Annual Business Report

2012-2013

Newfoundland & Labrador
Centre for Health Information

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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 2012-2013 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.

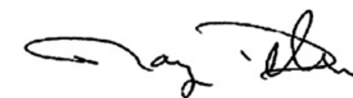
The Newfoundland and Labrador Centre for Health Information (the Centre) strives to improve the health of Newfoundlanders and Labradorians by providing quality health information to those who need it when and where they need it. In 2012-2013, we continued with provincial electronic health record (EHR) development and implementation. We made progress toward implementing an EHR Viewer through the iEHR/Labs project, including conducting readiness assessments, consultations, training and education with stakeholders. The EHR Viewer is the interface that will enable more health care professionals to view the health information stored in the EHR, including the medication profiles available through the Pharmacy Network. We also worked with health system partners to successfully connect the first emergency department and nine additional community pharmacies to the Pharmacy Network. Making more comprehensive medication information available to clinicians at the point of care enhances the safety and overall quality of care provided to Newfoundlanders and Labradorians.

We also achieved continuous quality improvements in our provincial data quality initiatives and standardization. For example, we worked with other health system stakeholders to exceed national results for quality indicators from the Discharge Abstract Database (DAD) for the first time this past year. The DAD is the national database that captures administrative, clinical and demographic information on hospital discharges, submitted by all provinces. Additionally, we continued advancements in the areas of applied health research and telehealth in 2012-2013.

Investments in health information systems implementation, adoption and other related initiatives generate positive impacts on the health care system. For example, national benefits evaluations conducted by Canada Health Infoway have shown that drug information systems resulted in improvements to patient safety, to an estimated value of $436 million as of March 2010. These benefits, which stem from fewer adverse drug events, reduced prescription abuse, increased medication compliance, greater provider efficiency and fewer call-backs, have all contributed to that return on investments. Benefits, such as these and others, are being realized nation-wide through health information systems and the Centre is proud to continually contribute to achieving those benefits provincially.

The success of the Centre's work remains contingent on meaningful engagement, collaboration and direct involvement across the health system. Our strong partnerships with the Department of Health and Community Services, the Regional Health Authorities, Canada Health Infoway, the Canadian Institute for Health Information, professional associations and health care professionals is essential for delivering value through province-wide health information management and technology initiatives.

I extend appreciation to our Board of Directors, executive team, employees, key partners and the Government of Newfoundland and Labrador. Our achievements this past year were possible with their leadership and commitment to our shared vision of *improved health through quality health information.*



Ray Dillon
Board Chair

About the Centre for Health Information

"Improved Health Through Quality 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 the development of data and technical standards, maintains key health databases, prepares and distributes health reports and supports and carries out applied health research and benefits evaluations. The Centre's mandate also includes the development of a confidential and secure provincial electronic health record (EHR), including the change management required to support adoption by end user clinicians. In addition to the EHR, the Centre also manages the planning, design and implementation of specific provincial health information systems.

Vision

Improved Health Through Quality Health Information

Mission

The Centre is responsible for the development of a confidential and secure Health Information Network, which will serve as the foundation for the provincial EHR. The Centre is also responsible for the appropriate use of quality health data to support improvements in the health system.

By March 31, 2017, the Centre will have planned and implemented provincial health information systems, including priority elements of the electronic health record and provided quality health information that contributes to improved population health in Newfoundland and Labrador.

Lines of Business

The Centre's mandate (Appendix B) includes supporting informed decision-making about provincial health care by providing a confidential, secure and integrated provincial

electronic health record (EHR). Through this integral work, the Centre supports improvements in the collection of data and use of information for individual and population level care, administration, planning and research.

The Centre's services are available to provincial and federal governments and their agencies, community organizations, health professionals and researchers, and the public. The Centre ensures that collection, use and disclosure of personal health information are compliant with the *Access to Information and Protection of Privacy Act*, the *Centre for Health Information Act*, the *Personal Health Information Act* and other relevant legislation.

Provincial Health Information Systems

The Centre was established to provide a comprehensive province-wide information system for the health sector. Activities for the development of this information system are either led by the Centre or by other organizations within the health system with whom the Centre collaborates. The Centre is responsible for:

- Planning, designing, implementing and maintaining the provincial EHR and the Health Information Network;
- Collaborating with its clients to ensure the desired outcomes of the comprehensive province-wide information system are achieved;
- Managing the privacy and security of personal information transmitted to, or via, the Health Information Network;
- Coordinating provincial participation in national standard setting activities for the EHR; and,
- Managing the planning, design and implementation of specific provincial health information systems.

Core Values

The following values guide the Centre's Board of Directors and staff in their actions:

Empowerment	Each person is empowered within their knowledge and skills to contribute to the goals of the Centre.
Accountability	Each person is accountable for their actions to achieve the goals of the Centre.
Respect	Each person provides opportunities to others to express their opinions in an open and supportive environment.
Collaboration	Each person engages in a positive way with others in conducting the work of the Centre.
Flexibility	Each person is open to the suggestions of others and recognizes the different perspectives of board members, staff, clients and stakeholders.
Privacy	Each person ensures all actions provide the greatest protection for personal information under the custodianship or management of the Centre.
Transparency	Each person is open about the actions taken in the work of the Centre and the decision-making process in support of these actions.
Excellence	Each person uses his or her knowledge and skills to strive for the best outcome in the actions taken in their work for the Centre.

Quality Information

Good decisions require good data. Data quality is critical to attaining the Centre's vision, *improved health through quality health information.* Recognizing the connection between quality health information and healthier people and communities led to the establishment of the Centre in 1996. Since then, the Centre has collaborated with the provincial health system to ensure quality health information is available for system-wide planning, research and policy development.

The need and expectations for high quality data have risen as the scope and magnitude of decisions made about and within the health system has increased at the national, provincial and regional levels. The Centre responds to this need through its role as custodian of many health information systems on behalf of the province, including provincial EHR systems, being a leader in standards development and implementation and the active pursuit of optimal quality of the data contained within the systems for which the Centre is responsible.

Quality health information is information that is accurate, timely, useable, relevant and comparable. To achieve the optimal level of quality for the information used and provided by the Centre to the health system, quality initiatives of various types are undertaken throughout the Centre. The following summarizes work undertaken by the Centre to ensure quality information is provided to its stakeholders:

Custodian of Health Information Systems

- Creating datasets from various sources of information for use by the Centre and the health system;
- Receiving and using data sets from other organizations;
- Operating provincial health information systems, including the provincial EHR systems; and,
- Providing a secure environment to house health information systems and use the data with the highest regard for privacy.

Standards Development and Implementation

- Developing financial, statistical, social, demographic and clinical data standards for the health sector in collaboration with stakeholders; thereby ensuring that data collected is uniform in definition, measurement, collection and interpretation;
- Participating in national and provincial health information standards committees and initiatives; customizing standards where necessary for provincial application, thereby adding value for the Newfoundland and Labrador health environment;
- Participating in the development of technical, messaging and data standards for EHR systems; supporting implementation of such standards in support of interoperability; and,
- Supporting implementation of health information standards through education and consultative services.

Data Quality Initiatives

- Developing and adopting a corporate Data Quality Framework that fosters a corporate culture for quality, guides daily quality assurance activities, provides periodic evaluation of data quality and reports results to internal and external stakeholders;
- Conducting various types of audits to identify data standards and quality issues and develop an action plan to address the matter. The solution may require revision to existing standards or development of new standards to fully resolve the issue;
- Providing education and training for data collectors and users to ensure data is accurately recorded and processed, and is used and interpreted appropriately;
- Publishing health information standards reference materials for use by stakeholders; and,
- Supporting and participating in the data quality initiatives of other organizations, such as the Canadian Institute for Health Information, that complement and enhance provincial quality initiatives.

Research

The Centre engages in applied health research, which is the study into the health of populations to identify health outcomes and risk factors for disease, as well as areas related to access, use, costs, safety, quality, delivery and organization of health systems. Applied health research also includes the evaluation of information systems and government policy/programs. The Centre uses administrative data, surveys, focus groups and key informant interviews in carrying out this work. The Centre also supports the Department of Health and Community Services, Regional Health Authorities, researchers and others with their information and research needs by providing data extraction, data linkage, data management and information and analytical services. The Centre collaborates with Memorial University and other research organizations within and outside the province.

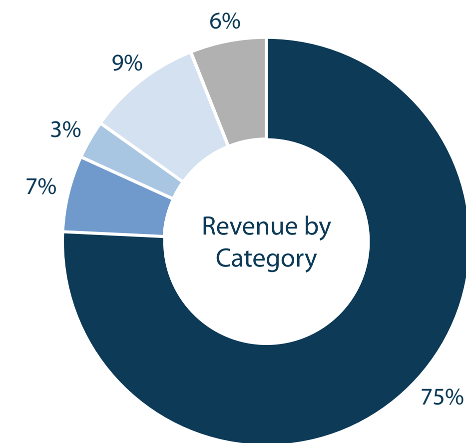
Number of Employees and Physical Location

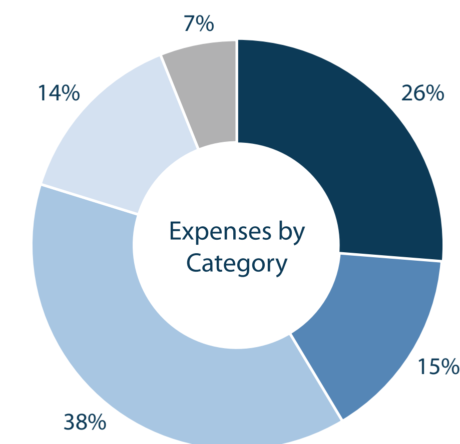
The Centre is structured into five departments: Research and Evaluation; Health Information Network; Clinical Information Programs and Quality; Human Resources and Strategic Planning; and, Business Services and Finance. It currently employs 164 full-time staff; 68 males and 96 females. Most Centre employees are based in the head office located at 70 O'Leary Avenue in St. John's, Newfoundland and Labrador. The Registry Integrity Unit, with six employees, is located in Bay Roberts, Newfoundland and Labrador.

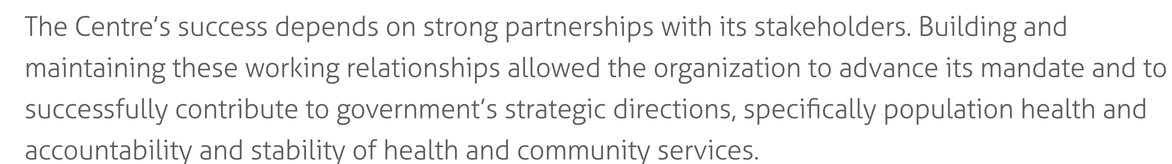
Financial Statements

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. Revenue from Canada Health Infoway in 2013 was $2.2 million, an increase of $67,000 from the funding for project milestones achieved in 2012. Provincial grant revenues in 2013 was $22 million, an increase of 10.9% over the previous year. Other revenue is comprised of provincial funding towards iEHR/Labs, Picture Archiving and Communications Systems, Clinical Safety and Reporting Systems and other initiatives. Total expenses were higher for the year as EHR work proceeded, including increased depreciation and maintenance costs related to the acquisition of new computer assets.

Revenues & Expenditures







Shared Commitments

"The provincial EHR is intended to support enhanced patient care and improve the efficiency and effectiveness of the health care system."

The Centre's success depends on strong partnerships with its stakeholders. Building and maintaining these working relationships allowed the organization to advance its mandate and to successfully contribute to government's strategic directions, specifically population health and accountability and stability of health and community services.

Through these partnerships, development and implementation of the provincial electronic health record (EHR) continued to advance. The provincial EHR is intended to support enhanced patient care and improve the accountability and stability of the health care system through more efficient and effective provision of information. The EHR provides a better ability to consolidate clinical findings making them accessible at the point of care, in turn promoting a safer and higher quality patient care encounter. In 2012-2013, collaboration with Canada Health Infoway, the Department of Health and Community Services, Regional Health Authorities (RHAs), health care professionals and their professional associations was crucial to continuing connections to the Pharmacy Network and to readying the EHR Viewer for a pilot implementation.

The Centre also contributed to accountability and stability of health and community services through its data quality and standards work. The Centre's data quality and standards team worked with the Canadian Institute of Health Information (CIHI), RHAs, the Department of Health and Community Services and other government bodies to ensure a continuous quality improvement approach is maintained in the key provincial data holdings in the Centre's custody.

The Centre also supported the strategic direction of population health through the work of its Research and Evaluation Department in 2012-2013. The Centre's Research and Evaluation Department partnered with several key stakeholders in a variety of research projects, such as working with Memorial University and the Janeway on a joint research project related to size at birth, informing the focus area of maternal/newborn health. The availability of the data and knowledge generated through such research and evaluation work supported health policy and decision-making within the health system.

Due to the long-term and ongoing nature of the Centre's work, the organization partners with key stakeholders year-over-year. Several key partners the Centre continued to work closely with in 2012-2013, in fulfilling its mandate included:

Department of Health and Community Services

The Department of Health and Community Services (the Department) provided guidance and funding for provincial EHR projects, as well as supported the Centre in managing quality

data and information. The Department participated in the Centre's Board activities, as well as the Provincial eHealth Oversight and EHR Governance Advisory Committees. The Centre responded to numerous requests for information from the Department to support policy and program development as well as provided research, evaluation and analytics services. This included joint participation in the Evidence-to-Policy Liaison Committee and support activities related to the *Personal Health Information Act.*

Regional Health Authorities

Regional Health Authorities (RHAs) have an integral role in developing and implementing the provincial EHR, including engaging in planning, governance, implementation and operation of various EHR components. The Centre engaged the RHAs to provide advice for governance-related issues around the EHR. The Centre also worked with RHAs and the Department to ensure common approaches to protecting the privacy of personal health information and collaborated with the RHAs on standards development and adoption, supporting accurate collection and reporting of clinical, financial and statistical data. The Centre also provided research, consulting and information services upon request.

Canada Health Infoway

Canada Health Infoway is a federally-funded, independent, not-for-profit organization that invests with public sector partners to accelerate EHR development across Canada. It provides joint funding with the Department of Health & Community Services for provincial EHR projects, facilitates knowledge transfer with other jurisdictions and supports project planning.

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 ongoing consultation with health professionals through their professional associations, regulatory bodies and provincial committees on clinical practice, EHR governance and policy development matters, as well as numerous meetings of key professional groups. Developing partnerships and gathering input from these groups supported increased adoption of the EHR.

Canadian Institute for Health Information

The Centre collaborated with the Canadian Institute for Health Information (CIHI) in support of its national health databases, related standards and data quality initiatives. This included supporting provincial data submission, national database reporting, validating provincial data published in CIHI reports and identifying national and provincial data quality issues and opportunities. Several Centre employees are involved in national leadership positions with CIHI as well.

COACH: Canada's Health Informatics Association

COACH provides access to a diverse community of accomplished professionals who work to make a difference in advancing health care through information technology. COACH 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 best practice sharing, peer awards, national conferences and professional development, including specialized career resources and professional certification. A number of Centre employees are active members of COACH. As well, the Centre's President & CEO is president-elect for the COACH Board of Directors.

Other Provincial Bodies

The Centre collaborated with various government departments and entities, including the Office of the Chief Information Officer, the Vital Statistics Division of Service NL and the Office of the Information and Privacy Commissioner.

Research Partners

The Centre continued to collaborate on research initiatives with various research partners including Memorial University's Faculty of Medicine and School of Pharmacy, the Department of Health and Community Services, Eastern Health, the Janeway Pediatric Research Unit, the Patient Research Centre and the Population Therapeutics Research Group. The Centre collaborates with private sector researchers as well as universities outside the province, including the University of Ottawa, University of Toronto, University of Calgary, University of British Columbia, University of Saskatchewan, University of Western Ontario and McMaster University. A number of federal organizations also provide funding to the Centre's research, including Canada Health Infoway, Health Canada, Canadian Institute for Health Information and the Public Health Agency of Canada.

Highlights and Accomplishments

"The EHR/EMR proof of concept project now serves as a model for the rest of Canada."

The Centre is committed to realizing its vision of *improved health through quality health information* and supporting government in its strategic directions of population health and accountability and stability of health and community services as referenced in its 2011-2014 business plan. Below are just a few of the many accomplishments the Centre achieved in 2012-2013.

Electronic Health Record/Electronic Medical Record Proof of Concept Project

Given that electronic health record (EHR) and electronic medical record (EMR) use is still in the early stages in Newfoundland and Labrador and across Canada, there are gaps in knowledge and expertise involved with the use of data from these electronic systems for purposes other than patient care. The Centre's Research and Evaluation Department, with support from the Canadian Institute for Health Information (CIHI), was engaged to carry out a proof of concept project to investigate the feasibility of using EMR and EHR data for health research and other health system use.

For clarity on the difference between EHRs and EMRs, an EHR is a health information system that contains digital records of select components of patients' medical information, stored and shared across health care systems and is used by a variety of health care providers in delivering care. An EMR is a computer-based medical record specific to one clinic or organization and is typically used only by the clinicians and staff of that clinic or organization.

The EHR/EMR Proof of Concept project marked the first time that two new provincial electronic data sources, the provincial Pharmacy Network (EHR) data and Newfoundland and Labrador Regional EMR data from the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), were linked to provincial health administrative data for use in research. CPCSSN is Canada's first multi-disease electronic record surveillance system. Three demonstration studies related to diabetes, obesity and psychiatric medications use served as a backdrop to this project. It involved the linkage of EMR and Pharmacy Network data to three administrative health databases; hospital, physician claims and mortality data.

The use of data in research that involves linkage to several different administrative data sources required consideration of many factors, presented many challenges and identified many opportunities. A key finding of the project confirmed the Centre's unique capacity, expertise and proven processes for helping to link different data sources through its established processes and procedures, which support appropriate governance, privacy and access.

The EHR/EMR Proof of Concept Project now serves as a model for the rest of Canada on how future research involving EMR and EHR data can be facilitated and, through this work, contributes to continued development and evolution of these systems.

Other notable achievements:

- In response to the Department of Health and Community Services' need to have current and reliable information on key priority areas, the Research and Evaluation Department worked on developing a Core Indicators catalogue in 2012-2013. Over the past year, the Research and Evaluation Department provided performance indicators to support provincial strategies, including the Strategy to Reduce Emergency Department Wait Times and the Strategy to Reduce Hip and Knee Joint Replacement Surgery Wait Times;
- The Research and Evaluation Department participated in 22 research studies on a range of topics relevant to population health, including: Increasing Size at Birth-What's the Big Deal; Home Visits-Optimizing Medical Care in the Elderly (HOME) Study, a pilot study on the effects of an interprofessional primary care program on emergency room visits and hospital admissions in the frail elderly; Systematic Review of Factors Influencing the Onset and Progression of Neurological Conditions; and, the EHR/EMR Proof of Concept Project;
- The Research and Evaluation Department completed evaluations on behalf of the Department of Health and Community Services, including the Newfoundland and Labrador HealthLine; and,
- The Research and Evaluation Department continued its leadership role in building research and information management capacity among First Nations communities and carried out a participatory research study and research capacity building workshops with Miawpukek First Nation in Conne River.

Telehealth Activity Increases in Newfoundland and Labrador

The Centre continued to support the growth of Telehealth in its provincial program management capacity in 2012-2013. Newfoundland and Labrador added three new community Telehealth sites within the last 12 months, in Fogo, Francois and Grand Bank, as well as reached the highest monthly usage of Teleheath to date. Both milestones clearly demonstrate the value of the Telehealth information technology in Newfoundland and Labrador. The Centre supported this expansion of infrastructure and usage by ensuring the new sites were certified and ready for use, as well as through the provincial coordination and scheduling of appointments, which the Centre manages for all provincial Telehealth sites.

The addition of these new sites brings the elaborate Telehealth infrastructure to 63 functional locations throughout the province, enabling many residents to avail of specialized and critical health care services without leaving their communities. The video-conferencing and other technologies allow medical specialists to consult, treat and manage care without having to be in the same room with their patients. With a focus on chronic diseases prevalent in our province, including oncology, nephrology, diabetes, mental health and neurology, the benefits of Telehealth in Newfoundland and Labrador are being realized in areas of significant burden, especially for those in remote locations.

As the availability of Telehealth increases, so does usage by patients and providers. In fact, October 2012 marked the highest monthly usage of Telehealth to date with more than 1,150 consultations taking place. These connections between patients and their health care providers can last anywhere from 15

minutes to two hours. Reflective of the year-over-year growth experienced in recent years, 1,150 consultations in one month is an exciting milestone for the program.

Other notable achievements:

- Telehealth continued to improve care delivery with more than 10,784 scheduled patient consultations occurring via Telehealth between April 2012 and March 2013, an increase of approximately 16% over the previous year; and,
- The Centre's change management team continued to lead provincial and pan-Canadian change management initiatives supporting best practices and enabling adoption of health information systems by clinicians. These activities included: co-chairing a pan-Canadian change management working group; delivering eHealth presentations and workshops, including at the national eHealth conference; developing an online change management toolkit for the Infoway website; and, publishing work in relevant industry publications, including an article in Longwoods, a national publication focused on heath care research, reports and news.

Strong Data Quality Results for Provincial Discharge Abstract Database

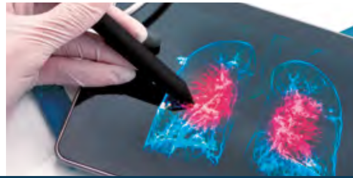
The work of the Centre's Data Quality and Standards (DQS) team, in close partnership and collaboration with coding staff from the Regional Health Authorities (RHAs), resulted in strong results from the Canadian Institute for Health Information for work related to the error reports in the Discharge Abstract Database (DAD).

Errors remaining in DAD for the fiscal year are indicators of the quality of the data; the lower the error scores, the higher the data quality. For the first time, Newfoundland and Labrador exceeded the national result. Achieving this involved significant efforts to code, submit and correct thousands of abstracts, monitor the progress throughout the year and manage arising issues. For perspective, Newfoundland and Labrador submitted almost 75,000 surgical day care abstracts last year with only 0.01% containing errors, equal to the national average. Of over 56,000 inpatient abstracts reviewed, 0.02% contained errors, equal to the national average. The overall error rate is 0.01%, which was below the national average of 0.02%.

Both Centre and RHA employees worked extremely hard to achieve this high standard, demonstrating the importance of provincial partnerships and collaboration for improving the accountability, quality and stability of the health care system.

Other notable achievements:

- The Centre's data quality framework, Quality by Design, has been applied to several clinical administrative databases, including the NLCHI Live Birth and Mortality Systems and the Client and Provider Registries of the provincial EHR. The framework has greatly strengthened database documentation and enabled measurement and monitoring of data quality and supports a continuous quality improvement approach;
- A provincial standardized listing of Medical Imaging (MI) Procedures, with associated workload measurement unit values, was developed for use in the RHAs' Meditech. It was developed in collaboration with the RHAs, Centre MIS Standards and EHR Standards. The provincial standard has been implemented by Eastern Health as part of regional consolidation. Once fully implemented, it will provide consistent MI procedure names throughout regional and provincial information systems, facilitating cross-regional comparability, consultation and support by radiologists;
- A provincial Laboratory standard to represent laboratory tests/results for the Core Lab, Microbiology and Blood Bank in Meditech was developed in collaboration with the RHAs and Centre EHR Standards. It is based on pan-Canadian standards and will provide comparability across regions, providing clinicians with a standard reference for laboratory tests. It has been partially



implemented by Eastern Health as part of regional consolidation with a targeted completion by December 2013. Central Health has also initiated an implementation project in support of its Meditech consolidation process; and,

- The provincial Peer-to-Peer Network, a collaborative effort between the Centre and Infoway, continued to support clinicians and their adoption of EHR programs in 2012-2013. The program hosted six regional workshops attended by 63 clinicians and other professionals. A total of 360 professionals were reached through the provincial Peer-to-Peer Network's presentations, exhibits and mentoring activities.

Report on Performance

"The use of health information systems to assist in providing quality care and services for the people of Newfoundland and Labrador has continually increased."

Since the Centre was created in 1996, the use of health information systems to assist in providing quality care and services for the people of Newfoundland and Labrador has continually increased. Provincial health information systems are an essential tool for supporting and improving accountability in the health system by making quality health information available for the delivery of health care, for system program planning and for health research.

The Centre's work in developing provincial health systems contributed to government's strategic direction of accountability and stability of health and community services. The Centre's mission of implementing priority elements of the electronic health record (EHR) will have a significant impact on health informatics in the province. As a priority project, the EHR was approved by all funders and the funding and budget were in place to support sustainability. As a priority of the Department of Health and Community Services, the EHR supports quality health care and patient safety.

As EHR implementation continues, the EHR will increasingly provide more comprehensive, accurate, reliable and comparable data for policy-making, program monitoring and resource allocation. The Centre's work, through both EHR development and research and evaluation, also contributed to government's strategic direction of population health.

Progress made on achieving the Centre's mission to date can be found in the 2011-2012 annual report available on the Centre's website: www.nlchi.nl.ca. This report focuses on the 2012-2013 progress in achieving the goals and objectives identified in the Business Plan 2011-2014, also available online at www.nlchi.nl.ca.

2012-2013 Progress

As noted previously in this report, the Centre's mission is:

By March 31, 2017, the Centre will have planned and implemented provincial health information systems, including priority elements of the electronic health record and provided quality health information that contributes to improved population health in Newfoundland and Labrador.

The Centre's Board of Directors identified four key areas, or issues, the organization will focus on from 2011 to 2014 supporting Government's strategic directions and working toward realization of this vision. These four areas include provincial health information systems, quality data, research and evaluation and stakeholder engagement. From these issues, corresponding goals and objectives were established to define the direction and outcomes the Centre is seeking to address. The indicators associated with these goals and objectives allow the Centre to ensure momentum and progress. The following details the 2012-2013 progress and plans related to these goals and objectives.

Issue 1: Provincial Health Information Systems

Provincial health information systems are essential tools for supporting and improving accountability in the health system. These information systems make quality health information available to organizations and professionals delivering health care, developing programs, administrating the system and conducting health research.

Throughout 2012-2013, the Centre continued implementation of approved elements of the EHR strategic plan and supported other provincial health information systems. The Centre's continued focus on eHealth initiatives, including the EHR, supported government's strategic direction of accountability and stability of health and community services. Upon implementation, the EHR will improve patient safety, help identify and monitor outcomes for select programs, support alignment of regional services and improve efficiency and effectiveness of the health care system.

Current and future components of the provincial EHR include: Client and Provider Registries, a drug information system, a digital diagnostic imaging system, and a laboratory information system. There are also opportunities to incorporate other information systems, such as electronic medical records, as well. Implementation of the provincial EHR will provide accurate, reliable and comparable data in support of informed policy-making, program monitoring and resource allocation, and most importantly enhanced safety and quality in delivering patient care.

Goal 2011-2014	By March 31, 2014, the Centre will have initiated implementation of priority elements of provincial health information systems.
Measure 2011-2014	Initiated implementation of priority elements of provincial health information systems.
Indicators 2011-2014	• Implemented priority elements of the approved provincial EHR strategic plan. • Managed the development, integration and operation of EHR components. • Supported development and management of other provincial health information systems.

Year Two Objective
By March 2013, the Centre will have continued implementation of priority elements of the provincial EHR.

Year Two Measure
Continued implementation of priority elements of the provincial EHR.

Planned for 2012-2013	Actual for 2012-2013
Continued implementation of the Pharmacy Network in community pharmacies province-wide.	Pharmacy Network implementation continued in 2012-2013, with nine additional community pharmacies (5%) connecting to the system between April 2012 and March 2013, with a total of 73 pharmacies (38%) connected as of March 31, 2013.

Planned for 2012-2013	Actual for 2012-2013
Implemented Pharmacy Network viewer in one emergency department.	The pilot Pharmacy Network viewer was implemented in the Western Memorial Regional Hospital in June 2012 via the Care Provider Portal, a view-only interface that allows authorized clinicians working in hospitals and emergency rooms to view a patient's medication profile aiding in safer and enhanced clinical decision-making and improved delivery of patient care.
Completed priority elements of the iEHR/Labs project.	Significant work continued on the iEHR/Labs project in 2012-2013. This project will bring the interoperability function (iEHR) and the Laboratory Information System (Labs) to the EHR, which are vital next steps in EHR development. The interoperability function will enhance integration of existing EHR systems, as well as bring additional clinical reports and patient data of relevance. Work completed on this project over the past year included: • Completed more than 5,000 assessments with potential end users of the system to determine readiness for connection; • Completed design and configuration requirements for implementation of EHR Viewer; • Installed required infrastructure and applications to support EHR Viewer implementation; • Provided training and education to Clinical Working Group and developed online training materials for future use; • Completed required privacy, security and operational configuration documentation; and, • Initiated system testing. Final implementation of the EHR Viewer was postponed from March 2013 until summer 2013.

Planned for 2012-2013	Actual for 2012-2013
Worked with the DHCS to develop the Public Health Surveillance System proposal.	A proposal for a Public Health Surveillance System was developed in collaboration with the DHCS. The Centre worked with DHCS to build on existing research and information and prepare a current view for requirements for a Public Health Surveillance System.
Continued implementation of Tele-ophthalmology with pilot project in Burin.	A pilot Tele-ophthalmology site was established in 2012; however, due to staffing reassignment based on operational needs, the initiative did not progress as planned. The working group redirected focus to refine the necessary project procedures to enable the project to proceed within the existing limitations in 2013-2014.
Initiated implementation of Multijurisdictional Telepathology (MJT).	The MJT project has two components: 1. NL Telepathology, which will establish the provincial telepathology network by adding additional digital scanners in three RHAs and connecting those with existing digital scanners in the province. 2. MJT project linking NL, Ontario and Manitoba, which will enable connection with other jurisdictions to support consultations from outside the province. Implementation of the MJT project was initiated as planned in 2012-2013, including: • Awarded the contract for NL project work (component 1) to an external vendor; • Identified NL provincial sites where new whole slide image scanners will be installed; • Initiated planning for integration of existing NL telepathology sites; and, • Supported development of RFP for the NL, Ontario and Manitoba MJT portion (component 2) of the project.

Discussion of Results

The Centre continued to achieve progress on implementation of the priority elements of provincial health information systems. Since beginning implementation in late 2009, 86 community pharmacies have connected to the Pharmacy Network, including the nine that connected in 2013-2014. While seven pharmacies disconnected from the Pharmacy Network this past year for various business reasons, including store closures, mergers and changes in ownership, the Centre continually engages with community pharmacies to facilitate adoption of the Network. For example, the Centre has successfully secured commitments from additional pharmacies for connection in the coming year and continued working with two large retail chains on preparing for connection, with expectation that these pharmacies will also begin connecting in 2013-2014.

The first provincial emergency room also successfully connected to the Network, extending access to medication profiles to additional health care professionals where the information is needed most – at the point of care. This connection alleviates inefficiencies, such as emergency department staff phoning multiple pharmacies and/or care providers to get medication information for their patients. The portal provides more timely access to a more comprehensive medication profile, saving time and enhancing the quality of care provided. The pilot connection, a partnership between the Centre, Western Health and connected community pharmacies in the western region, is supporting learning and enabling system refinement for future emergency department connections in the province. The Pharmacy Network is realizing benefits, with 6,193,041 dispenses recorded on the Pharmacy Network across 244,541 medication profiles, and 54,166 instances where additional medication information was available to health care professionals providing care as of March 31, 2013. The full benefits of the system will be realized when all community pharmacies and Regional Health Authorities are connected to the Pharmacy Network.

Significant work was also completed for the initial implementation of the EHR Viewer as part of the iEHR/Labs project. Final implementation of EHR Viewer was postponed from March 2013 until summer 2013 due to an unexpected technical issue encountered in testing in March. Postponing implementation allows the Centre to effectively address the issue prior to implementation. The EHR Viewer is also expected to support further adoption of the Pharmacy Network. As more clinicians will have access to medication profiles in the Network via the EHR Viewer, there is additional value for pharmacies – and their patients – to connect. The iEHR/Labs project is planned to continue into 2013-2014, with project completion expected in 2014.

Finally, the Centre continued to support growth and expansion of telehealth technologies in the province, including continued efforts on the Tele-ophthalmology pilot project in Burin and began implementation of Multijurisdictional Telepathology (MJT). Due to staffing reassignment based on operational needs, the Tele-ophthalmology pilot project did not progress as planned. The project working group invested effort into redefining project needs and collaboratively worked on finding solutions to ensure the pilot can continue forward. There was also continued growth in the use of Telehealth in the province in 2012-2013. There was a 16% increase in patient consultations over the previous year, demonstrating that Telehealth continues to be a key factor in improving service delivery.

Year Three Objective	Year Three Measure	Year Three Indicators
By March 2014, the Centre will have implemented funded components of the provincial EHR and other provincial health information systems.	Implemented funded components of the provincial EHR and other provincial health information systems.	• Completed implementation of EHR Viewer. • Continued with iEHR/Labs project. • Completed provincial Telepathology Project implementation. • Continued implementation of the Pharmacy Network.

Issue 2: Quality Data

The Centre's data holdings continue to expand providing valuable information that supports evidence-based decision-making and health analytics. Therefore, the Centre continues to focus on defining and measuring the quality of its data holdings as quality data is essential for the Centre to achieve its vision and to support government's strategic direction of accountability and stability of health and community services.

The Data Quality Framework (DQF) was developed in 2009 to foster a culture of quality and integrate continuous quality improvement processes into our day-to-day information management processes. The DQF also provides an integrated approach to defining, measuring and improving the quality of the data contained within the databases managed by the Centre. To date, the DQF has been applied to the Centre's key clinical administrative databases and has been adapted for use by the EHR Client and Provider Registries. It will continue to evolve over time as it is applied to additional databases.

Goal 2011-2014	By March 31, 2014, the Centre will have provided quality data from the key databases of which it is the custodian.
Measure 2011-2014	Provided quality data from key databases.
Indicators 2011-2014	• Implemented the DQF for selected databases. • Assessed the quality of data within those databases. • Improved data quality and documentation for health information databases.

Year Two Objective
By March 2013, the Centre will have adapted the DQF for use with other EHR component systems and associated databases.

Year Two Measure
Adapted the DQF for use with other EHR component systems and associated databases, including for Provider Registry and Client Registry.

Planned for 2012-2013	Actual for 2012-2013
Completed annual data quality assessment for the Client Registry.	The DQ assessment was completed. The results showed improvement over results from the previous year, indicating the actions taken were successful in addressing many of the data quality issues identified through the assessment. Based on the experience gained using the tool, some of the indicators and measures were revised to improve the assessment tool for future use.
Completed pilot application of the data quality assessment to the Provider Registry.	The DQ assessment was applied to the Provider Registry for the first time as a pilot. The Provider Registry is a key component of the EHR that enables accurate identification of health service providers and locations where health care is delivered in Newfoundland and Labrador. All applicable indicators and measures of the DQ assessment were met. Based on the experience gained, the assessment tool was finalized for future use.

Planned for 2012-2013	Actual for 2012-2013
Developed action plans for continuous quality improvement based on each data quality assessment.	Upon completion of all DQ assessments, an action plan was developed to address any criteria that were not met. These plans were incorporated into staff objectives or work plans with the expectation that the criteria would be met when the next DQ assessment is conducted.
Determined feasibility of adaptability of the data quality framework to the PN.	The DQF outlines the Centre's approach to developing and maintaining quality information. Application of the DQF to an information system, such as the Pharmacy Network, results in quality focused people, processes and tools, including three key documents: 1) Master Methodology 2) User Guide and 3) Data Quality Assessment Tool/ Action Plan. The first step, development of the Master Methodology document, was successfully completed, indicating the feasibility of applying the DQF to the Pharmacy Network. Discussions continue to determine the next steps.

Discussion of Results

All data quality indicators established for 2012-2013 were achieved. This has set the foundation for the Centre to effectively achieve its final year three objective by the end of 2014 as planned. The Centre strives for continuous improvement in the quality of data holdings of the organization to support increased accountability and stability of health and community services in Newfoundland and Labrador.

Year Three Objective	Year Three Measure	Year Three Indicators
By March 2014, the Centre will have evaluated the effectiveness of DQF implementation.	Evaluated the effectiveness of DQF implementation.	Prepared evaluation report on effectiveness of DQF implementation.

Issue 3: Research and Evaluation

The Centre played an increasingly important role in research, evaluation and health analytics in the province, which contributed to evidenced-based planning in the health system. The Centre will continue that role, particularly following the implementation of priority components of the EHR.

Opportunities for undertaking innovative research involving the use of existing health data has grown significantly over the past decade and will continue to grow in light of emerging trends in health research, such as genetics and personalized medicine. During 2012-2013, the Centre was awarded approximately $1 million in external research funding and Research & Evaluation employees were co-investigators or collaborators on three successful Canadian Institutes for Health Research (CIHR) Team Grants. Research & Evaluation employees were also co-investigators with MUN researchers on over $18 million in research proposals, which are to be awarded in spring 2013. The Centre's role and reputation in enabling and collaborating with MUN researchers in successfully competing at the national level for research grants is significant and still growing.

The Centre ensures alignment of its research with provincial and national strategies and priority areas through the Evidence-to-Policy Liaison Committee. The mandate of this committee is to facilitate the use of information, research and evaluation to support provincial policy and program development and implementation. Providing health professionals, program planners and policy-makers with quality health information to support decision-making contributed to government's strategic direction of accountability and stability of health and community services.

Goal 2011-2014	By March 31, 2014, the Centre will have provided information through research and evaluation services to support health policy and improved population health.
Measure 2011-2014	Provided information, research and evaluation services.
Indicators 2011-2014	• Supported the Centre and stakeholder's information needs through applied health research, evaluation and information services. • Supported the Department of Health and Community Services by providing information for the development of evidence-based policy. • Engaged in a collaborative model for health research.

Year Two Objective
By March 2013, the Centre will have engaged in collaborative research and evaluation with stakeholders.

Year Two Measure
Engaged in collaborative research and evaluation opportunities.

Planned for 2012-2013	Actual for 2012-2013
Submitted proposals in partnership with stakeholders for new research and evaluation studies.	The Centre submitted 16 proposals in partnership with stakeholders, either as lead or support, for new research and evaluation studies. The proposals covered topics of provincial and national relevance to population health.
Provided services in support of research and evaluation by external stakeholders.	The Centre provided services in support of research and evaluation by external stakeholders, including: • Research and Evaluation: – participated in 12 evaluations on behalf of the DHCS and/or Centre; and, – participated in 22 research studies, 16 of which were providing support to external partners. • Information Requests: – responded to 148 requests for data/ information; and, – responded to nine urgent requests in response to health system events or priority issues. • Analytical Services, including: database development; data management; statistical consulting; data extraction and linkage; workshops; and, development and provision of performance indicators in support of provincial strategies and programs.

Planned for 2012-2013	Actual for 2012-2013
Presented findings of collaborative research and evaluation at annual Research and Evaluation Day.	The Centre planned and prepared for the annual Research and Evaluation Day; however, upon realizing that many invited attendees were unable to attend on the scheduled date, the Centre decided to postpone the event until a later date to allow maximum attendance and value from the event. The event will be rescheduled for fall 2013.

Discussion of Results

The Centre achieved the majority of its research and evaluation planned indicators for 2012-2013, including continued collaboration with stakeholders on important and relevant research opportunities. As noted above, the planned annual Research and Evaluation Day was postponed in 2012-2013 as invited attendees had competing priorities impacting their availability. The Research and Evaluation team still views this collaborative initiative as valuable and plans to reschedule it for fall 2013.

The Centre's expertise and diverse skills in research, evaluation and analytics enabled it to bring continued value to the health system, including the provision of significant support services ranging from information requests to participation in studies to a range of analytical services. The Centre will continue to build upon its research and evaluation capacity to meet the growing demands in this area, particularly with implementation of the priority components of the EHR.

Year Three Objective	Year Three Measure	Year Three Indicators
By March 2014, the Centre will have increased information assets in support of improved population health in Newfoundland and Labrador.	Increased information assets in support of improved population health in Newfoundland and Labrador.	To provide context for this objective, information assets refer to the knowledge and processes developed and disseminated by applying analytics to health databases/systems. The following indicators will enhance such knowledge and processes: • Presented findings on eight research studies undertaken on behalf of the DHCS at annual DHCS/ Centre Research and Evaluation Day. • Prepared provincial health analytics framework to support the Centre's role in expanded information/ analytics services. • Published eight reports/ fact sheets containing information about research, analytical and evaluation work carried out by the Centre. • Published Pharmacy Network evaluation.

Issue 4: Stakeholder Engagement

The Centre provides significant health, economic and financial benefits to the provincial health care systems and its stakeholders. It is important that those stakeholders understand how the collaborative work of the Centre supports improved population health through the provision of quality health information. With this in mind, the Centre works to proactively engage, inform and assess stakeholder awareness of various initiatives and the organization overall. Evaluation of work in this area will vary by stakeholder and be specific to each stakeholder group based on types and levels of interaction with the Centre.

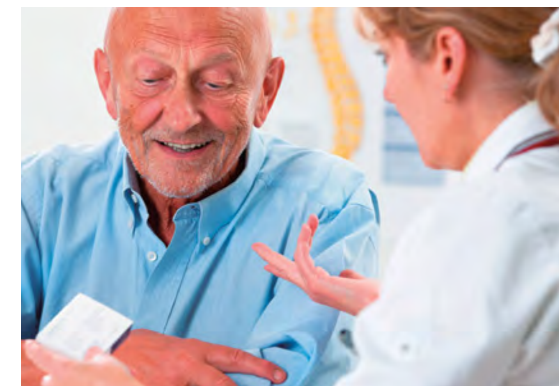
Goal 2011-2014	By March 31, 2014, the Centre will raise stakeholder awareness of its role in improving population health through the provision of quality health information.
Measure 2011-2014	Increased stakeholder awareness as a provider of quality health information.
Indicators 2011-2014	• Increased stakeholder understanding of the role of the Centre. • Fostered collaborative approach with stakeholders for development, integration and ongoing operation of provincial EHR and other health information systems.

Year Two Objective

By March 2013, the Centre will have implemented strategies that collaboratively engage stakeholders and raise understanding of the Centre.

Year Two Measure

Implemented strategies that collaboratively engage stakeholders and raise understanding of the Centre.



Planned for 2012-2013	Actual for 2012-2013
Conducted a public awareness campaign for PN.	A public awareness campaign for the Pharmacy Network, including TV, print and online ads, ran for one month in fall 2012. A public survey followed the campaign and showed a 49% recall rate. More importantly, those who remembered the campaign identified the key benefits and messages referenced in the ads and materials.
Continued to co-chair the Evidence-to-Policy Liaison Committee between DHCS and the Centre.	The Centre continued to co-chair the Evidence-to-Policy Liaison Committee between the DHCS and the Centre. The Evidence-to-Policy Liaison Committee facilitates the use of information, research and evaluation to support provincial policy and program development and implementation. As co-chairs, the Centre and DHCS share committee responsibilities related to preparation, conduct and follow-up of meetings on a rotating basis.
Continued to manage provincial stakeholder committees.	The Centre continued to manage and/or lead numerous provincial stakeholder advisory committees supporting the EHR and other health information systems, including: • Advisory Committees for Pharmacy Network, Client Registry, PACS, Telehealth and Peer-to-Peer Network; • Provincial eHealth Oversight Committee comprised of RHA CEOs, DHCS and Centre representatives; • eHealth Executive Committee, comprised of VP-level staff from the Centre, DHCS and RHAs; • Clinical Working Groups for various programs and projects, including iEHR/Labs; • Provincial Health Information Management Leadership Committee; • Numerous Data Quality and Standards Advisory Committees and working groups; and, • Chaired the RHA/Centre Health Information Privacy Collaborative. Management and leadership work associated with these committees included coordinating and facilitating meetings and information sharing amongst key stakeholders to support governance of and decision-making related to provincial solutions and key data holdings to benefit the health care system.

Planned for 2012-2013	Actual for 2012-2013
Continued to communicate the Centre's leadership role in provincial eHealth governance.	Numerous departments and divisions within the Centre continued to communicate the Centre's leadership role in provincial eHealth governance to stakeholders via regular face-to-face and written communications. Those stakeholders included: • Regional Health Authorities; • Department of Health and Community Services; • Professional boards and associations (i.e. Pharmacy Association of Newfoundland and Labrador, The Newfoundland and Labrador Pharmacy Board, The Association of Registered Nurses of Newfoundland and Labrador, The Newfoundland and Labrador Medical Association, The College of Physicians and Surgeons of Newfoundland and Labrador); • The provincial eHealth Executive Committee; • Provincial Information Management & Technology Directors; • Provincial Health Information Management Leadership; and, • Numerous advisory committees, clinical working groups and individuals involved in eHealth projects and programs.

Discussion of Results

The Centre continued to invest significant time and effort into engagement of and collaboration with health system stakeholders on provincial and national levels in 2012-2013. These partnerships are essential to successful implementation of provincial health information systems, continuous quality improvement of the data in the Centre's custody and relevant research and evaluation initiatives.

Employees across the organization continued to lead, manage and participate in eHealth and health information management committees and working groups. These groups and committees enable the Centre to collect input and direction from frontline health professionals, regulatory bodies, health system administrators and decision-makers, to ensure the Centre develops systems, programs and initiatives that deliver value to health care delivery.

The Pharmacy Network campaign implemented in 2012-2013 served to increase public awareness of the value and benefits of the Network. The campaign integrated a mix of media, including television, print and online advertising, speaking to the increased safety in their health care as a result of the system. The public awareness survey demonstrated a solid recall rate of 49%, with those recalling it identifying the key benefits included in the campaign.

The Centre looks forward to working with stakeholders in 2013-2014 and is well positioned to achieve its intended objectives for the year.

Year Three Objective	Year Three Measure	Year Three Indicators
By March 2014, the Centre will have demonstrated effectiveness of strategies to raise stakeholder understanding of and collaboration with the Centre.	Demonstrated effectiveness of strategies to raise stakeholder understanding of and collaboration with the Centre.	• Continued to co-chair the Evidence-to-Policy Liaison Committee between DHCS and the Centre. • Conducted Research & Evaluation stakeholder consultations related to health analytics and related services. • Continued leadership of and participation in provincial stakeholder committees. • Prepared report highlighting findings demonstrating increased stakeholder understanding of the Centre.

Opportunities and Challenges

"The Centre continually faces opportunities and challenges as it works to fulfill its mission."

Like most organizations, the Centre continually faces opportunities and challenges as it works to fulfill its mission and achieve its vision. Some of the opportunities and challenges the Centre anticipates as it continues to provide quality information to key stakeholders include:

Opportunities

- The Centre maintains its reputation as a national leader in interoperable EHR development and implementation and it is positioned for continued advancements in this area;
- There is growing interest in and demand for health analytics and using existing health data to inform decisions. The Centre will leverage its skills and expertise in this area to support more informed decisions in health care;
- Provincial health information systems offer many valuable benefits for patients and the overall population, including enhanced patient safety, quality of care and access to health care services.
  Developing these systems with a patient-centric view is essential;
- Continued implementation of the Pharmacy Network is increasing the availability of information to authorized health providers, serving to enhance the quality of care provided to the people of Newfoundland and Labrador; and,
- Advancements in implementation and adoption of an integrated EHR continue to have a positive impact across the health care system, including realizing value for investment through improvements in the quality, safety and efficiency of health care delivery.

Challenges

- Developing an interoperable EHR is a complex and extremely technical endeavour that continually challenges the Centre to balance resource requirements, stakeholder expectations and external and internal partnerships to ensure it can fulfill its mandate;
- EHR development and achieving the Centre's mandate requires continued focus on collaborative partnerships and positive relationships, which are highly contingent on the support and availability of stakeholders;
- In the highly competitive field of health informatics, the Centre faces ongoing challenges in organizational capacity, including securing and retaining the right skill sets to successfully manage the many initiatives it is tasked with. The Centre has developed a resource management process to support success in this area; and,
- The Centre is a trusted and independent third party for data management and linkage of information by its stakeholders. Maintaining that reputation of secure and confidential information management in an ever-evolving environment is paramount to the Centre's future activities in these areas.
- The Centre is committed to addressing concerns raised in the Auditor General's report released in January 2013, including aligning its compensation policies with government policies. It is a complex endeavour involving multiple considerations and collaboration with other government entities. The Centre had begun working toward addressing the recommendations of the Auditor General as of March 31, 2013 and will continue the efforts into the 2013-2014 year.

Financial Statements

Newfoundland and Labrador Centre for Health Information - March 31, 2013

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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 Canadian Institute of Chartered Accountants.

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.

Ray Dillon
Chair

Jim Janes
Director

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Independent Auditors' Report

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, 2013 and the statement of operations, statement of 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, 2013 and its financial performance, net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

St. John's, Canada

June 19, 2013

Grant Thornton LLP

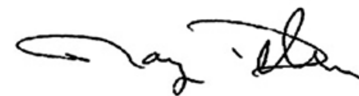
Chartered Accountants

Statement of Financial Position

March 31	2013	2012
Financial assets		
Cash and cash equivalents	**$ 12,495,946**	$ 10,535,147
Receivables (Note 3)	**4,646,001**	5,520,376
	17,141,947	16,055,523
Liabilities		
Payables and accruals (Note 4)	**6,237,415**	7,256,470
Deferred revenue	**16,081,992**	12,492,096
Deferred capital contributions (Note 5)	**11,867,534**	13,125,510
Accrued severance pay	**1,435,188**	1,239,126
	35,622,129	34,113,202
Net debt	**(18,480,182)**	(18,057,679)
Non-financial assets		
Tangible capital assets (Page 64)	**19,690,252**	19,236,131
Prepaids	**1,384,419**	1,461,836
	21,074,671	20,697,967
Accumulated surplus	**$ 2,594,489**	$ 2,640,288

Commitments (Note 8)

On behalf of the Centre



Ray Dillon
Chair

Jim Janes
Director

See accompanying notes to the financial statements.

Statement of Operations and Changes in Accumulated Surplus

Year Ended March 31	Actual 2013	(Note 7) Budget 2013	Actual 2012
Revenue			
Grants			
Canada Health Infoway	**$ 2,190,687**	$ 5,148,321	$ 2,123,342
Government of Newfoundland and Labrador	**21,997,624**	24,920,900	19,832,845
Amortization of deferred capital	**1,731,541**	1,641,444	1,668,795
Research	**785,753**	938,950	678,032
Interest	**139,875**	-	117,263
Other projects	**2,535,955**	3,782,783	2,014,248
	29,381,435	36,432,398	26,434,525
Expenses (Pages 65 and 66)			
Administration	**7,604,489**	8,708,643	6,978,402
Clinical Programs	**4,325,253**	5,454,513	4,048,161
Infrastructure, Information Protection and EHR Operations	**11,173,542**	12,728,291	10,088,110
Projects	**4,091,928**	8,210,089	3,874,324
Research and Evaluation	**2,232,022**	2,523,296	2,026,945
	29,427,234	37,624,832	27,015,942
Annual deficit	**$ (45,799)**	$ (1,192,434)	$ (581,417)
Accumulated surplus, beginning of year	**$ 2,640,288**	$ 2,640,288	$ 3,221,705
Annual deficit	**(45,799)**	(1,192,434)	(581,417)
Accumulated surplus, end of year	**$ 2,594,489**	$ 1,447,854	$ 2,640,288

See accompanying notes to the financial statements.

Statement of Net Debt

Year Ended March 31	*Actual 2013*	*(Note 7) Budget 2013*	*Actual 2012*
Annual deficit	**$ (45,799)**	$ (1,192,434)	$ (581,417)
Acquisition of tangible capital assets	**(3,999,479)**	(7,917,538)	(4,350,278)
Amortization of tangible capital assets	**3,545,358**	3,974,692	3,320,515
Decrease (increase) in prepaids	**77,417**	-	(364,693)
Increase in net debt	**(422,503)**	(5,135,280)	(1,975,873)
Net debt, beginning of year	**(18,057,679)**	(18,057,679)	(16,081,806)
Net debt, end of year	**$(18,480,182)**	$(23,192,959)	$(18,057,679)

See accompanying notes to the financial statements.

Statement of Cash Flows

Year Ended March 31	*2013*	*2012*
Increase (decrease) in cash and cash equivalents		
Operating		
Annual deficit	**$ (45,799)**	$ (581,417)
Change in non-cash items		
Amortization of capital assets	**3,545,358**	3,320,515
Amortization of deferred capital contributions	**(1,731,541)**	(1,668,795)
Increase in severance pay accrual	**196,062**	86,415
Change in non-cash operating working capital		
Receivables	**874,375**	2,875,278
Prepaid expenses	**77,417**	(364,693)
Payables and accruals	**(1,019,055)**	2,073,682
Deferred revenue	**3,589,896**	4,847,848
Cash provided by operating transactions	**5,486,713**	10,588,833
Capital		
Cash applied to capital transactions	**(3,999,479)**	(4,350,278)
Financing		
Capital contributions from Government and Infoway	**473,565**	1,148,578
Increase in cash and cash equivalents	**1,960,799**	7,387,133
Cash and cash equivalents, beginning of year	**10,535,147**	3,148,014
Cash and cash equivalents, end of year*	**$ 12,495,946**	$ 10,535,147

*Cash and cash equivalents consist of the following:		
Cash in bank	**$ 2,902,420**	$ 5,535,147
Temporary investment	**9,593,526**	5,000,000
	$ 12,495,946	$ 10,535,147

See accompanying notes to the financial statements.

Notes to the Financial Statements

March 31, 2013

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 in April 27, 2007, thereby establishing the Centre 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.

Through the support of the provincial government and Canada Health Infoway Inc., the Centre has been recognized for its contribution 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 Canadian Institute of Chartered Accountants 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.

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.

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

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 deficit, provides the change in net debt for the year.

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.

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 accounted for on an accrual basis and is calculated 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.

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;
- temporary investments;
- 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.

2. 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 and temporary investments. 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. Receivables

	2013	2012
Government of Newfoundland and Labrador	**$ 2,469,889**	$ 1,997,911
Canada Health Infoway	**1,270,233**	3,030,730
Harmonized sales tax	**405,576**	183,086
Other	**500,303**	308,649
	$ 4,646,001	$ 5,520,376

4. Payables and accruals

	2013	2012
Trade	**$ 4,716,994**	$ 5,933,945
Vacation and compensatory pay	**1,520,421**	1,322,525
	$ 6,237,415	$ 7,256,470

5. Deferred capital contributions

	2013	2012
Opening balance	**$ 13,125,510**	$ 13,645,727
Capital contributions from Government	**473,565**	907,769
Capital contributions from Canada Health Infoway	**-**	240,809
Amortization of deferred capital contribution	**(1,731,541)**	(1,668,795)
	$ 11,867,534	$ 13,125,510

6. Public Service Pension Plan and Government Money-Purchase 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 contribution 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) 8.6% of earnings up to the Year's Basic CPP Exemption, the portion of earnings upon which no CPP contributions are required;
(ii) 6.8% of earnings in excess of the Year's Basic CPP Exemption up to and including the Year's Maximum Pensionable Earnings ("YMPE"); and
(iii) 8.6% of earnings in excess of the YMPE.

6. Public Service Pension Plan and Government Money-Purchase 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 totalled $859,345 (2012 - $756,205). Additional information about the plan surplus or deficit is not available.

7. Budget figures

The reconciliation between the Centre's approved financial plan and the PSAB budget figures used in these statements is disclosed in the Schedule of Reconciliation of the Financial Plan to the Budget.

8. 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:

2013	$ 4,609,101
2014	$ 3,671,416
2015	$ 3,637,024
2016	$ 2,876,836
2017	$ 1,383,530

9. Financial instruments

The Centre's financial instruments consist of cash and cash equivalents, temporary investments, receivables and payables and accruals. The book value of cash and cash equivalents, temporary investments, 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, 2013.

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 $6,237,415 (2012 - $7,256,470), which have a maturity of not later than one year. The payment of the accrued severance liability 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 a counterparty's inability to fulfill its payment obligations. The Centre's credit risk is attributable to receivables in the amount of $4,646,001 (2012 - $5,520,376), of which $2,469,889 (2012 - $1,997,911) is receivable from the Government of Newfoundland and Labrador and $1,270,233 (2012 - $3,030,730) is receivable from Canada Health Infoway. Receivables are expected to be collected not later than one year. Management believes that the credit risk concentration with respect to financial instruments included in receivables is remote.

Schedule of Tangible Capital Assets

Year Ended March 31, 2013

	Computer equipment	Office furniture	Computer software	Leasehold Improvements	Pharmacy Network	Electronic Health Records-Labs (iEHR Labs)	Health Information Access Layer (HIAL)	2013	2012
Cost									
Cost, beginning of year	$ 8,977,771	$ 344,655	$ 3,499,388	$ 223,821	$ 9,585,689	$ 1,789,568	$ 4,609,000	$ 29,029,892	$ 24,779,596
Additions during the year	1,956,004	10,859	602,228	40,600	-	1,217,604	184,824	4,012,119	4,355,874
Disposals during the year	(25,211)	-	-	-	-	-	-	(25,211)	(105,578)
Cost, end of year	$ 10,908,564	$ 355,514	$ 4,101,616	$ 264,421	$ 9,585,689	$ 3,007,172	$ 4,793,824	$ 33,016,800	$ 29,029,892
Accumulated Amortization									
Accumulated amortization, beginning of year	$ 3,705,576	$ 193,101	$ 2,623,925	$ 63,066	$ 2,238,526	$ -	$ 969,567	$ 9,793,761	$ 6,573,226
Amortization	1,641,252	40,943	511,699	25,129	925,135	-	401,200	3,545,358	3,320,514
Reversal of accumulated amortization relating to disposals	(12,571)	-	-	-	-	-	-	(12,571)	(99,979)
Accumulated amortization, end of year	$ 5,334,257	$ 234,044	$ 3,135,624	$ 88,195	$ 3,163,661	$ -	$ 1,370,767	$ 13,326,548	$ 9,793,761
Net book value of tangible capital assets	$ 5,574,307	$ 121,470	$ 965,992	$ 176,226	$ 6,422,028	$ 3,007,172	$ 3,423,057	$ 19,690,252	$ 19,236,131

Included in tangible capital assets are assets not in use and therefore not depreciated in the current year. These assets, $3,007,172 (2012 - $1,789,568) of which relate to iEHR Labs and $781,823 (2012 – $597,000) to HIAL, are expected to be depreciated in the next fiscal year.

Schedule of Expenses

March 31	2013	2012
Administration		
Consulting fees	**$ 406,580**	$ 194,734
Salaries and benefits	**2,280,215**	2,119,408
Depreciation	**3,545,358**	3,320,515
License fees	**828**	534
Minor equipment	**5,471**	9,854
Software maintenance	**15,772**	10,647
Rent	**899,410**	899,410
Other	**450,855**	423,300
	$ 7,604,489	$ 6,978,402
Clinical Programs		
Consulting fees	**$ 557,422**	$ 596,612
Salaries and benefits	**2,919,190**	2,665,245
License fees	**26,162**	66,946
Minor equipment	**12,967**	6,966
Software maintenance	**547,301**	267,607
Other	**262,211**	444,785
	$ 4,325,253	$ 4,048,161
Infrastructure, Information Protection and EHR Operations		
Consulting fees	**$ 1,715,297**	$ 1,556,079
Salaries and benefits	**4,634,377**	4,041,429
Data communication charges	**975,275**	892,602
License fees	**271,299**	275,642
Minor equipment	**24,897**	27,596
Software maintenance	**3,200,668**	2,904,887
Rent	**33,900**	33,900
Other	**317,829**	355,975
	$ 11,173,542	$ 10,088,110

Schedule of Expenses (cont'd)

March 31	2013	2012
Projects		
Consulting fees	**$ 1,603,710**	$ 2,368,499
Salaries and benefits	**1,862,377**	1,033,275
License fees	**17,851**	191,035
Minor equipment	**31,752**	61,040
Software maintenance	**446,329**	151,311
Other	**129,909**	69,164
	$ 4,091,928	$ 3,874,324
Research and Evaluation		
Consulting fees	**$ 72,404**	$ 66,890
Salaries and benefits	**2,082,690**	1,894,307
License fees	**16,845**	7,883
Minor equipment	**1,528**	4,066
Other	**58,555**	53,799
	$ 2,232,022	$ 2,026,945
Total expenses	**$ 29,427,234**	$ 27,015,942

Reconciliation of the Financial Plan to the Budget

Year Ended March 31, 2013

	Financial Plan	Capltal Expenditures	PSAB Budget
Revenue			
Grants			
Canada Health Infoway	$ 5,148,321	-	$ 5,148,321
Government of Newfoundland and Labrador	24,920,900	-	24,920,900
Amortization of deferred capital	1,641,444	-	1,641,444
Research	938,950	-	938,950
Interest	-	-	-
Other projects	3,782,783	-	3,782,783
	36,432,398	$ -	$ 36,432,398
Expenses			
Administration	$ 8,786,143	(77,500)	$ 8,708,643
Clinical Programs	5,471,713	(17,200)	5,454,513
Infrastructure, Information Protection and EHR Operations	13,753,389	(1,025,098)	12,728,291
Projects	14,993,828	(6,783,739)	8,210,089
Research and Evaluation	2,537,296	(14,000)	2,523,296
Total expenses	$ 45,542,369	$ (7,917,537)	$ 37,624,832
Surplus (deficit)	$ (9,109,971)	$ (7,917,537)	$ (1,192,434)

Appendix A: List of Data Holdings

(as of March 31, 2013)

Newfoundland and Labrador Electronic Health Record

1. Client Registry
2. Provider Registry
3. Drug Information System (Pharmacy Network)

Administrative Data

4. Clinical Database Management System (CDMS)
5. Provider Listing (part of the Clinical Database Management System)
6. Community Table (part of the Clinical Database Management System)
7. Out-of-Province Hospital Data
8. NLCHI Live Birth System
9. NLCHI Stillbirth System
10. NLCHI Mortality System
11. Statistics Canada Annual Mortality Data Files
12. Statistics Canada Annual Stillbirth Data Files
13. Provincial Rehabilitation System
14. Telehealth Utilization Data

National Surveys

15. National Population Health Survey (NPHS)
16. Canadian Community Health Survey (CCHS)
17. National Longitudinal Survey of Children and Youth
18. Canadian Tobacco Use Monitoring Survey
19. Youth Smoking Survey

Population Data

20. Census
21. Population Estimates

Research Data

22. Newfoundland and Labrador Chronic Disease Surveillance System (NCDSS)
23. Cervical Cancer Surveillance System
24. Suicide Database
25. Longitudinal Paediatric Research Database
26. Cancer and Chronic Disease Research Database
27. Longitudinal In-patient ADE Database
28. NAHS Database
29. Psoriasis Research Database
30. EMR Database

MCP Data

31. MCP Provider Registry
32. MCP Beneficiary Registration Database
33. MCP Fee-For-Service Physician Claims Database

Research Studies or Special Projects

34. First Nation Administrative Health Database (FNAHD)
35. ER/PR Patient Listing and Communications Database
36. Total Joint Replacement Wait List Dataset
37. Childhood Leukemia Dataset
38. Illegal Drug Use Study Pharmacist Survey Dataset
39. Adverse Drug Events (ADEs) in Paediatric Patients Dataset
40. Adverse Drug Events (ADEs) in Adult Patients Dataset
41. Seniors Medication Use Dataset
42. Newfoundland and Labrador Prescription Drug Program (NLPDP) Dataset
43. Childhood Injury Research Dataset
44. Continuity of Care Research Dataset
45. Administrative Dataset for Surveillance of Depressive Disorders in Newfoundland and Labrador
46. Miawpukek Diabetes Study Dataset
47. Emergency Room Triage Dataset
48. Adolescent Health Survey
49. Impact of Out-of-Pocket Prescription Costs Survey Dataset
50. Type 1 Diabetes Mellitus Dataset
51. Baie Verte Miners' Registry
52. Cardiac Events Dataset
53. Diabetes Outcomes Dataset
54. Breast Cancer and Diabetes Dataset
55. Colorectal Cancer and Diabetes Dataset
56. HealthLine Call Dataset
57. Size at Birth Weight HSU Dataset
58. C-section Impact Dataset
59. C-section Stillbirth Dataset
60. Childhood Burn Injury Dataset
61. Early vs. Late Dataset
62. Factors Associated with Breast Screening Dataset
63. Pharmacy Network POC Dataset
64. EMR Diabetes Risk POC Dataset
65. EMR Obesity Chronic Conditions Dataset
66. PACS Information Management Dataset
67. Vitamin D Dataset
68. Laboratory Test Data, Eastern Health
69. Laboratory Test Data, Western Health
70. Cardiac Care Dataset
71. HOME Study Dataset
72. Stroke Audit Dataset
73. CHIRPP Dataset

Appendix B: The Centre's Mandate

The mandate of the Centre is stated in its enabling legislation and a Memorandum of Understanding with the Department of Health and Community Services.

In accordance with the *Centre for Health Information Act*, Section 4, Subsection 1, the object of the Centre is to:

Assist individuals, communities, health service providers and policy-makers at federal, provincial and regional levels in making informed decisions to enhance the health and well-being of persons in the province by providing a comprehensive province-wide information system that:

a. Protects the confidentiality and security of personal information that is collected, used, disclosed, stored or disposed of by the Centre;
b. Provides accurate and current information to users of the health and community services system;
c. Integrates data from all components of the health and community services system;
d. Is efficient and cost-effective; and
e. Is flexible and responsive to the changing requirements of users of the system.

The complete *Centre for Health Information Act* is available online at: www.assembly.nl.ca/legislation/sr/statutes/c05-1.htm

The Centre is enabled to meet its mandate through the Memorandum of Understanding set out in June 2002. *The Working Together...For Better Health Information – A Memorandum of Understanding between the Department of Health and Community Services and the Newfoundland and Labrador Centre for Health Information* states that:

- The Memorandum of Understanding is intended to promote effective and efficient working relationships between the Department of Health and Community Services and the Centre.
- The Memorandum assigns primary and shared responsibility to the Centre for several databases of personal information.
- The Centre is granted full authority on behalf of the province to access databases held by the Department of Health and Community Services and the Centre for purposes of research and report production.
- Reports will be provincial in scope with regional reports done as required.
- The Centre will assist stakeholders, through its consultation services, to utilize and generate reports using data held by stakeholders.
- The Privacy, Confidentiality and Access Principles and Guidelines for the Health Information Network, federal and provincial legislation, policy and standards will govern all data access, use and release from these databases.
- Public and private partnerships are endorsed to support common goals.
- The Centre is responsible for providing provincial coordination and leadership regarding technical and data standards for health information systems, working closely with all stakeholders and partners.
- The Centre will collaborate closely with the Department of Health and Community Services to protect the privacy of personal information.

Appendix C: 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 comprised the Centre's Board of Directors as of March 31, 2013:

Mr. Ray Dillon, *Chair*	Ms. Ellen MacDonald	Dr. Kris Aubrey-Bassler
Mr. Jerry Vink	Mr. Ted Dawe	Mr. Jim Janes
Mr. Chris Collingwood	Ms. Lynn Power	Mrs. Mary Abbass
Mr. Fred Cahill	Dr. Sharon Peters	Mr. Mike Barron
	Ms. Denise Tubrett	

Appreciation is also extended to Devon Goulding who served on and resigned his appointment on the Board of Directors during 2012-2013.

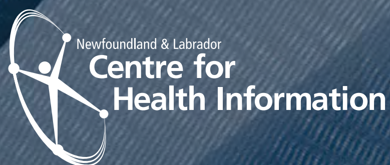
Appendix D: Government's Strategic Directions

These strategic directions have been set out by the Government of Newfoundland and Labrador and will be considered by the Department of Health and Community Services and other government entities that report to provincial government. While the work of the Centre will contribute to each direction in some way the Centre's 2011-2014 Business Plan and, thereby, this 2012-2013 Annual Business Report, focuses on its contributions in the area of accountability and stability of health and community services.

Government's Strategic Direction	Focus Areas of Strategic Direction 2011-2014	This direction is/was addressed in the:		
		Business Plan	Operational Plan	Branch/Division Work Plan
Accountability and Stability of Health and Community Services	Clinical/Administrative Guidelines/Program Standards	X		
	Evaluation of Legislation, Programs and Services	X		
	Health Research	X		
	Information Management and Technology	X		
	Performance Measurement/ Monitoring	X		
	Provincial Health Human Resources	X		
	Quality and Safety	X		

Appendix D: Government's Strategic Directions (cont'd)

Government's Strategic Direction	Focus Areas of Strategic Direction 2011-2014	This direction is/was addressed in the:		
		Business Plan	Operational Plan	Branch/Division Work Plan
Population Health	Aboriginal Health		X	
	Cancer Care		X	
	Chronic Disease Management		X	
	Healthy Aging		X	
	Injury Prevention		X	
	Maternal/Newborn Health		X	
	Smoking Rates and Protection from Environmental Smoke		X	



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