela Anstey	Tom Bursey	Dr. Margaret Steele
	Michael Harvey	David Thornhill
	Cynthia Holden	

NLCHI thanks Ellen MacDonald, whose term on the Board ended in December 2018. Sincerest appreciation is extended to Ellen for her contribution to NLCHI and its mandate.

Appendix B: 2018/2019 Financial Statements



Financial Statements

Newfoundland and Labrador Centre for Health
Information

March 31, 2019

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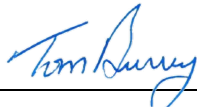
Statement of responsibility

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 auditor's report

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To the Directors of
Newfoundland and Labrador Centre for Health Information

Opinion

We have audited the financial statements of Newfoundland and Labrador Centre for Health Information (“the Centre”), which comprise the statement of financial position as at March 31, 2019, and the statements of operations, changes in accumulated surplus, net debt, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly in all material respects, the financial position of Newfoundland and Labrador Centre for Health Information as at March 31, 2019, and its results of operations, its changes in accumulated surplus, its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Centre 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.

Emphasis of Matter – Restated Comparative Information

We draw attention to Note 2 to the financial statements, which explains that certain comparative information presented for the year ended March 31, 2018 has been restated. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance 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.

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

Those charged with governance are responsible for overseeing the Centre's financial reporting process.

Auditor's 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 auditor's 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 the Centre'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 the Centre's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's 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 auditor's report. However, future events or conditions may cause the Centre 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.

We 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.



St. John's, Canada

June 19, 2019

Chartered Professional Accountants


Newfoundland and Labrador Centre for Health Information Statement of Financial Position

March 31

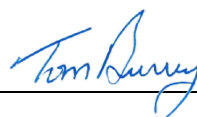
	Actual 2019	(Restated - See Note 2) Actual 2018
Financial assets		
Cash and cash equivalents	\$16,048,775	\$19,359,215
Receivables (Note 4)	<u>3,698,266</u>	<u>3,646,551</u>
	<u>19,747,041</u>	<u>23,005,766</u>
Liabilities		
Payables and accruals (Note 5)	7,425,810	9,884,120
Deferred revenue	16,355,806	15,434,849
Accrued severance pay (Note 6)	230,683	1,625,944
Accrued sick leave pay (Note 7)	<u>613,700</u>	<u>616,300</u>
	<u>24,625,999</u>	<u>27,561,213</u>
Net debt	<u>(4,878,958)</u>	<u>(4,555,447)</u>
Non-financial assets		
Tangible capital assets (Page 18)	14,077,739	16,654,396
Prepays	<u>3,136,682</u>	<u>2,830,527</u>
	<u>17,214,421</u>	<u>19,484,923</u>
Accumulated surplus	<u>\$12,335,463</u>	<u>\$14,929,476</u>

Commitments (Note 10)

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

	(Note 12) Budget 2019	Actual 2019	(Restated - See Note 2) Actual 2018
Revenue			
Grants			
Atlantic Canada Opportunities Agency	\$ 7,830,747	\$ 6,888,777	\$ 1,172,644
Canada Health Infoway	709,700	1,259,187	3,790,862
Government of Newfoundland and Labrador – severance (Note 6)	-	1,852,389	-
Government of Newfoundland and Labrador	27,878,700	24,204,691	24,424,639
Research	532,400	501,590	345,974
Interest	200,000	346,231	219,380
Other projects	<u>4,639,833</u>	<u>3,763,828</u>	<u>1,848,241</u>
	<u>41,791,380</u>	<u>38,816,693</u>	<u>31,801,740</u>
Expenses (Pages 18 & 19)			
Administration (Note 13)	4,119,669	3,085,527	3,357,445
Clinical Programs	6,053,623	5,504,895	4,637,971
Infrastructure, Information Protection and EHR Operations	14,054,066	13,807,536	12,482,202
Projects	9,579,167	10,166,049	4,913,430
Health Analytics and Evaluation Services	<u>3,578,475</u>	<u>3,611,341</u>	<u>3,288,511</u>
	<u>37,385,000</u>	<u>36,175,348</u>	<u>28,679,559</u>
Annual surplus before other items	4,406,380	2,641,345	3,122,181
Other items			
Amortization of capital assets (Note 13)	5,159,963	4,694,262	4,502,809
Loss on severance settlement (Note 6)	<u>-</u>	<u>541,096</u>	<u>-</u>
Annual deficit	<u>\$ (753,583)</u>	<u>\$ (2,594,013)</u>	<u>\$ (1,380,628)</u>
Accumulated surplus (deficit), beginning of year	\$ 1,104,882	\$ 1,104,882	\$ (570,192)
Prior period adjustments (Note 2)	<u>14,929,476</u>	<u>13,824,594</u>	<u>16,880,296</u>
Accumulated surplus, beginning of year, as restated	\$14,929,476	\$ 14,929,476	\$ 16,310,104
Annual deficit	<u>(753,583)</u>	<u>(2,594,013)</u>	<u>(1,380,628)</u>
Accumulated surplus, end of year	<u>\$14,175,893</u>	<u>\$ 12,335,463</u>	<u>\$ 14,929,476</u>

See accompanying notes to the financial statements.

Newfoundland and Labrador Centre for Health Information Statement of Net Debt

Year Ended March 31

	(Note 12) Budget 2019	Actual 2019	(Restated - See Note 2) Actual 2018
Annual deficit	\$ (753,583)	\$ (2,594,013)	\$ (1,380,628)
Acquisition of tangible capital assets	(3,991,207)	(2,178,779)	(2,350,459)
Amortization of tangible capital assets	5,159,963	4,711,611	4,502,809
Loss on disposal of tangible capital assets	-	43,825	-
Increase in prepaids	-	(306,155)	(896,799)
Decrease (increase) in net debt	415,173	(323,511)	(125,077)
Net debt, beginning of year	<u>(4,555,447)</u>	<u>(4,555,447)</u>	<u>(4,430,370)</u>
Net debt, end of year	<u>\$ (4,140,274)</u>	<u>\$ (4,878,958)</u>	<u>\$ (4,555,447)</u>

See accompanying notes to the financial statements.

Newfoundland and Labrador Centre for Health Information

Statement of Cash Flows

Year Ended March 31

	Actual	(Restated - See Note 2)
	2019	Actual 2018
(Decrease) increase in cash and cash equivalents		
Operating		
Annual deficit	\$(2,594,013)	\$(1,380,628)
Change in non-cash items		
Amortization of capital assets	4,711,611	4,502,809
(Decrease) increase in severance pay accrual	(1,395,261)	154,044
(Decrease) increase in sick leave pay accrual	(2,600)	10,800
Loss on disposal of tangible capital assets	43,825	-
Change in non-cash operating working capital		
Receivables	(51,715)	(2,863,644)
Prepaid expenses	(306,155)	(896,799)
Payables and accruals	(2,458,310)	2,550,579
Deferred revenue	920,957	3,218,849
Cash provided by operating transactions	<u>(1,131,661)</u>	<u>5,296,010</u>
Capital		
Purchase of tangible capital assets	<u>(2,178,779)</u>	<u>(2,350,459)</u>
(Decrease) increase in cash and cash equivalents	(3,310,440)	2,945,551
Cash and cash equivalents, beginning of year	<u>19,359,215</u>	<u>16,413,664</u>
Cash and cash equivalents, end of year	<u>\$16,048,775</u>	<u>\$19,359,215</u>

See accompanying notes to the financial statements.

Newfoundland and Labrador Centre for Health Information Notes to the Financial Statements

March 31, 2019

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. Effective April 1, 2019 the information technology and information management functions of Central Regional Health Authority, Eastern Regional Health Authority, Labrador-Grenfell Regional Health Authority, Western Regional Health Authority, and the Newfoundland and Labrador Centre for Health Information have amalgamated into one organization.

Through the support of the provincial government, Canada Health Infoway Inc. and the Atlantic Canada Opportunities Agency, 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. Restatement of previously issued financial statements

The March 31, 2018 comparative figures have been retroactively restated to correct the revenue recognition of capital grant contributions received in the 2018 fiscal year and prior years. This restatement reverses capital contributions previously recognized as a liability. The effect of this revision on the comparative figures is disclosed below.

	2018 As previously reported	Adjustment	2018 As restated
Statement of Financial Position			
Liabilities			
Deferred capital contributions	\$ 13,824,594	\$ (13,824,594)	\$ -
Net Debt	(18,380,041)	(13,824,594)	(4,555,447)
Accumulated surplus, end of year	1,104,882	13,824,594	14,929,476

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2019

2. Restatement of previously issued financial statements (cont'd.)

	2018 As previously reported	Adjustment	2018 As restated
Statement of Operations and Accumulated Surplus			
Revenue			
Grants			
Government of Newfoundland and Labrador	\$ 24,265,259	\$ 159,380	\$ 24,424,639
Amortization of deferred capital	3,215,082	(3,215,082)	-
Annual surplus (deficit)	1,675,074	(3,055,702)	(1,380,628)
Accumulated (deficit) surplus, beginning of year	(570,192)	16,880,296	16,310,104
Accumulated surplus, end of year	1,104,882	13,824,594	14,929,476
Statement of Net Debt			
Annual surplus (deficit)	\$ 1,675,074	\$ (3,055,702)	\$ (1,380,628)
Decrease (increase) in net debt	2,930,625	(3,055,702)	(125,077)
Net debt, beginning of year	(21,310,666)	16,880,296	(4,430,370)
Net debt, end of year	(18,380,041)	13,824,594	(4,555,447)
Statement of Cash Flows			
Operating			
Annual surplus (deficit)	\$ 1,675,074	\$ (3,055,702)	\$ (1,380,628)
Change in non-cash items:			
Amortization of deferred capital	3,215,082	(3,215,082)	-
Financing			
Capital contributions from Government of Newfoundland and Labrador and Canada Health Infoway	159,381	(159,381)	-

3. 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 sick leave, rates of amortization, and impairment of assets.

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2019

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

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.

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 and/or stipulations have been met. Other revenue from research and other projects 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. Amortization 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
Electronic Health Records - Labs	10%, straight line

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2019

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

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.

Severance pay

In the prior year, severance pay was calculated using an actuarial estimate based upon years of service and current salary levels. The right to be paid severance pay vested with employees with nine years of continual service. Severance pay was payable when the employee ceased employment with the Centre and had achieved the minimum of nine years of continual service. An actuarially determined accrued liability had been recorded on the statements for severance pay.

During the 2019 fiscal year, the severance plan was terminated and settled as disclosed in Note 6.

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.

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2019

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

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

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.

4. Receivables	<u>2019</u>	<u>2018</u>
Atlantic Canada Opportunities Agency	\$ 2,239,686	\$ -
Trade	615,926	141,368
Harmonized sales tax	562,269	654,749
Canada Health Infoway	232,796	891,134
Government of Newfoundland and Labrador	27,623	1,900,000
Accrued interest	<u>19,966</u>	<u>59,300</u>
	<u>\$ 3,698,266</u>	<u>\$ 3,646,551</u>

5. Payables and accruals	<u>2019</u>	<u>2018</u>
Trade	\$ 5,237,867	\$ 7,995,624
Vacation and compensatory pay	<u>2,187,943</u>	<u>1,888,496</u>
	<u>\$ 7,425,810</u>	<u>\$ 9,884,120</u>

Newfoundland and Labrador Centre for Health Information

Notes to the Financial Statements

March 31, 2019

6. Accrued severance pay

During the year the Centre changed its severance policy. Effective June 1, 2018 there would be a plan settlement of severance benefits for its executives, managers, and other non-union employees. As part of this plan settlement, employees with at least one year of eligible service were to receive lump sum payout of their accrued severance benefit based on pay and service as at May 31, 2018. Individuals have either taken payment by March 31, 2019 or have elected to defer payment for a short period, but no further changes in the amount payable will occur.

During the year the Centre recognized a loss on the plan settlement of \$541,096. The Centre also received funding from the Government of Newfoundland and Labrador in the amount of \$1,852,389 (2018 - \$Nil) towards funding the payouts.

	<u>2019</u>	<u>2018</u>
Accrued Benefit Obligation:		
Balance beginning of year	\$ 1,625,944	\$ 1,471,900
Current period benefit cost	-	157,900
Interest cost	-	52,600
Benefits payments	(1,936,357)	(55,000)
Loss on plan settlement	541,096	-
Amortization of actuarial gains	-	(1,456)
Balance, end of year	<u>\$ 230,683</u>	<u>\$ 1,625,944</u>
Net benefit expense for the year:		
Loss on plan settlement	\$ 541,096	\$ -
Current period benefit cost	-	157,900
Amortization of actuarial gains	-	(1,456)
Interest cost	-	52,600
Net Benefit Expense	<u>\$ 541,096</u>	<u>\$ 209,044</u>

Accrued severance obligations at March 31, 2018 were based on an actuarial valuation completed effective March 31, 2018 using the following assumptions:

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

Newfoundland and Labrador Centre for Health Information Notes to the Financial Statements

March 31, 2019

7. Accrued sick leave pay

Accrued sick leave obligations have been calculated based on an actuarial valuation completed effective March 31, 2019. The assumptions shown below are based on future events.

	<u>2019</u>	<u>2018</u>
Significant assumptions used:		
Discount rate	2.9%	3.2%
Average remaining service period of active employees	15 years	15 years
Wage and salary escalation	3.0%	3.0%
Accrued Benefit Obligation:		
Balance beginning of year	\$ 616,300	\$ 605,500
Current period benefit cost	-	-
Interest cost	17,400	21,000
Benefits payments	(15,700)	(10,200)
Amortization of actuarial gains	(4,300)	-
Balance, end of year	<u>\$ 613,700</u>	<u>\$ 616,300</u>
Net benefit expense for the year:		
Current period benefit cost	\$ -	\$ -
Amortization of actuarial losses (gains)	-	-
Interest cost	13,100	21,000
Net Benefit Expense	<u>\$ 13,100</u>	<u>\$ 21,000</u>

8. 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.

Newfoundland and Labrador Centre for Health Information Notes to the Financial Statements

March 31, 2019

8. Public Service Pension Plan and Government Money-Purchase Pension Plan (cont'd.)

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 \$ 1,279,998 (2018 - \$1,157,817). Additional information about the plan surplus or deficit is not available.

9. 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.

10. 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:

2020	\$ 4,389,941
2021	\$ 3,777,067
2022	\$ 1,991,765
2023	\$ 1,339,127
2024	\$ 1,339,127

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, 2019

11. 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, 2019.

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 \$7,425,810 (2018 - \$9,884,120), 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 fulfil its payment obligations. The Centre's credit risk is attributable to receivables in the amount of \$3,135,997 (2018 - \$2,991,802), of which \$2,239,686 (2018 - \$Nil) is receivable from Atlantic Canada Opportunities Agency and \$232,796 (2018 - \$891,134) is receivable from Canada Health Infoway. 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.

12. Budget

The financial plan approved by the Centre was prepared with the inclusion of revenue from amortization of deferred capital contributions, an accounting policy which was subsequently reversed as described in Note 2. For comparative purposes, the Centre has modified its financial plan to present a budget that is consistent with the scope and accounting principles used to report actual results in these statements.

The reconciliation between the Centre's originally approved financial plan and the Canadian public accounting standards based budget figures used in these statements is disclosed in Schedule - Reconciliation of the Financial Plan to the Budget.

13. Comparative figures

The comparative figures have been restated to conform to the financial statement presentation adopted for the current year.

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

Year Ended March 31, 2019

	Computer equipment	Office furniture	Computer software	Leasehold improvements	Pharmacy Network	Electronic Health Records-Labs (iEHR Labs)	Health Information Access Layer (HIAL)	2019	2018
Cost									
Cost, beginning of year	\$ 13,233,958	\$ 409,476	\$ 7,558,525	\$ 264,421	\$ 10,334,829	\$ 8,332,003	\$ 8,291,887	\$48,425,099	\$ 46,322,497
Additions during the year	1,555,722	18,753	568,244	36,060	-	-	-	2,178,779	2,350,459
Disposals during the year	(61,151)	-	-	-	-	-	-	(61,151)	(247,857)
Cost, end of year	<u>\$ 14,728,529</u>	<u>\$ 428,229</u>	<u>\$ 8,126,769</u>	<u>\$ 300,481</u>	<u>\$ 10,334,829</u>	<u>\$ 8,332,003</u>	<u>\$ 8,291,887</u>	<u>\$50,542,727</u>	<u>\$48,425,099</u>
Accumulated Amortization									
Accumulated amortization, beginning of year	\$ 10,482,898	\$ 369,258	\$ 5,717,397	\$ 234,866	\$ 8,168,763	\$ 2,172,454	\$ 4,625,067	\$31,770,703	\$ 27,515,751
Amortization	1,011,400	11,193	962,578	30,568	1,033,483	833,200	829,189	4,711,611	4,502,809
Reversal of accumulated amortization relating to disposals	(17,326)	-	-	-	-	-	-	(17,326)	(247,857)
Accumulated amortization, end of year	<u>\$ 11,476,972</u>	<u>\$ 380,451</u>	<u>\$ 6,679,975</u>	<u>\$ 265,434</u>	<u>\$ 9,202,246</u>	<u>\$ 3,005,654</u>	<u>\$ 5,454,256</u>	<u>\$36,464,988</u>	<u>\$ 31,770,703</u>
Net book value of tangible capital assets	<u>\$ 3,251,557</u>	<u>\$ 47,778</u>	<u>\$ 1,446,794</u>	<u>\$ 35,047</u>	<u>\$ 1,132,583</u>	<u>\$ 5,326,349</u>	<u>\$ 2,837,631</u>	<u>\$14,077,739</u>	<u>\$ 16,654,396</u>

Included in tangible capital assets are assets that are not available for use and therefore not amortized in the year. The cost of these assets is \$216,155 (2018 - \$111,009) in computer software and \$4,399 (2018 - \$421,867) in computer equipment.

Newfoundland and Labrador Centre for Health Information

Schedule of Expenses

March 31

	Actual 2019	(Note 13) Actual 2018
Administration		
Communication	\$ 3,177	\$ 8,593
Consulting fees	20,500	423
Salaries and benefits	1,556,270	1,958,350
Minor equipment	4,534	14,372
Software maintenance	24,996	24,727
Rent	898,511	898,511
Security services	180	157
Insurance	95,150	104,780
Other	482,209	347,532
	\$ 3,085,527	\$ 3,357,445
Clinical Programs		
Consulting fees	\$ 564,320	\$ 569,452
Salaries and benefits	2,984,014	2,338,679
License fees	515,613	391,510
Minor equipment	7,505	6,807
Software maintenance	1,273,795	1,159,212
Pharmacy incentives	14,500	50,750
Rent	33,900	33,900
Other	111,248	87,661
	\$ 5,504,895	\$ 4,637,971
Infrastructure, Information Protection and EHR Operations		
Consulting fees	\$ 1,467,768	\$ 310,032
Salaries and benefits (Note 7)	5,311,654	5,446,980
Data communication charges	534,308	513,272
License fees	2,324,597	2,223,315
Minor equipment	18,786	10,824
Software maintenance	3,769,002	3,560,148
Data centre rent	272,748	281,763
Other	108,673	135,868
	\$13,807,536	\$12,482,202

Newfoundland and Labrador Centre for Health Information

Schedule of Expenses

March 31

	Actual 2019	(Note 13) Actual 2018
Projects		
Consulting fees	\$ 3,997,203	\$ 1,882,331
Salaries and benefits	2,713,455	1,620,555
License fees	991,671	415,113
Equipment and RHA reimbursements	1,789,116	792,575
Software maintenance	312,775	84,333
Rent	196,473	-
Other	165,356	118,523
	<u>\$10,166,049</u>	<u>\$ 4,913,430</u>
Health Analytics and Evaluation Services		
Consulting fees	\$ 53,059	\$ 7,500
Salaries and benefits	3,443,156	3,150,135
License fees	12,442	44,718
Minor equipment	7,277	1,863
Other	56,634	46,092
Software maintenance	38,773	38,203
	<u>\$ 3,611,341</u>	<u>\$ 3,288,511</u>
Total expenses	<u>\$36,175,348</u>	<u>\$28,679,559</u>

Newfoundland and Labrador Centre for Health Information
 Schedule of Reconciliation of the Financial Plan to the Budget
 Year Ended March 31, 2019

	<u>Financial Plan</u>	<u>Adjustments</u>	<u>PSAS Budget</u>
Revenue			
Grants			
Atlantic Canada Opportunities Agency	\$ 7,830,747	\$ -	\$ 7,830,747
Canada Health Infoway	709,700	-	709,700
Government of Newfoundland and Labrador	27,878,700	-	27,878,700
Amortization of deferred capital contributions	3,334,127	(3,334,127)	-
Research	532,400	-	532,400
Interest	200,000	-	200,000
Other projects	<u>4,639,833</u>	<u>-</u>	<u>4,639,833</u>
	<u>45,125,507</u>	<u>(3,334,127)</u>	<u>41,791,380</u>
Expenses			
Administration	4,119,669	-	4,119,669
Clinical Programs	6,053,623	-	6,053,623
Infrastructure, Information Protection and EHR Operations	14,054,066	-	14,054,066
Projects	9,579,167	-	9,579,167
Health Analytics and Evaluation Services	<u>3,578,475</u>	<u>-</u>	<u>3,578,475</u>
	<u>37,385,000</u>	<u>-</u>	<u>37,385,000</u>
Annual surplus before other item	<u>7,740,507</u>	<u>(3,334,127)</u>	<u>4,406,380</u>
Other item			
Amortization of tangible capital assets	<u>5,159,963</u>	<u>-</u>	<u>5,159,963</u>
Annual surplus (deficit)	<u>\$ 2,580,544</u>	<u>\$ (3,334,127)</u>	<u>\$ (753,583)</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 Sentinel Surveillance Network - Newfoundland and Labrador component
29. Canadian Primary Care Sentinel 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. Provincial Community Mental Health Reporting System
155. Provincial Discharge Abstract Database
156. Provincial Mental Health Reporting System
157. Provincial Continuing Care System
158. Provincial Diabetes Database
159. Provincial Home Care System
160. Provincial Management Information System (MIS) Data
161. Provincial Rehabilitation System
162. Provincial Smoking Cessation Program Administrative Dataset
163. Provincial Smoking Cessation Program Client Telephone Survey Dataset
164. Provincial Smoking Cessation Program Health Professionals Survey Dataset
165. Psoriasis Research Dataset
166. Psoriasis Studies Datasets
167. Public Awareness Survey 2012 Dataset
168. Public Health Laboratory Data
169. Rates and Waits Study Dataset
170. Researching Nursing Practice in the Community Dataset
171. Seniors Medication Use Dataset
172. Signing Bonus Program Evaluation (2014)
173. Speech-Language Pathology Audit Data
174. Statin Study
175. Statistics Canada Annual Mortality Data Files
176. Statistics Canada Annual Stillbirth Data Files
177. Statistics Canada Population Estimates
178. Student Drug Use Survey
179. Suicide Database
180. Suicide Study Dataset
181. Telehealth Evaluation Dataset
182. Telehealth Utilization Data
183. Telehealth Utilization Data in iScheduler

Newfoundland and Labrador
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