



CIHI's Annual Report

2022–2023



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

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About CIHI

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

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

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

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

Better data. Better decisions. Healthier Canadians.

Land acknowledgement

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



Message from CIHI's Board Chair and President

Now, more than ever, there is recognition of the need for high-quality, integrated health data to drive the planning of health programs and services and the delivery of care. When used effectively, data holds the key to a more collaborative and person-centred system, one that can improve continuously. It unlocks opportunities to boost health outcomes, better address inequities in access to care, accelerate research, help clinicians deliver optimal care, and prepare for unexpected public health events.

CIHI's role in this landscape — as a trusted partner in providing actionable information to improve Canadians' collective health and the performance of our systems — grows with each passing year. We have worked hard to build firm collaborations and share knowledge among federal, provincial/territorial and health organization partners to deliver timely, meaningful work on urgent issues.

As we reflect on the first year of our 5-year strategic plan, we are proud to see advancements in our goals. We are making our products more dynamic, with data that is easier to explore and use than ever before. We released the first suite of indicators whose data visualizations are fully interactive, with all information on a particular subject in 1 spot. To support the pressing need to understand the state of our health workforce, we created an interactive tool that gives a regional-level view on doctors and nurses of all specialties and designations. For the vital pursuit of health equity, we updated our equity stratifiers across indicators so stakeholders can gain truer insights into the outcomes and experiences of the subgroups of Canadians more likely to face inequities.

This year's annual report highlights some of the evolving areas of focus in which we continue to demonstrate leadership, often in collaboration with other partners. We continuously aim to make our data as timely as possible in order to serve our stakeholder needs. The increasing use of provisional data speeds up our ability to pursue more timely planning and recovery efforts beyond the pandemic.

One landmark project is our release of a full package of 12 new indicators focused on health priorities that were agreed upon by the federal, provincial and territorial governments (namely home and community care, and mental health and substance use). And as we watch the rise of virtual care across Canada, our teams have shown the ability to pivot in the moment and help stakeholders measure not only its use but also its role in the overall delivery of care.

Thank you as always to our Board and our partners for their support — and of course to our committed teams of experts who collaborate daily to innovate, problem-solve and guide CIHI into the future.



Vivek Goel

Dr. Vivek Goel
Board Chair



David O'Toole

David O'Toole
President and CEO

Our accomplishments

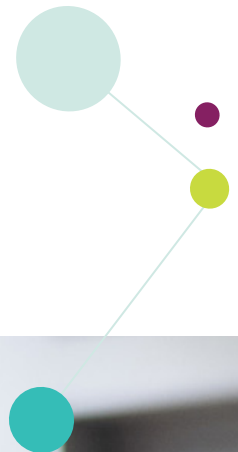
Shared health priorities

Ambitious project highlights key areas of the system

Across Canada there is a rising demand for Canadians to have better access to health services at home or in the community, as well as to be able to find timely support for mental health and substance use (MHSU) challenges.

These represent [Shared Health Priorities](#) among all federal, provincial and territorial governments. In [December 2022](#), CIHI reached a milestone achievement by publishing a full suite of 12 new and updated indicators to guide system planning across the country.

These indicators — 6 on home and community care and 6 on MHSU — tell the overall story of access in these health sectors. Policy-makers and health system planners can use the indicators to gain a valuable lens on specific roadblocks that persist when it comes to Canadians sharing equitable access to care.



Landmark project at CIHI

The latest release — one of our biggest projects to date — is a culmination of 5 years of deep efforts by diverse CIHI team members in collaboration with partners in the federal, provincial and territorial governments, sector and measurement experts and persons with lived experience.

It began with extensive consultations as CIHI used its trusted relationships to act as convener, planning and building consensus among a wide array of stakeholders. This far-reaching collaboration included federal, provincial and territorial representatives, specialty health organizations, clinicians, researchers, system managers, youth advisory groups and people with lived experience.

CIHI led this group that, together with our internal experts, identified the most important elements that define access to care and the criteria that could be used to measure them. After drafting more than 100 possible metrics, we worked with these stakeholders to pinpoint performance measures to which they could commit.

With the plan set and agreed upon, in consultation with external partners, CIHI built indicators and began data collection.



Gaining a greater understanding of system gaps

The team built a system to capture new sources of data in several areas, such as wait times for mental health counselling and home care, the effectiveness of home care, self-reported MHSU and early intervention (including among children and youth).

We also significantly enhanced data by expanding geographic coverage for long-term care (LTC) and home care data and refining the quality of emergency department (ED) data related to MHSU. As of 2022, our updated indicators allowed stakeholders to access more timely results and emerging trends, and, for 5 indicators, regional-level data — a line of sight that truly helps influence policy changes.

Our stakeholders can explore our interactive indicators to gain new intelligence that enables them to make more precise regulatory changes, investment decisions and public awareness campaigns. Recent highlights include the following:

- Over half of Canadians are dying at home or in the community, with proportions ranging from 47.6% in Quebec to 63.3% in British Columbia.
- Almost all Canadians who receive long-term home care also have an unpaid caregiver, providing an average of 37 hours of care per week; and 1 in 3 of those caregivers reports distress.
- About 1 in 10 new LTC residents could potentially have been cared for at home. Those who are admitted are in far poorer health post-COVID-19.
- More than half of children and youth with early MHSU needs say that services are not easy to access.
- 2 in 5 Canadians say they have support when trying to access MHSU services.
- Half of those who visit the ED frequently for help with MHSU are younger than 35.

Stakeholders can sift through the data to reveal how different parts of the system are functioning — both now and over time — to see what threads need to be pursued and what measures are working.

Our team will update and refine indicator results as more and better data becomes available via our provincial and territorial partners.




At a glance: Shared Health Priorities indicators



Mental health and substance use

- Wait Times for Community Mental Health Counselling
- Self-Harm, Including Suicide
- Hospital Stays for Harm Caused by Substance Use
- Frequent Emergency Room Visits for Help With Mental Health and Substance Use
- Early Intervention for Mental Health and Substance Use Among Children and Youth 
- Navigation of Mental Health and Substance Use Services 

Home and community care

- Home Care Services Helped the Recipient Stay at Home
- Wait Times for Home Care Services
- Caregiver Distress
- New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home
- Hospital Stay Extended Until Home Care Services or Supports Ready
- Death at Home or in Community 



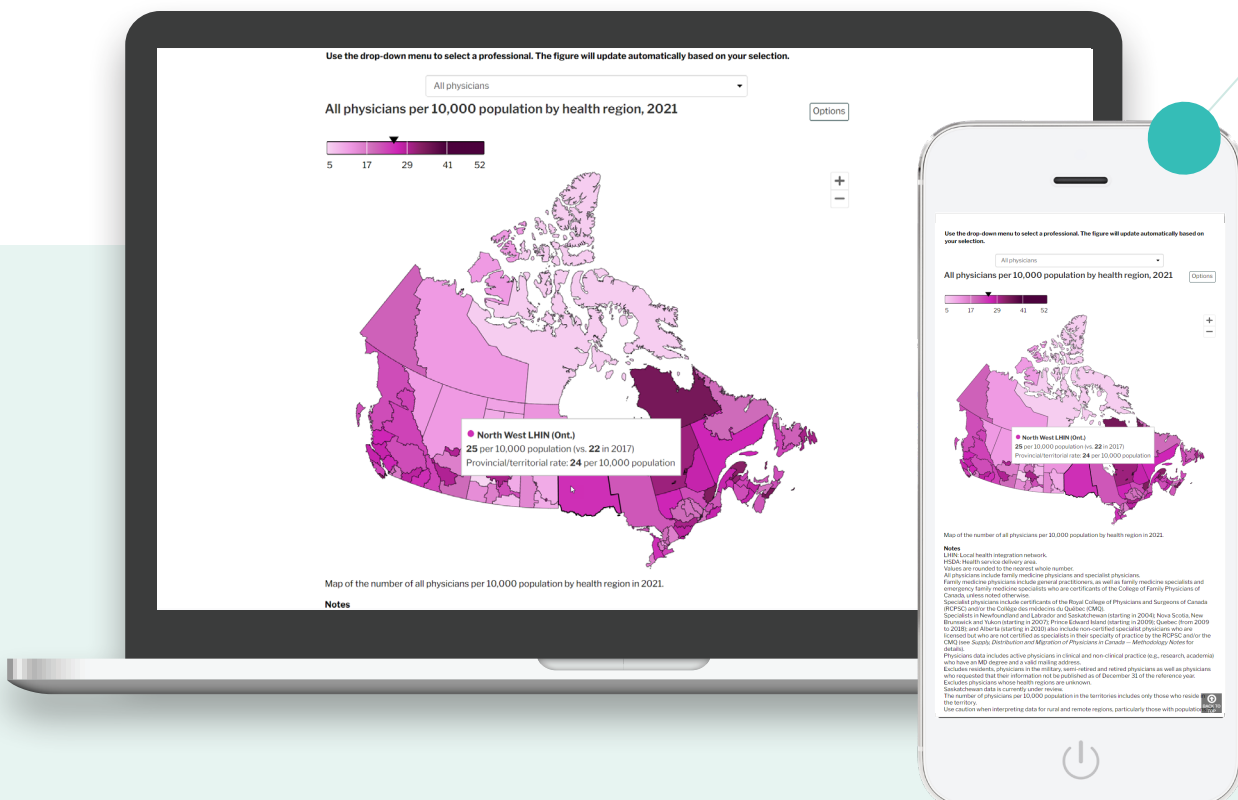
Health human resources

Refining data and building new maps to see the forest for the trees

An essential component of equitable access to care is ensuring there is a distributed force of providers where they are needed. At CIHI we track data on more than 30 groups of health care professionals, including supply, distribution, demographics and other insightful clues on the state of Canada's [health workforce](#).

In connecting with stakeholders, such as policy-makers, we learned that the data they possess is fragmented and that they are in need of more comprehensive, standardized data, methods and tools to guide their planning. Such information would, ideally, reveal the overall story of how a health system is faring.

To start to meet this need, we began triangulating data used in CIHI's health workforce report to improve its cohesiveness. We included data from different sources, both at CIHI and from other organizations, such as Statistics Canada. For example, now we can tie together the story of how much overtime health workers are working and levels of burnout with the changing landscape of professions such as nurses working in direct care across health care settings.



Making information more accessible to stakeholders

In 2022, we began to demonstrate the data in new ways for broader consumption. This led to new health human resources maps with data visualizations that are easier to understand for those who are not data analysts.

Our first [data visualization tool](#) was released in March 2023, showing the supply of different physicians and nurses across health regions, per 10,000 population. Using this map, users can gain a bird's-eye view of all family doctors, specialists and regulated nursing professionals (nurse practitioners, registered nurses, registered psychiatric nurses and licensed practical nurses) in any region.

Information presented in this visual format can help people understand how major health workforces are distributed across Canada. This can move the conversation around shortages from abstract to tangible. They can see the supply of new health care professionals and what streams they are entering. They can view trends and take action to improve access to care coast to coast to coast, such as incentivizing graduates to pursue family medicine.

Scanning for policy interventions that work

In 2022, our Health Human Resources (HHR) team developed a new tool — a policy intervention scan — that stakeholders can use to learn about the official steps other jurisdictions are taking to address health workforce issues across the country.

The scan involves web-based searches of government websites to identify all relevant interventions across the HHR policy landscape. It unearths a trove of contextual data that policy-makers can use to see what is going on region to region.

As Canada deals with post-pandemic issues, such as health workforce shortages, the policy intervention scan highlights the emerging areas of interest and sensitivities on which governments are focusing their plans, as well as the effectiveness of policies put in place.

In a recent scan, we learned that the vast majority of interventions were targeting recruitment. There is a major push to bring in more nurses, with efforts including signing bonuses, new training opportunities and drawing international nurses to Canada.



On the ground

How Nova Scotia is using the intervention scan

As is the case across the country, Nova Scotia faces shortages in its health workforce and challenges in recruiting diverse groups of health care professionals. To help solve the dilemma and innovate solutions, it established the Office of Healthcare Professionals Recruitment, the first of its kind in Canada.

Ana Vidovic, senior government strategist in Nova Scotia, says they have used CIHI's policy intervention tracker and, as a result, are more agile and able to respond quickly to opportunities.

"It's a wonderful tool because it gives us a window into policy solutions and best practices implemented by other jurisdictions," Ana says. "With data collected and updated at the federal level, it's a resource we may not otherwise have the capacity to do ourselves. As we build our health workforce strategic framework, this tool has proven beneficial as the landscape evolves rapidly, and we need to be able to plan for it quickly."

Ana says that Nova Scotia's ongoing health human resources crisis requires the same speed of response that has been required during the pandemic.

Strategists, planners and policy-makers can use the CIHI tool to assess risk and opportunity for potential solutions, and learning from our provincial counterparts is a critical step in this journey together.



Ana Vidovic

Virtual care

Insights to drive planning in critical new area

Of the many changes the COVID-19 pandemic has instigated, the rapid expansion of virtual care is perhaps one of the most noticeable shifts in health care delivery in this country. Across most sectors, virtual health is now entrenched; the initial urgent need for physically distanced care has given way to myriad benefits both to health systems and to patients, including improved access and reduced costs.

To ensure virtual care continues to meet the needs of Canadians as population demographics evolve, policy-makers, health care providers and patients need reliable insights about its impact on health system spending and outcomes. Such quantifiable data informs effective policies to improve the continuity and availability of care, and equitable access to it.



The Expansion of Virtual Care in Canada

New Data and Information

Helping inform an evolving conversation

In response to the shift to virtual care, CIHI is building on our existing data to expand what we know about virtual care in Canada. The focus is changing from how Canadians are accessing care during the pandemic to what needs to be done to ensure quality of care. CIHI must now inform that conversation and help stakeholders determine how virtual care fits within the traditional care delivery environment.

To do so, we lean on the following 3 pillars, which cover key information needs for system planners:

Standards

Collecting data in a standardized way is an imperative when it comes to offering a reliable picture of the state of virtual care in Canada. This requires consistently capturing the outcomes of virtual visits in CIHI's databases in order to produce insightful reports and recommendations.

Analysis

Using the data, we can then stratify the results for those receiving virtual care (e.g., by age and geography), as well as for the care providers involved, to identify inequities across the country. Ascertaining who is benefiting and what disparities exist is of particular value for our core stakeholders.

Measurement

Measurement is by far the most comprehensive pillar, requiring work with patients, clinicians and others to determine what would be most impactful for virtual care planning.



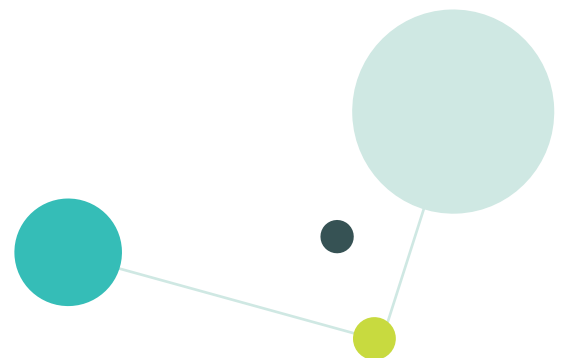
Actionable insights drive meaningful change

CIHI has developed several reports from the insights we have collected on the rise of virtual care in Canada. The most recent, [released in April 2023](#), provides a holistic (qualitative and quantitative) look at policies and programs to capture key lessons learned during the pandemic. The qualitative data was collected through interviews with key stakeholders, representing a bold step toward collaborative learning.

Indeed, collaborations have been instrumental in the development of these reports and in uncovering compelling new ways to work together. For example, Canada Health Infoway has funded the technological advancements that are key to advancing virtual care in this country, and results from its surveys were included in our reports. By working closely with Infoway, we're adding unprecedented value to our work, all laddering up to the bigger picture of modernizing Canada's health care systems.

This year, for the first time, we integrated the results from the [Commonwealth Fund survey](#) into our virtual care report. In past years, these statistics were promoted separately, but including them in a single cohesive report offers a clear view of how virtual care is evolving across the countries surveyed by the Commonwealth Fund. This, in turn, promotes further transparency and collaboration in health information-sharing, broadens knowledge and ultimately engages key stakeholders to inform and advance the delivery of virtual care.

CIHI's work in this area has the potential to make a tremendous impact on our health care systems as a resource to help government stakeholders decipher what to invest in and how. Next, we're proposing the development of a new indicator designed to help keep Canadians who could benefit from virtual care out of the ED and assess whether people have access to the right care to keep them safe and well in their communities.





A resource for the future of health care delivery

CIHI now provides key information about the impacts of virtual care on Canada's health systems and supports the development of standards, analyses and performance measures, with a focus on

- **New and updated data standards** to ensure that virtual care can be better captured and identified in CIHI's data holdings. This includes updates to the pan-Canadian primary health care standards.
- **Facilitating the seamless exchange of health information among health system stakeholders** through the development of data content and interoperability standards in and across acute, ambulatory and primary care. This work is conducted jointly with Canada Health Infoway.
- **Data analyses that leverage other holdings** that include physician billing data, health workforce information, and hospital and survey data.
- **Measuring performance in priority areas** including patient experience, ED use and access to primary care. This includes recommendations for pan-Canadian indicators that can track progress over time.

The work CIHI is doing, particularly when it comes to supporting pan-Canadian measurement of health system performance and population health outcomes, is critical to supporting essential digital health for all Canadians. We know that Canadians experience inequalities both in terms of access to and outcomes from our health systems — and the work CIHI does, from producing standards to serving as a convenor and storyteller to share examples of best practices and lessons learned, will support our collective and continued efforts to make digital health more accessible to everyone.



Not only does digital health have the potential to unlock better care for patients, but it is also a necessary tool to support the recruitment, retention and wellness of providers. When clinicians have tools to support their interaction with patients as well as with members of a patient's care team, particularly when serving rural and remote communities, everyone benefits.

Dr. Kendall Ho
Professor of Emergency Medicine
University of British Columbia
Medical Director
HealthLink BC Emergency iDoctor-in-assistance (HEiDi)

Provisional data

Timely access to emerging trends aids meaningful action

Fully processed, quality-checked data is a mainstay of CIHI's public reporting. Such data can take months to release. But when health system planners must make decisions quickly, speed trumps time when it comes to understanding emerging trends and urgent issues.

The urgent need for data was catalyzed during the early days of the COVID-19 pandemic as demand surged to understand what was unfolding in the country's LTC homes. Halting outbreaks among this vulnerable segment of the population was an imperative, so CIHI shifted to release provisional data.

Provisional data still undergoes processing and quality control, and it is reliable enough to reveal issues. It is therefore reliable enough to be used to determine best practices for actions such as lockdowns and vaccine deployments — in just days or weeks instead of months.



Finding new ways to accelerate service to stakeholders

Beyond LTC data, CIHI has identified other areas where data can be released on a provisional basis, including ED capacity and inpatient hospitalization. This allows for quicker and more relevant looks at key elements of the health care system, which in turn enables timely decision-making based on emerging priorities.

Provisional data releases have now become operationalized at CIHI, with an established availability schedule. That means stakeholders, researchers and members of the media can rely on updated metrics at certain times to inform their distinct efforts.

Such availability allows us to respond to the need for more timely comparable hospital and LTC data across Canada's health systems without placing more burden on those supplying the data to us.

More than 10 analyses have been released using provisional data since the beginning of the pandemic, including key updates on how COVID-19 influenced [surgery volumes and wait times](#), hospitalizations and ED visits.

In the future and in line with our [2022 to 2027 strategic plan](#), we plan to expand our offering of provisional and contextualized data, including equity and Indigenous data elements, to aid in local decision-making efforts.

What is provisional data?

Provisional data is data that is made available to the public within a fiscal year for which processing and data quality activities are still ongoing, and is therefore subject to change. Read about [key considerations when using provisional data](#).

New insights on COVID-19's impact on surgeries

Leveraging provisional data, CIHI released an update in March 2023 on the state of surgical volumes and wait times across the country. The findings can be used to develop timely recovery and planning efforts to reduce backlogs and get Canadians cared for faster. While data varied depending on province/territory and procedure, overall there was a 14% drop in surgeries in the first 31 months of the pandemic. Regarding knee replacements, only half of patients had the surgery inside the recommended 6-month time frame. [Explore all the data](#).



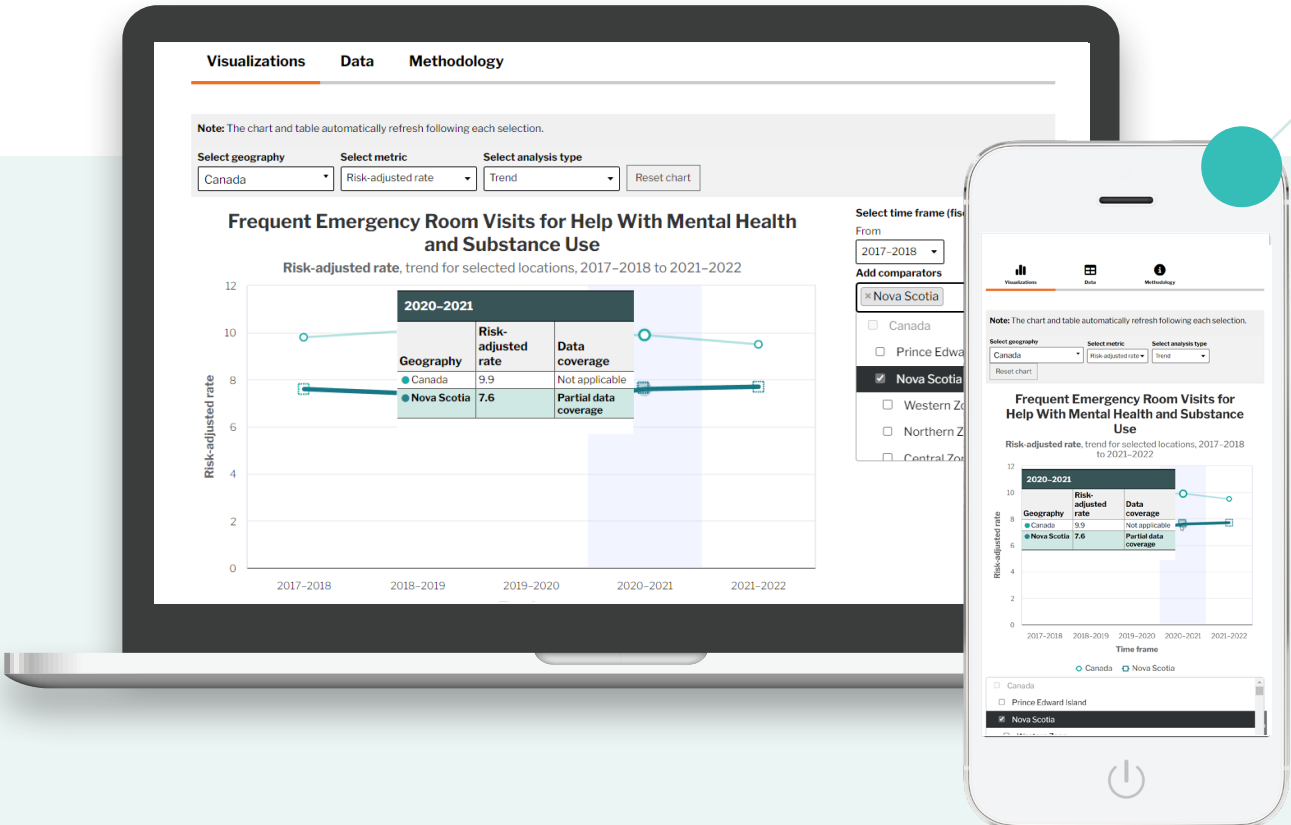
Interactive indicators

Data visualizations offer stakeholders a faster way to gain insights

CIHI exists to provide the data our stakeholders need in order to plan, respond and take action — all with the goal of optimizing patient care across the country. In recent years, our Indicators team has pursued a key objective: to modernize our data platform and make it easy for users to access and to understand important information — quickly.

In 2022, we harnessed our full technological capabilities to publish our first suite of indicators that featured new interactive data visualizations, all within a one-stop shop for our users. Consultations with stakeholder groups were instrumental in determining that these initial 5 indicators should focus on the timely, critical subject of [mental health and substance use](#).

For each indicator, users can access all relevant data, methodology and reports in 1 place, customize how they break down the information and use dynamic visualization tools to explore what the data is saying in a new way.



Empowering health information users

With improved functionality to group, filter, visualize and export information, stakeholders spend less time *finding* data and more time *using* it.

Decision-makers and advisor groups often seek to compare data across jurisdictions in Canada. Comparability is a core value of CIHI's data, and the enhanced indicators help users seamlessly view data, understand calculations and accurately compare results region by region.

This maps to our strategic goal of evolving to provide the most timely data possible. In the area of MHSU, our team is working toward automated indicators that will refresh each month (or sooner). By having more frequent access to data on issues that matter most to them, stakeholders can better understand and address what's happening in their jurisdictions.

The future of indicators

To best serve our stakeholders, CIHI is creating a more unified, adaptive approach to processing, designing and presenting data.

Publishing our first 5 indicators in this new manner is part of an iterative approach to releasing improved solutions. With the formula now in place, the team will begin migrating all 70 of CIHI's indicators into this enhanced technological platform — with LTC data a key goal for 2023.

I found the newly established interactive dashboard very helpful for my work at the Ministry of Health. I can understand the trends more easily and I can also use it to guide the development dashboard at the B.C. Ministry of Health.



Feixue (Snow) Ren
Manager, Business Intelligence & Innovation Service
Government of British Columbia

Patient engagement

Embedding lived experience in CIHI projects

CIHI's Patient Engagement Office (PEO) program is designed to help our teams integrate the patient voice into all projects. It is important to humanize the data with the lived experiences of Canadians and their family members and caregivers.

To build our collective knowledge of patient engagement, the PEO develops resources and hosts community of practice sessions in which patients themselves share their personal stories. These efforts aim to educate and empower CIHI staff to use best practices and develop meaningful engagement strategies — right from the start.

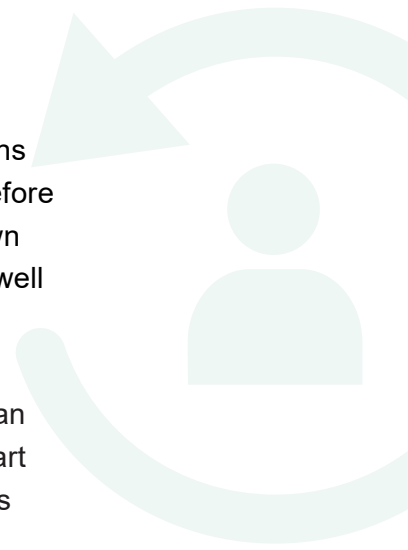
We strive to ensure that, as projects are conceived, patient engagement is part of the planning. The PEO can consult with teams on how to integrate the patient perspective in any new or ongoing project. Because our partners sometimes supply sensitive details, the PEO can advise on how CIHI can create a safe space for them to share their care experience.



Recent highlights of patient engagement

Here are several examples of how we are making our work patient-centred:

- **Patient-reported outcome measures (PROMs):** We interviewed Canadians who had had hip and knee procedures to find out about their experience before and after surgery and how they were able to use available tools for their own care. We learned of inconsistencies and the team is refining processes as well as the tools.
- **Organ donation and transplant:** CIHI and Canada Health Infoway are co-leading a multi-year project to develop a modernized pan-Canadian organ donation and transplantation data and performance reporting system. As part of this project, CIHI will partner with a group of patients, families and donors to plan and co-facilitate focus groups to learn from their experiences.
- **Virtual care:** CIHI worked with Canada Health Infoway to seek the public's opinion on their virtual care experiences and to understand how they use virtual care to connect with their family physicians. This work will help CIHI understand the impacts of virtual care on Canada's health systems and support the development of associated standards, analyses and performance measures.
- **Shared Health Priorities and new priority indicators:** CIHI is working with the Government of Canada, provincial and territorial governments, sector stakeholders, measurement experts and the public to develop new indicators and refine existing ones. We are engaging those with lived experience to gather their perspectives, which help us to better understand our data and explain our findings.



Reporting on patient experience in hospitals

To perform patient-centred care, we must hear from patients about their experience in the system. One of CIHI's standardized tools to seek feedback is our [survey on inpatient care](#). This invaluable information is front and centre in our annual report on patient experience in hospitals. By using the key drivers of coordination of care, emotional support and communication with (specifically) nurses, we reported that 65% of patients ranked their overall experience as very good.

Hospital leaders can combine this data with other indicators to compare their performance with that of their peers across Canada. We invite you to [explore all the data](#).

Meet 2 CIHI patient partners

CIHI's patient engagement office is really "walking the walk" and engaging patients in a respectful, meaningful way. CIHI teams acknowledge that there is a lot they don't know and it's thrilling to hear the questions being posed. It really shows that staff listens and values the patient voice in their work.



Judy Porter
Cole Harbour, Nova Scotia

Judy says that understanding the importance of the patient perspective and having balanced conversations that include it will lead to better care.

"Only having 1 perspective on any situation means you are missing differing viewpoints and the larger picture," she says. "The patient voice brings an expert opinion to the table."

She enjoys sharing her unique insights during the PEO's community of practice events and says she appreciates the opportunity and trust to help lead this engagement effort.

By sharing our stories, it helps bring context to data and puts a human face on facts and figures.



Susan Dunn
Halifax, Nova Scotia

Susan says that volunteering in the PEO's community of practice has felt rewarding because of the thoughtful conversations she has with CIHI staff, who are willing to reflect on what they hear from patient partners.

"I believe in the importance of people-centred care and meaningful engagement," Susan says. "It's one thing to say engaging the patient voice is important. It is quite another to bring that promise to life through supports for staff and authentic opportunities for patients to share their voice and have an impact on decisions."

People with lived experience, Susan adds, bring a particular kind of expertise based on their experiences.

Equity stratifiers

To remedy health inequality, we cannot settle for averages

CIHI is a leader in measuring health equity — using demographic, social, economic and geographic variables to uncover unjust differences in Canadians' health care access, quality, experiences and outcomes.

The ultimate goal is to identify these differences and take action to remedy them — and then measure progress toward improving health equity.

To support this effort, we strive to apply [equity stratifiers](#) across our indicators so our data and analytics can illuminate differences that extend past overall averages to reveal the experiences of subgroups of Canadians. For instance, if we consider geography for a certain indicator, we can see differences in outcomes for urban versus rural/remote residents.



Equity Stratification | June 2022

Age Stratifier: Guidance on Measuring and Reporting Health Inequalities

Definition

Construct: Age in years

The Canadian Institute for Health Information (CIHI) uses age in years for measuring and reporting age-related inequality in the population. Age refers to the number of complete years since an individual's date of birth.

Measure: Age categories

CIHI uses age categories determined on an indicator-by-indicator basis. Depending on the population of interest and purpose of reporting, age groupings can range from narrower categories (e.g., single years, 5-year groups) to broader categories (e.g., 15- or 20-year groups).

Variations

- To determine appropriate age categories for your health inequality analysis, consider how health care and social service delivery, eligibility and benefits change as an individual ages (e.g., children move from pediatric to adult services at age 18; drug and eye coverage become universally available in several provinces/territories at age 65).
- CIHI often uses 5-year age categories for analysis and reporting. These categories can be grouped to create larger categories, such as 10- or 15-year groupings, that still maintain the 5-year category boundaries. A common approach is to let your data guide how best to categorize age. For example, if 5-year age groups are not showing variation in inequalities, try rolling up to 10-year age groupings.

Key considerations

- Consider whether **age stratification** or **age standardization** is appropriate.
- **Age stratification** is often carried out to identify and report on age-related inequalities.
- CIHI uses **age standardization** to compare indicator results across different populations and over time (see *Measuring Health Inequalities: A Toolkit — Calculating Stratified Rates and Inequality Measures: Methodology and Code in SAS and R*). For age-standardized indicators, CIHI uses 5-year intervals.*

Responding to a rising need to target health equity

In 2018, after consulting with system planners on their needs, CIHI released a toolkit that provides resources to measure health inequalities. After COVID-19 thrust health equity to the forefront, we enhanced these resources.

In spring 2022, our team released an updated toolkit including stratifier bundles that target the 8 most common socio-demographic elements our stakeholders seek to measure (see CIHI's equity stratifiers below). There was also a significant update of the race-based and Indigenous identifiers, areas flagged as a major focus to gauge health care inequalities.

Looking ahead

Equity is a universal goal for Canada's health systems, but routine measurement has often been limited to dealing with averages. What's more is that should averages reveal positive trends, they may nonetheless be masking persistent inequalities for certain groups. This means policy-makers and planners gain only a partial understanding of health inequalities.

We can't improve what we can't measure — nor what we can't measure well. By stratifying indicators across these 8 categories, the data better reflects diverse patient experiences and outcomes. This ensures that new policies and programs are based on evidence in trying to tackle the multi-dimensional causes of health inequality.

At CIHI, we are working to apply the equity stratifiers across products and deliverables, where possible, for a full, cohesive approach to this priority area.

CIHI's equity stratifiers

- Age
- Education
- Gender
- Geographic location
- Income
- Indigenous identity
- Racialized group
- Sex at birth



Demonstrable accountability

Everyone at CIHI is a privacy officer

CIHI plays a unique role in our health care landscape, and underpinning that is a commitment to protecting the privacy of Canadians and their personal health information. Our sweeping, evolving Privacy Program lays out how we collect, store, analyze and disseminate health care data.

Still, we know that policies are only as effective as the degree to which everyone adheres to them on a day-to-day basis. We therefore empower all employees to play the role of privacy officer, because only together can we be fully accountable to meet strict privacy and security levels set both internally and by government partners.

In 2022, we focused on demonstrable accountability (DA) — a measure by which each person accepts their role to protect personal information, takes responsibility for what is needed in their role, and can demonstrate compliance at any time.

New training and awareness-building efforts

To solidify DA, we must ensure that awareness spreads through all teams. We leveraged Privacy Awareness Month (January) and Information Security Awareness Month (September) to run campaigns, hold active-learning sessions and build a community of practice across CIHI.

We promoted knowledge-sharing via the following:

- An orientation package, educational materials and an at-a-glance DA knowledge document;
- Mandatory training sessions and breakout groups for focused learning;
- Group reviews of policies and procedures;
- Team-led learning sessions and quizzes; and
- Inclusion of DA as a standing agenda in all meetings.



Building a sustainable culture of privacy

While we must meet external requirements, such as a 2022 review by the Information and Privacy Commissioner of Ontario, our approach is to continue our journey of steady improvement in privacy and security.

Along with a new sustainability plan, we are in the midst of training DA champions throughout CIHI who represent their teams, provide updates on progress and, most importantly, help integrate DA into our operations. We are embedding DA in governance and in individual objectives, and will showcase our collective efforts each year to CIHI's Executive Committee.

As CIHI matures and evolves, so too does our Privacy Program. As teams expand to execute on an expanding mission, we recognize that CIHI can't rely on historical knowledge of DA but instead must always be enhancing that community of practice and sharing knowledge.



Cultural safety

First Nations, Inuit and Métis Peoples have the inherent right to access health care that is free of discrimination, yet Indigenous-specific racism in Canada is widespread and there is a scarcity of data and reporting to bring visibility to the issue and hold health systems accountable. There are also no pan-Canadian measurement guidelines or standards to facilitate comparisons, track progress and help drive change.

We all have a role to play to address anti-Indigenous racism in our health systems. CIHI is committed to working in partnership with First Nations, Inuit and Métis Peoples to advance cultural safety and humility, and recognizes that our role is to support accountability and transparency through better measurement.

Over the course of 2022–2023, CIHI

- Hosted a [webinar](#) titled “Addressing Anti-Indigenous Racism in Canada’s Health Care Systems Through Measurement and Indigenous Data Governance.”
- Released a [report](#) in partnership with Providence Health Care in British Columbia on the piloting of its cultural safety measurement framework.
- Hosted the inaugural meeting of the Cultural Safety Measurement Collaborative, a group of 15 First Nations, Inuit and Métis experts who will work together to identify and co-develop a set of indicators for cultural safety in health systems.
- In collaboration with Indigenous-owned NVision Insight Group, released the first of 3 courses in a mandatory online training program for employees on First Nations, Inuit and Métis health. In keeping with CIHI’s [Declaration of Commitment to Advance Cultural Safety and Humility](#), the courses represent a concrete way in which we can act upon our commitment to create a climate of change and cultural safety at CIHI. In the first course, employees learned about our shared colonial history. In 2023, employees will learn about colonialism as a social determinant of health, as well as Indigenous world views, data sovereignty and governance.

We continue to embed our commitment to cultural safety at all levels of the organization through initiatives such as an Indigenous health speaker series and the Sharing Circle — a monthly forum for CIHI staff.



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

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



First Nations, Inuit and Métis data

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

A Path Forward

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

Updated August 2020

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



Our focus areas for Indigenous health

Foundational capacity

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

Governance of Indigenous data

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

Relationships and partnerships

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

Analysis and capacity-building

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

Our people

Before joining CIHI in 2018, I worked with the B.C. Ministry of Health, so I was no stranger to CIHI data. Between CIHI's leadership role in pan-Canadian health system analysis and performance monitoring and its reputation for treating its employees well, I didn't think twice before accepting my job offer! It has been rewarding to see local analytics take off and to receive positive feedback from our stakeholders over the past 5 years. The pandemic has highlighted the need for actionable and comparable health information, and we are here to make that a reality. I'm proud to be a part of this team and honoured to be a part of this journey.

William Yang



As a recent graduate, my decision to join the CIHI team in 2022 was a natural one. During my time in graduate school, I quickly learned that CIHI was a leader in collecting and analyzing health care data; every time I undertook research for my dissertation, the search results led me to a CIHI report! I knew that joining a team of leaders in this space would mean an opportunity to help contribute to improving health care outcomes in Canada. It has been a rewarding experience so far, complete with welcoming and supportive colleagues. I'm looking forward to continuing to collaborate with fellow CIHI-ers and stakeholders to further strengthen CIHI's position as a leader in addressing the evolving needs in the health care sector and improving the health of all Canadians.

Esra Ben Ismail



After more than 40 years of working in health care, I recently retired from my role as Education manager at CIHI and am looking forward to pursuing my personal interests and hobbies. Looking back on my past 35 years at CIHI, I have had the opportunity to watch the organization thrive while tackling new challenges, adopting new technologies and taking new steps forward.



New database technology, widespread use of the internet, the digitalization of medicine, data analytics and data-based decision-making are just a handful of the areas in which CIHI has evolved throughout my career. As this growth happened, CIHI remained true to its mandate and grew its brand as one of Canada's leading health data organizations.

CIHI's strength is its consistency in maintaining high-quality standards and practices, due in large part to its dedicated, talented and knowledgeable staff. As CIHI continues to grow and change, one thing always remains constant: CIHI's people are the heart and soul behind its achievements.

CIHI staff fully immerse themselves in the work, and produce many highly regarded outputs such as data standards, comparable reports, publications, special analysis, education content and promotional materials. These successes are very much a team effort. Just like in team sports, when aiming for a goal, it's necessary to repeat activities over and over to establish routine, perfection and consistency. At CIHI, whether it's the development of products, sharing of knowledge or providing learning, it has always been with the intent to provide the best and highest-quality products for our stakeholders and clients.

Health information in Canada includes a vast network of health systems, sectors and requirements. While CIHI has a strong group of thought leaders and has expanded its health data holdings and outputs, it is just one of many essential health care organizations in Canada. As such, collaboration with clients and stakeholders is an important component of CIHI's operations. Over the years, they have continued to develop consultation sessions and to work closely with groups of experts and other organizations.

There is always a challenge to find the right balance between producing content and doing it in a relevant and interesting way. Having time to look at challenges in new ways provides the opportunity to explore more exciting solutions and products. As CIHI evolves, protecting this creative energy is necessary to address ongoing improvements to products. This is a core attribute for the development of new education content, minimum data sets, and comparative reports and indicators.

It is all these practices combined that make CIHI an organization that is so highly respected in the health care community. I am proud to have contributed to the growth and success of the organization and can't wait to see what new heights it reaches in the coming years.

[Kent Maclean](#)

Our leadership and governance

Board of Directors as of March 31, 2023

Canada at large

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

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

Dr. Verna Yiu
Interim Provost and Vice-President
(Academic)
University of Alberta

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

Region 1 • British Columbia

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

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

Region 2 • Prairies

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

Ms. Karen Herd
Deputy Minister
Manitoba Health
(Government)

Region 3 • Ontario

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

Dr. Michael Hillmer
Assistant Deputy Minister
Digital and Analytics Strategy
Ontario Ministry of Health
(Government)

Region 4 • Quebec

Mr. Marc-Nicolas Kobrynsky

Assistant Deputy Minister

Strategic Planning and Performance Measurement Branch

Ministère de la Santé et des Services sociaux du Québec

(Government)

Region 5 • Atlantic

Mr. Martin Haynes

Chief Strategy Officer

Medavie

(Non-government)

Region 6 • Territories

Ms. Jo-Anne Cecchetto

Deputy Minister

Northwest Territories Department of Health and Social Services

(Government)

Health Canada

Dr. Stephen Lucas

Deputy Minister

Health Canada

Statistics Canada

Ms. Lynn Barr-Telford

Assistant Chief Statistician

Strategic Engagement Field

Statistics Canada

Board committees as of March 31, 2023

Finance and Audit Committee

Members

Karim Mamdani (Chair)
 Lynn Barr-Telford
 Martin Haynes
 Stephen Lucas

Meetings

June 7, 2022
 November 21, 2022
 February 16, 2023

Governance and Privacy Committee

Members

Denis Roy (Chair)
 Jo-Anne Cecchetto
 Michael Hillmer
 Marc-Nicolas Kobrynsky
 Martin Wright
 Verna Yiu

Meetings

June 14, 2022
 November 14, 2022
 March 6, 2023

Human Resources Committee

Members

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

Meetings

November 17, 2022
 March 3, 2023

Senior management as of March 31, 2023

David O'Toole

President and CEO

Neala Barton

Vice President

Communications and Client Experience

Brent Diverty

Vice President

Data Strategies and Statistics

Caroline Heick

Vice President

Corporate Services

Nasir Kenea

Vice President and Chief Information Officer

Information Technology and Services

Georgina MacDonald

Vice President

Western Canada

Kathleen Morris

Vice President

Research and Analysis

Stephen O'Reilly

Executive Director

Office of the President and CEO

Francine Anne Roy

Vice President

Eastern Canada

Nilesh Shastri

Chief Information Security Officer

Chief Information Security Office

Rhonda Wing

Executive Director, Chief Privacy Officer
and General Counsel

Privacy and Legal Services

Steve Atkinson

Director

Western Canada

Dora Silva Alves

Director

Education, Design and Content Delivery

Elizabeth Blunden

Director

People and Workplace Operations

Herbet Brasileiro

Director

ITS Product Delivery

Brian Bui

Director

Infrastructure, Business Operations
and Technology Services

Ann Chapman

Director

Spending and Primary Care

Deborah Cohen

Director

Pharmaceuticals and Health Workforce
Information Services

Natalie Damiano

Director

Specialized Care

Mélanie Josée Davidson

Director

Health System Performance

Shez Daya

Director

Digital Solutions

Keith Denny

Director
Population and Indigenous Health,
and Classifications and Terminologies

Joanna Filion

Director
Marketing and Communications

Matthew Godycki

Director
Strategy, Architecture and Standards

Cheryl Gula

Director
Thematic Priorities

Jeffrey Hatcher

Director
Advanced Analytics

Tracy Johnson

Director
Health System Analytics

Connie Paris

Director
Strategy and Operations

Chantal Poirier

Director
Finance

Juliana Wu

Director
Acute and Ambulatory Care
Information Services



Risk management

Audit Program

CIHI maintains an Audit Program that serves to

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

In 2022–2023, activities included

- A triennial fraud risk assessment;
- A follow-up compliance survey audit of third-party record-level data recipients, focusing on compliance with CIHI's remote access requirements;
- An internal audit of ISO 27001 and an ISO 27001 version 2013 surveillance audit; and
- Penetration testing and vulnerability assessments of the information technology network, server infrastructure and selected applications.

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

Risk management activities

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

The program's goal is to foster reasonable risk-taking based on risk tolerance and to create action plans that focus on mitigating the risks in question. Our approach is to anticipate potential events and build consensus on how to reduce or eliminate their impact. Our Strategic Risk Management Program serves to support effective management, strengthen accountability and improve future performance. CIHI's approach is guided by its Strategic Risk Management Policy, which was reviewed and refreshed in 2022–2023.

CIHI's Risk Management Framework



Strategic risk management activities for 2022–2023

The executive team identified and assessed several key risks based on the likelihood of occurrence and potential impacts. 6 of these were identified as strategic risks due to their high level of residual risk (risk level after considering existing mitigation strategies):

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

To mitigate this risk, CIHI implemented technology and business modernization initiatives aligned with the multi-year IT Roadmap. We refreshed the roadmap to ensure continued alignment with organizational and stakeholder needs and to position ourselves to integrate relevant technologies to meet evolving infrastructure requirements.

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

Since the onset of the pandemic, health system and policy stakeholders have expressed the need for timelier and expanded data to quickly respond to emerging priorities. In 2022–2023, we employed a multi-faceted approach to address these requirements. We progressed work and maintained the data supply in priority areas for our Data Advancement Strategy, and continued to expand our provisional data program. We made headway in implementing new technologies to provide near-term and flexible data collection mechanisms, and we engaged with key government agencies and pan-Canadian health organizations to advance data standards and data supply modernization.

In 2022–2023, CIHI marked an important milestone in meeting our Shared Health Priorities commitment with the release of the final 3 of the 12 pan-Canadian indicators endorsed for development by federal, provincial and territorial governments.

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

To manage this risk over the past year, we worked to ensure that our value proposition aligns with the needs of our stakeholders. In 2022–2023, CIHI sought regular engagement with stakeholders and participation at federal/provincial/territorial tables to respond to emergent information needs. We are developing an updated stakeholder survey to ensure our work continues to reflect stakeholder priorities. Work progressed on a refreshed Performance Measurement Framework that aligns with our 2022 to 2027 strategic plan and is designed to systematically assess the value we provide in an integrated way.

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

Our Privacy and Security Risk Management (PSRM) Program is one of our core strengths; however, there is always a need to monitor and plan for emerging threats as social engineering techniques become more sophisticated, and as business processes and technologies evolve. We addressed this risk by monitoring our control effectiveness and using the PSRM for effective decision-making and control design. We matured our ability to deliver on the Demonstrable Accountability Framework to support robust accountability for ensuring privacy and information security. We proactively monitored the privacy and security landscape to ensure that CIHI continues to respond to emerging risks and to the evolving privacy needs of stakeholders and regulators.

- 5. Funding and operational management** — A risk that CIHI will not be able to manage existing operations (programs, products and services), make sustained progress on our digital transformation or make progress on new strategic plan initiatives with the level of funding beyond 2022–2023.

We addressed this risk by engaging early and often with Health Canada regarding the extension and eventual renewal of contribution agreements, and with provinces and territories to renew 3-year bilateral agreements. We integrated new tools to monitor and plan our operational capacity. In the absence of a longer-term funding view, we assessed operational work and commitments and presented budgets to our Board based on the priorities of the jurisdictions we serve and guided by the strategic goals and health information priorities set out in our 2022 to 2027 strategic plan.

- 6. Workforce uncertainty** — A risk that, with the changing labour conditions resulting from the pandemic, CIHI will not have enough specialized staff to carry out our work and help us innovate to meet the goals of our new strategic plan.

The extremely competitive labour market informed CIHI's identification of workforce uncertainty as an emergent strategic risk in 2022–2023. We undertook a holistic approach to mitigate this risk: remaining attentive to staff well-being, investing in supports to sustain our workforce, reviewing our recruitment and retention approaches, and developing new strategies and incentives. We embraced a multi-faceted approach to equity, diversity and inclusion (EDI), underpinned by integration of mandatory essential learning for all staff.

Leading practices

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

Who does what

- Management prepares the financial statements and is responsible for the integrity and objectivity of the data in them. This is in accordance with Canadian accounting standards for not-for-profit organizations.
- CIHI designs and maintains internal controls to provide reasonable assurance that the financial information is reliable and timely, that the assets are safeguarded and that the operations are carried out effectively.
- The Board of Directors carries out its financial oversight responsibilities through the Finance and Audit Committee (FAC), which is made up of directors who are not employees of the organization.
- Our external auditors, KPMG LLP, conduct an independent audit in accordance with Canadian generally accepted auditing standards and express an opinion on the financial statements. The auditors meet on a regular basis with management and the FAC and have full and open access to the FAC, with or without the presence of management.
- The FAC reviews the financial statements and recommends their approval by the Board of Directors. For 2022–2023 and previous years, the external auditors have issued unqualified opinions.

Disclaimer

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

Revenue

Annual sources of revenue

Revenue source (\$ millions)	2019–2020 Actual*	2020–2021 Actual*	2021–2022 Actual*	2022–2023 Planned*	2022–2023 Actual*	2023–2024 Planned*
Federal government — Health Information Initiative [†]	88.7	91.7	99.7	107.5	98.6	118.3
Provincial/territorial governments — Core Plan	18.4	18.8	19.1	19.5	19.9	20.5
Other [‡]	6.2	5.7	7.8	6.5	6.7	7.0
Total annual source of revenue	113.3	116.2	126.6	133.5	125.2	145.8

Notes

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

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

‡ Includes contributions from provincial/territorial governments for special-purpose programs/projects as well as lease inducements for 2019–2020, 2020–2021, 2021–2022 and 2022–2023.

Funding agreements

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

- The proportion coming from these 2 levels of government has evolved over time, and Health Canada's proportion has grown since the renewal of the Health Information Initiative (HII) agreement.
- Our total annual source of revenue averaged \$120.4 million for the 4 years between 2019–2020 and 2022–2023. This pays for our ongoing program of work related to our core functions and priority initiatives.

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

- In 2017–2018, the HII funding agreement was renewed, providing \$53 million over 5 years in addition to a base funding of \$77.7 million per year: \$3 million in year 1 (2017–2018), \$5 million in year 2, \$10 million in year 3, \$15 million in year 4 and \$20 million in year 5 (2021–2022). It was also agreed that the ongoing base funding would be raised to \$92.7 million starting in 2022–2023. This 5-year agreement was subsequently extended by 1 year, twice, and is now set to expire on March 31, 2024. Negotiations are in progress to set a new 5-year agreement.

- In addition to the base funding, CIHI has secured funding for specific initiatives:
 - A 5-year initiative to develop a modernized organ donation and transplantation data and performance reporting system: \$500,000 in 2019–2020, \$3.4 million in 2020–2021, \$3.7 million in 2021–2022, \$4.6 million in 2022–2023 and \$4.6 million in 2023–2024;
 - A 3-year initiative to operationalize the Physician Resource Planning Tool: \$600,000 for both 2022–2023 and 2023–2024, and \$613,000 for 2024–2025;
 - A 2-year initiative to prepare nursing colleges for migration to CIHI's 2022 Health Human Resources Minimum Data Set (HHR MDS) data standard: \$590,000 in 2022–2023 and \$3.2 million in 2023–2024;
 - A 2-year initiative to fund pharmaceutical work to ensure real-world evidence for analysis of drug safety and effectiveness, outcomes and health system planning: \$500,000 in 2022–2023 and \$3.7 million in 2023–2024;
 - An initiative to fund the National Strategy for Drugs for Rare Diseases to improve access to promising and effective drugs for rare diseases for patients across Canada: \$1.7 million in 2023–2024; and
 - An initiative to conduct the Data Pathways for Public Health Data Pilot, which will explore the feasibility of building a technical solution to enable access to standardized public health data: \$1.2 million in 2023–2024.

In the table above (Annual sources of revenue), the amounts reported as Federal government — Health Information Initiative are based on the actual or planned revenue, considering the funding approved and the approved carry forwards. Before the pandemic, the carry forward amounts were insignificant (\$581,525 from 2019–2020), but they have been higher in the last few years (\$8.5 million from 2020–2021, \$10.2 million from 2021–2022 and \$10.6 million from 2022–2023) due to the impact of the multiple pandemic waves and funding uncertainties, both of which have caused project delays, reduced travel and difficulties in hiring.

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

- These agreements provided \$19.5 million in funding in 2022–2023.
- They were renewed in 2023–2024 for 3 years, through 2025–2026. \$20.5 million has been budgeted for 2023–2024, which reflects a 3% increase as outlined in the new 3-year agreements.

Expenses

Operating expenses

Operating expenses (\$ millions)*	2019–2020 Actual†	2020–2021 Actual†	2021–2022 Actual†	2022–2023 Planned†	2022–2023 Actual†	2023–2024 Planned†
Salaries, benefits and pension expenses	87.5	89.3	91.6	98.4	93.8	110.0
External and professional services, travel and advisory committee expenses	8.8	8.6	16.0	16.7	14.6	17.3
Occupancy, information technology and other expenses‡	19.0	18.1	17.5	18.6	17.9	18.5
Total operating expenses	115.3	116.0	125.1	133.7	126.3	145.8

Notes

* Reflects operating expenses; therefore, includes amortization of capital assets and a loss on impairment in 2019–2020.

† Actual is the recorded expenses for the fiscal year whereas planned is an estimate or budget of what is expected to transpire.

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

Total operating expenses, 2022–2023: \$126.3 million

These include compensation costs, external and professional services, occupancy costs and information technology costs required to deliver on several key projects undertaken in 2022–2023. Additional information about employee remuneration is provided in the table below. Total remuneration paid to CIHI's Board of Directors was \$12,200.

Occupational category	Salary range (\$)	Taxable benefits (\$)*	Number of employees†
Administration	36,120–55,540	92–127	4
Support	52,920–79,670	10–195	127
Professional/technical	77,390–116,040	1–267	527
Management and senior professional/technical	111,430–205,410	1–467	102
Vice presidents	197,550–245,720	32–533	7
President and CEO	314,520–390,580	570	1

Notes

* Taxable benefits paid include insurance benefits.

† Number of employees as of March 31, 2023.

Total operating expenses, 2022–2023 planned versus actual

- CIHI delivered on several key initiatives during 2022–2023, given the Health Canada priority funding and additional funds received for various initiatives as detailed above in the Funding section.
- The operating expenses underspending of \$7.4 million in 2022–2023 versus the planned amount was mostly due to a higher-than-expected job vacancy rate owing to market conditions, amplified by the difficulty in recruiting contract positions because of funding uncertainty. Also, travel was reduced significantly due to the pandemic waves, and we experienced delays for some projects and had additional revenues. Throughout the year, reallocations were made where possible, although ultimately not all budget dollars were spent.

Capital investments

Capital investments (\$ millions)	2019–2020 Actual	2020–2021 Actual	2021–2022 Actual	2022–2023 Planned*	2022–2023 Actual*	2023–2024 Planned*
Furniture and office equipment	0.1	0.0	0.0	0.0	0.0	0.0
Computers and telecommunications equipment	0.1	0.1	0.1	0.1	0.1	0.0
Leasehold improvements	0.0	0.2	0.7	0.0	0.0	0.0
Total capital investments	0.2	0.3	0.8	0.1	0.1	0.0

Note

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

Acquisition of capital assets, 2022–2023: \$0.1 million

- Capital investments for 2022–2023 were in line with the budget.
- Capital investments over the years are based on an ongoing roadmap of planned acquisitions and upgrades to ensure that equipment and software are robust and adequate to meet changing operational demands.
- The amount of capital asset disposals during 2022–2023 was \$1.7 million, related mainly to the change in accounting policy related to the capitalization of capital assets.

Audited financial statements

Independent Auditor's Report

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

Opinion

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

- the statement of financial position as at March 31, 2023
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies (hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of CIHI as at March 31, 2023, its results of operations, its changes in net asset and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "*Auditor's Responsibilities for the Audit of the Financial Statements*" section of our auditor's report.

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

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

We also:

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

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

Ottawa, Canada

June 22, 2023

Statement of financial position

As at March 31, 2023, with comparative information for 2022

	Notes	2023	2022
Assets			
Current assets			
Cash and cash equivalents	3	\$18,402,813	\$22,006,075
Accounts receivable	4	5,278,821	2,967,601
Prepaid expenses		4,872,569	4,748,135
Total current assets		28,554,203	29,721,811
Long-term assets			
Capital assets	5	1,697,815	2,232,734
Other assets	6	128,713	217,360
Total long-term assets		1,826,528	2,450,094
Total assets		\$30,380,731	\$32,171,905
Liabilities and net assets			
Current liabilities			
Accounts payable and accrued liabilities	8	\$6,484,705	\$7,164,859
Unearned revenue		1,295,558	1,439,935
Deferred contributions	9a	14,017,198	14,408,190
Total current liabilities		21,797,461	23,012,984
Long-term liabilities			
Deferred contributions			
Expenses of future periods	9a	125,923	214,570
Capital assets	9b	812,237	1,022,933
Lease inducements	10	1,042,498	1,333,906
Total long-term liabilities		1,980,658	2,571,409
Total liabilities		\$23,778,119	\$25,584,393
Net assets			
Invested in capital assets		365,194	544,663
Unrestricted		6,237,418	6,042,849
Total net assets		6,602,612	6,587,512
Commitments	14		
Total liabilities and net assets		\$30,380,731	\$32,171,905

See the accompanying notes to the financial statements.

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

Statement of operations

Year ended March 31, 2023, with comparative information for 2022

	Notes	2023	2022
Revenue			
Core Plan	11	\$19,888,416	\$19,131,253
Sales		2,400,560	2,448,617
Funding — other	12	4,030,007	4,959,649
Health Information Initiative	9	99,705,314	98,636,110
Other revenue		313,886	47,541
Total revenue		126,338,183	125,223,170
Expenses			
Compensation		93,758,909	91,624,744
External and professional services		13,444,636	15,702,066
Travel and advisory committee		1,214,083	272,148
Office supplies and services		528,366	695,443
Computers and telecommunications		9,526,950	9,411,559
Occupancy		7,850,139	7,425,940
Total expenses		126,323,083	125,131,900
Excess of revenue over expenses		\$15,100	\$91,270

See the accompanying notes to the financial statements.

Statement of changes in net assets

Year ended March 31, 2023, with comparative information for 2022

	Invested in capital assets	Unrestricted	Total 2023	Total 2022
Balance, beginning of year	\$544,663	\$6,042,849	\$6,587,512	\$6,496,242
Excess (deficiency) of revenue over expenses	(263,116)	278,216	15,100	91,270
Change in invested in capital assets	83,647	(83,647)	0	0
Balance, end of year	\$365,194	\$6,237,418	\$6,602,612	\$6,587,512

See the accompanying notes to the financial statements.

Statement of cash flows

Year ended March 31, 2023, with comparative information for 2022

	Notes	2023	2022
Cash provided by (used in)			
Operating activities			
Excess of revenue over expenses		\$15,100	\$91,270
Items not involving cash			
Amortization of capital assets		513,434	565,148
Amortization of lease inducements		(294,872)	(243,798)
Amortization of deferred contributions — capital assets		(210,696)	(269,999)
Loss on disposal of capital assets		105,132	32,814
Change in non-cash operating working capital	13	(3,260,185)	10,238,150
Net change in other assets		88,647	(63,181)
Net change in deferred contributions		(479,639)	3,007,868
Cash provided by (used in) operating activities		(3,523,079)	13,358,272
Investing activities			
Acquisition of capital assets		(83,647)	(820,271)
Cash used in investing activities		(83,647)	(820,271)
Financing activities			
Lease inducement received		3,464	372,076
Cash provided by financing activities		3,464	372,076
Increase (decrease) in cash and cash equivalents		(3,603,262)	12,910,077
Cash and cash equivalents, beginning of year		22,006,075	9,095,998
Cash and cash equivalents, end of year		\$18,402,813	\$22,006,075
Represented by			
Cash		\$9,402,813	\$5,506,075
Short-term investments		9,000,000	16,500,000
		\$18,402,813	\$22,006,075
Supplemental information			
Interest received		\$312,457	\$41,012

See the accompanying notes to the financial statements.

Notes to financial statements

Year ended March 31, 2023, with comparative information for 2022

1. Organization

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

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

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

2. Significant accounting policies and change in accounting policy

A. Significant accounting policies

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

a) Revenue recognition

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

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

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

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

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

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

b) Capital assets

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

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

c) Lease inducements

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

d) Foreign currency translation

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

e) Use of estimates

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

B. Change in accounting policy

Effective April 1, 2022, CIHI changed its accounting policy related to the capitalization of capital assets. The capitalization threshold was increased from \$2,500 to \$5,000 to more accurately reflect the organization's assets with future economic value. The \$105,132 net book value of these assets, with a cost of \$1,303,947 and accumulated depreciation of \$1,198,815, was recorded as a loss on disposal as the assets were no longer used as capital assets.

3. Cash and cash equivalents

Cash and cash equivalents are made up of cash and short-term investments that have a variety of interest rates and original maturity dates of 88 days (2022: 90 days) or less.

4. Accounts receivable

	2023	2022
Operating	\$4,961,692	\$2,593,722
Funding — other	317,129	373,879
Total accounts receivable	\$5,278,821	\$2,967,601

Government refunds receivable at the end of the year are \$268,092 (2022: \$0).

5. Capital assets

	Cost	Accumulated amortization	2023 Net book value	2022 Net book value
Tangible capital assets				
Computers and telecommunication equipment	\$1,156,871	\$908,594	\$248,277	\$371,639
Furniture and equipment	2,384,407	2,372,909	11,498	50,989
Leasehold improvements	9,771,736	8,359,137	1,412,599	1,763,218
Intangible assets				
Software	7,180,715	7,155,274	25,441	46,888
Total capital assets	\$20,493,729	\$18,795,914	\$1,697,815	\$2,232,734

Cost and accumulated amortization as at March 31, 2022, amounted to \$22,149,560 and \$19,916,826, respectively.

During the year, CIHI disposed of capital assets with a cost of \$1,739,478 (2022: \$4,363,233) and accumulated amortization of \$1,634,346 (2022: \$4,330,419).

During the year ended March 31, 2020, CIHI determined that certain tangible and intangible computer assets were impaired due to the movement of CIHI's applications and data to a cloud environment. The \$1,042,133 net book value of the assets, with a cost of \$6,688,617 and accumulated amortization of \$5,646,484, was recorded as an impairment loss as their fair value was assessed as \$0. As at March 31, 2022, there remained impaired assets with a cost and accumulated amortization both equal to \$435,532. As of March 31, 2023, these assets have been fully disposed of.

6. Other assets

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

7. Bank indebtedness

CIHI has a line of credit of \$5,000,000 (2022: \$5,000,000) with a financial institution bearing interest at the prime rate. This credit facility is secured by a general security agreement on all assets with the exception of information systems.

As at March 31, 2023, there are no draws on the line of credit (2022: \$0).

8. Accounts payable and accrued liabilities

Accounts payable and accrued liabilities are operational in nature.

The government remittance payable at the end of the year is \$41,899 (2022: \$134,087).

9. Deferred contributions

f) Expenses of future periods

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

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

	2023	2022
Balance, beginning of year	\$14,622,760	\$11,991,249
Contribution received from Health Canada	99,014,979	101,373,979
Amount recognized as funding revenue	(99,494,618)	(98,366,111)
Amount transferred to deferred contributions — capital assets	0	(376,357)
Balance, end of year	14,143,121	14,622,760
Less current portion	14,017,198	14,408,190
Balance, end of year, long-term portion	\$125,923	\$214,570

g) Capital assets

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

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

	2023	2022
Balance, beginning of year	\$1,022,933	\$916,575
Amount received from Health Information Initiative	0	376,357
Amount recognized as funding	(210,696)	(269,999)
Balance, end of year	\$812,237	\$1,022,933

10. Lease inducements

The lease inducements include the following amounts:

	2023	2022
Leasehold improvement allowances	\$520,384	\$665,138
Free rent and other inducements	522,114	668,768
Total lease inducements	\$1,042,498	\$1,333,906

During the year, a leasehold improvement allowance of \$0 (2022: \$369,045) and free rent of \$3,464 (2022: \$3,031) were received. The amortization of leasehold improvement allowances was \$144,754 (2022: \$94,638). The amortization of free rent and other inducements was \$150,118 (2022: \$149,160).

11. Core Plan

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

12. Funding — other

	2023	2022
Provincial/territorial governments	\$2,658,172	\$3,085,600
Other	1,371,835	1,874,049
Total funding — other	\$4,030,007	\$4,959,649

13. Change in non-cash working capital items

	2023	2022
Accounts receivable	\$(2,311,220)	\$11,984,242
Prepaid expenses	(124,434)	(57,799)
Accounts payable and accrued liabilities	(680,154)	(1,604,807)
Unearned revenue	(144,377)	(83,486)
	\$(3,260,185)	\$10,238,150

14. Commitments

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

2024	\$19,850,625
2025	10,581,782
2026	6,159,893
2027	3,764,503
2028 and thereafter	6,404,693
	\$46,761,496

15. Financial instruments

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

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

a) Interest rate risk

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

b) Credit risk

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

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

c) Liquidity risk

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

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

d) Other

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

There have been no significant changes in CIHI's risk exposure from the prior year.

Appendix: Text alternative for framework

CIHI's Risk Management Framework

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

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