



**Centre for  
Health Information**

Newfoundland & Labrador

**Newfoundland and Labrador  
Centre for Health  
Information**

**Annual Business Report**

**2006-2007**

*Improved health through improved health information*



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## Message from the Chair

On behalf of the Board of Management, I am pleased to submit the 2006-07 Annual Business Report for the Newfoundland and Labrador Centre for Health Information to the Minister of Health and Community Services.

This Annual Report highlights another year of accomplishments and reaffirms the Centre's commitment to building strong partnerships, providing expertise in provincial health information systems project management, and developing and disseminating quality health information. These commitments contribute significantly to the Centre's vision of improved health through improved health information.

In accordance with the requirements of the *Transparency and Accountability Act*, the Board of Directors accepts responsibility for the development of an Electronic Health Record by 2011 through achieving the goals and objectives set out in its Business Plan. As Chairman of the Board of Directors, this is my annual update to the Minister on the status of our work.

Respectfully submitted

A handwritten signature in black ink, appearing to read "Bill Fanning".

Bill Fanning  
Chair  
Board of Management

June 2007





**Centre for  
Health Information**

Newfoundland & Labrador

# **Annual Business Report**

**2006-2007**

Improved health through improved health information

## Overview

### Vision

Improved health through improved health information.

### Mission

By March 31, 2011, the Newfoundland and Labrador Centre for Health Information will have implemented all funded components of the Electronic Health Record, and these will be in use by all authorized users.

### Lines of Business

The Centre's Business Plan for 2006-08 focuses on improving the accountability and stability in the lines of business within available resources. These lines of business are:

- **Provincial health information systems** - The Centre for Health Information continues to focus on building new and expanding existing provincial health information systems. During 2006-07, major milestones were achieved in the development of the primary components of the Electronic Health Record. The Pharmacy Network moved from the planning to the elaboration phase and by the end of the fiscal year was in detailed design. The Primary Health Care Information Management Enhancement urban pilot project, which involves 42 clinicians and 19 clerical staff, saw two family practices operating four clinics receive Electronic Medical Record capabilities. The operation of the provincial Diagnostic Imaging Picture Archiving and Communications System began with the storing of images from Western Health and the Happy Valley-Goose Bay site on the provincial archive, which, along with the Eastern Health city hospitals, represents over 75 per cent of the diagnostic images and reports done in Newfoundland and Labrador. There was some early planning for upgrades to the UPI/Client Registry to ensure it is HL7 v3 compliant and to prepare for connection to the Pharmacy Network. There was also some planning completed on the development of a sustainable Telehealth model and the Interoperable Electronic Health Record in conjunction with the Laboratory Information System, the next major phases of developing a provincial Electronic Health Record.
- **Quality information** - Throughout 2006-07, the Centre worked on database content, data extraction parameters, and on the appropriateness, reliability, and validity of data and health indicators for use in specific research projects, reports, and requests for information. Improvements were seen in both the Live Birth and Mortality Systems, with up-to-date coding and data entry. Staff continued their efforts to expand the collection of data within the health system and promote improvements in its quality. Work continues on improving the quality of the financial and statistical information in the MIS Standards data file and the Discharge Abstract data file through partnership and collaboration among the

Centre, the Regional Health Authorities, the Department of Health and Community Services, and the Canadian Institute for Health Information.

- **Standards** - Throughout 2006-07, the Data Quality and Standards Department continued to work with stakeholders on data and technical standards development. The new position of Electronic Health Record Standards Consultant will assist in future provincial and national standards development. The Centre also provides education in applications of the standards, and raises awareness of the value and potential uses of the data collected. Staff from the Centre sit on various provincial and national standards-related committees.

### Number of Employees and Physical Location

The Centre is structured into five Departments; Health Information Network, Data Quality and Standards, Research and Evaluation, Privacy and Corporate Services, and Finance and Administration. It currently employs 54 full and part-time staff. The majority of staff members were located at 1 Crosbie Place during the fiscal year 2006-07, until a move to 28 Pippy Place on March 16, 2007. The Registry Integrity Unit, with three staff, is located in Harbour Grace.

### Shared Commitments

The Centre for Health Information continues to strengthen positive working relationships with its many clients and stakeholders and recognizes the significant impact these partnerships have on the Centre's work.

The Centre works closely with the Department of Health and Community Services and the Regional Health Authorities in fulfilling its mandate. These organizations are essential to the achievement of the Centre for Health Information's Mission and Goals. The Centre works with them to provide quality health information to meet their information needs and those of others. Funding for many of the Centre's projects comes from the Department of Health and Community Services and Canada Health Infoway, with the Regions providing in-kind support. As well, the Centre manages several projects on behalf of the Department of Health and Community Services, including teleoncology, one of the chronic disease management initiatives in the telehealth program.



At the provincial level, the Centre continues to collaborate with the province's Chief Information Officer in coordinating and rationalizing health-related information technology expenditures. The Centre receives data from the Vital Statistics Branch of the Department of Government Services for databases it manages on behalf of the provincial government, such as the Live Birth database.

The Centre provides a return on Government's investment by attracting external funding for health information technology projects and applied health research. The Centre is building capacity for Electronic Health Record development among the growing local technology industry and the applied health research community.

When planning and implementing projects, the Centre engages health professionals, primarily through their professional and regulatory organizations or the Regional Health Authorities. The health professionals provide advice on clinical practice matters and project policy development.

In its data quality and standards work, the Centre collaborates with the Regional Health Authorities, the Department of Health and Community Services, and the Canadian Institute for Health Information to support reporting to national databases. The Canadian Institute for Health Information collects and maintains national data and information required for:

- Establishing sound health policy;
- Managing effectively the Canadian health system; and
- Generating public awareness about factors affecting good health.

The Management Information System (MIS) Standards are the national standards for the collection and reporting of financial and statistical data related to the operations of publicly funded health service organizations in Canada. The MIS Standards work at the Centre involves development, promotion and implementation support, in addition to assisting data users at all levels of the health system in appropriate collection, interpretation and applications of the data. This is accomplished in close partnership with the Regional Health Authorities, the Department of Health and Community Services, and 18 dedicated MIS Committees.



Similarly, the International Statistical Classification of Diseases and Related Health Conditions, v 10, Canadian Edition and the Canadian Classification of Health Interventions (ICD 10-CA/CCI) is the national standard for abstracting. This involves information collected from the health record of individuals discharged from hospitals within the province. The Centre supports the submission of such information to the Discharge Abstract Database of the

Canadian Institute for Health Information. The Centre's staff work extensively with the Regional Health Authorities to continuously improve the quality of the data collected in these abstracts and maintains the provincial file within the Clinical Database Management System.

The Centre continues to foster research partnerships with various disciplines at Memorial University of Newfoundland's Faculty of Medicine. The Research and Evaluation Department has developed research partnerships with the Janeway Child Health and Rehabilitation Centre, the Patient Research Centre, and Community Health and Humanities. The Department has attracted funding for health research from external sources, including Canada Health Infoway, Canadian Institutes for Health Research, Canadian Institute for Health Information, Health Canada, Newfoundland and Labrador Cancer Treatment and Research Foundation, Newlab Clinical Research, Office of Primary Health Care, and the Public Health Agency of Canada.



In the winter of 2007, the Centre conducted province-wide consultations on proposed health information legislation on behalf of the Department of Health and Community Services. The Centre has also worked closely with the Regional Health Authorities on developing a common approach to protecting the privacy of personal health information.



## Highlights and Accomplishments

### Overview of Newfoundland and Labrador Electronic Health Record

**Mission Statement:** By March 31, 2011, the Centre for Health Information will have implemented all funded components of the Electronic Health Record, and these will be in use by authorized users.

#### Unique Personal Identifier/Client Registry

The purpose of the UPI/Client Registry is to accurately identify individuals accessing or eligible to access the health and community services system. The UPI/Client Registry is a foundational information system that contributes to the ultimate goal of developing a fully integrated provincial Electronic Health Record. During 2006-07, plans for an upgrade that will accommodate integration with the Pharmacy Network were initiated, with completion of the upgrade anticipated in 2007-08.

When the UPI/Client Registry was updated in 2004, approximately 500,000 tasks were created. Tasks are records that must be manually reviewed and validated, such as potential duplicate records for the same person. By January 2007, all outstanding tasks were resolved and new tasks were managed on a daily basis. Staff now focus more attention on data quality and database maintenance issues. This includes working with the Regional Health Authorities to confirm data merges, auditing records, and generating additional reports. Staff also consult with the Regional Health Authorities on developing reports to assist in maintaining the accuracy of demographic data contained within regional registration information systems. Since 2003, the Centre has conducted regular site visits to review registration processes, the primary business process supporting the UPI/Client Registry. It is through partnerships and education programs like these that the accuracy of the information in the UPI/Client Registry continues to improve.

#### Provider Registry

The purpose of the Provider Registry is to establish a single source of information about licensed health professionals authorized to use the Newfoundland and Labrador Electronic Health Record. The Provider Registry, the second foundational registry for the Electronic Health Record, is used for identification of health professionals within messaging standards. This project is in the implementation phase, with the initial user being the Pharmacy Network, which requires the Provider Registry to be ready for testing in mid-2007 as part of its Practice Management System Conformance Testing.



### **Pharmacy Network**

On June 8<sup>th</sup>, 2006, the Newfoundland and Labrador Pharmacy Network project was announced by the Minister of Health and Community Services. It is a three phase project, with the majority of the work occurring before the end of 2009. The first stage, which is now underway, is the connection of the province's community pharmacies and the provision of the Care Provider Portal into the emergency departments of acute care facilities. The Care Provider Portal allows health professionals to look at the medication profiles of their patients. Design sessions are now complete and the project has moved into the construction phase.



The Pharmacy Network project has two stakeholder committees, a Clinical Advisory Group and a Policy Advisory Committee, providing input into the Pharmacy Network's design and implementation. In late January 2007, Canada Health Infoway approved the architecture plans for the Pharmacy Network, which includes the architecture for the integration of the information systems that make up the provincial Electronic Health Record. It is anticipated that the first prescription will be entered into the Pharmacy Network in late 2008.

### **Diagnostic Imaging Picture Archiving and Communications System**

The Diagnostic Imaging Picture Archiving and Communications System initiative supports the move from film ('hard copy') to 'film-less' (electronic or soft copy) imaging, which will improve service delivery to all patients. To date, Western Health's regional Picture Archiving and Communications System, city hospitals in Eastern Health, and the Happy Valley-Goose Bay site of Labrador-Grenfell Health are using the provincial archive, which ensures digital images from these sites are available to the other sites on the provincial system. The provincial archive uses Eastern Health's infrastructure to support the provincial Picture Archiving and Communications System, including disaster recovery and business continuance functionality. Central Health and the outstanding sites in Labrador-Grenfell Health and Eastern Health will be on the provincial network by mid-2007.

A Data Sharing Agreement was signed by the CEOs of the Regional Health Authorities and the Deputy Minister of the Department of Health and Community Services to authorize the sharing of diagnostic images and reports among Regions. To ensure accountability, further documents, including the Service Level Agreement, will be finalized and signed in the upcoming year. The future work on the Diagnostic Imaging Picture Archiving and Communications System includes interoperability with the UPI/Client Registry and the addition of other types of images and reports.

### **Interoperable Electronic Health Records and Laboratory Information System**

The purpose of this project is to see the establishment of a provincial laboratory system and the integrating of the UPI/Client Registry, Provider Registry, Pharmacy Network, Public Health Surveillance, Laboratory Information System, and Diagnostic Imaging Picture Archiving and Communications System for use by health providers. The planning phase of the project was completed in late 2006 and focused on identification of benefits, an overall conceptual solution, recommendations on Electronic Health Record

systems standards, and a high-level assessment of the cost to do a detailed design and to implement the Interoperable Electronic Health Records and Laboratory Information System Project.

The Centre for Health Information is in discussions with Canada Health Infoway, the Department of Health and Community Services, and the Regional Health Authorities to determine the most appropriate time to move forward with this project.

### **Primary Health Care Enhanced Information Technology Project**

The Practice Management/Electronic Medical Record Urban Pilot is operational at the Memorial University Family Practice and Newfoundland Drive Family Practice. By Spring 2007, the Electronic Medical Record will link to Meditech and MCP billing and the potential of linking with Chronic Disease Management is being explored. The central server for this pilot project is located at Eastern Health, where the Information Management and Technology Department will be able to support the technology and security requirements of these family practices. This pilot project is an initiative of the Department of Health and Community Services' Primary Health Care Initiative, the Newfoundland and Labrador Centre for Health Information, Eastern Health, and the Newfoundland and Labrador Medical Association.

### **Telehealth**

A provincial telehealth strategic plan for Newfoundland and Labrador, completed in 2005, identifies five areas for development: selfcare/telecare; chronic disease management (CDM); access to specialists and specialty services; home care; and telehealth education and point of care learning. Two initiatives have been approved for implementation, the HealthLine managed by the Department of Health and Community Services, which falls under the selfcare/telecare strategy, and the telehealth chronic disease management implementation plan, which is being managed by the Centre for Health Information and has been submitted to the Department of Health and Community Services and Canada Health Infoway for funding. The focus of the chronic disease management initiative is the use of videoconferencing to enhance current care delivery to patients with chronic diseases, allowing them to receive care, services, and support closer to home. As part of the project, in September 2006, the Teleoncology Program



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was formally transferred to the Centre for Health Information. Teleoncology is the flagship application and the model will be used for the development and implementation of other telehealth applications.

Once funding has been approved, planning of other telehealth initiatives will begin, including support to satellite dialysis centers around the province, applications to support diabetes care, and mental health. These initiatives are eligible for funding from Canada Health Infoway, which will match the contribution from the Department of Health and Community Services. The Telehealth Project is a joint initiative involving the Centre for Health Information, the Department of Health and Community Services, and the Regional Health Authorities.

### Electronic Health Record Standards

The new position of Electronic Health Record Standards Consultant represents Newfoundland and Labrador in national standards development processes, sitting on such committees as the new Canada Health Infoway Standards Collaborative Coordinating Committee. National standards are imperative to ensure that provincial Electronic Health Record projects will be able to integrate with a future national Electronic Health Record. This position is also engaged in all provincial Electronic Health Record projects.

### Benefits Evaluation

The Research and Evaluation Department continues to expand its expertise in evaluating the benefits arising from the implementation of various domains of the Electronic Health Record. Benefit evaluations are used to measure health, economic and financial benefits, provide accountability for financial investments, and to document best practices and lessons learned.

The evaluations currently being conducted include:

- Four separate studies on the Pharmacy Network:
  - the impact of the Pharmacy Network on senior's drug utilization
  - reducing prescription drug abuse
  - reducing serious adverse drug events presenting at emergency rooms among both adult and pediatric patients
- Benefits evaluation of the Diagnostic Imaging Picture Archiving and Communications System:
  - impacts on report turnaround times, patient transfers, duplicate exams, productivity, and
  - end user satisfaction

## Research

### Publications and Conferences

Research and Evaluation staff are trained in applied health and epidemiological research, including quantitative and qualitative research methods. In carrying out research, the Department utilizes national survey data, the Medical Care Plan (MCP) provincial physician database, cancer data from the Newfoundland Cancer Treatment and Research Foundation, and several provincial databases maintained by the Centre on behalf of the Department of Health and Community Services and others. A full list of databases held at the Centre is included in Appendix A.

In 2006-07, the Research and Evaluation Department released five Fast Facts reports; *How to Interpret Data*, *Tobacco Use*, *Hospital Utilization*, *Mortality Statistics*, and *Live Birth Trends*. The Department also released six health status reports this year that focused on a variety of topics including hospital utilization, mortality, epidemiology of suicide attempts, and live birth trends.

In 2006-07, three studies undertaken by the Research and Evaluation Department in collaboration with other researchers were published in peer-reviewed journals, while

another three have been submitted for publication. Department staff were accepted to present findings of their research at 15 national and international conferences.

The Department responded to 130 major requests for information between April 1, 2006 and March 31, 2007. The majority of requests were answered with information from the Mortality System, national surveys (Canadian Community Health Survey, Canadian Tobacco Use Monitoring Survey), the Clinical Database Management System (hospital discharge data), the Live Birth System and Canada Census Data. The main requestors for information are the Department of Health and Community Services, the Regional Health Authorities, and researchers at Memorial University.



Canada

In 2006-07 staff from the Research and Evaluation Department conducted information sessions in St. John's, Clarenville, Grand Falls-Windsor, Corner Brook, and Happy Valley-Goose Bay. The goal of the sessions was to inform individuals in the health system of how the Centre can assist clients and stakeholders in accessing and utilizing health information to support planning, decision-making, and evaluation. Session content was based on a stakeholder needs assessment conducted earlier in the year. One activity that was a direct result of the sessions was that the Department will be developing a series of Fast Facts brochures on common statistical terms and concepts.

### Areas of Research

In 2006-07, the Research and Evaluation Department received approximately \$416,000 in external research grants. The primary sources of funding were Canada Health Infoway, Canadian Institutes for Health Research, Canadian Institute for Health Information, Health Canada, the Newfoundland and Labrador Cancer Treatment Foundation, Newlab Clinical Research, the Office of Primary Health Care, and the Public Health Agency of Canada.

Many of the grants received were in partnership with academic institutions, including Memorial University of Newfoundland, the University of Ottawa, and the University of Victoria. Partnerships were also formed with the Provincial Cervical Screening Initiative; the Newfoundland and Labrador Cancer Treatment Foundation; Conne River Health and Social Services; the Chief Medical Examiner of Newfoundland and Labrador; the Patient Research Centre; the Division of Community Health and Humanities; and numerous individual health professionals.

Research undertaken by the Department was broad and included studies of diabetes, obesity, suicide and attempted suicide, pneumonia, low birth weight, cervical cancer, psoriasis, childhood injuries, and occupational injuries. Some examples of projects are:

- Comorbidities associated with psoriasis in the Newfoundland and Labrador founder population
- Health services utilization, associated factors, and direct cost of health services among obese vs. non-obese populations in Newfoundland and Labrador
- Development of a composite administrative database for the study of cervical cancer and cervical screening in Newfoundland and Labrador

- Continuity of family physician care on health care services utilization and related outcomes in elderly people with diabetes
- Investigation into the effect of obesity on health care utilization and costs

All applied health research carried out by the Centre requires ethics approval from the Human Investigations Committee at Memorial University.

### **Data Linkage Projects**

The Research and Evaluation Department, in collaboration with health researchers and community agencies, is currently carrying out several data-linkage projects. Data linkage is a process that matches unique patient records from two or more databases to create a more comprehensive research database. The Centre can act as a trusted third party in these projects, having the ability to link and then remove all identifiable data prior to releasing the database to a researcher. The de-identified databases allow researchers to investigate various applied health research topics using record specific non-identifiable data. Examples of such projects include the National Diabetes Surveillance System (NDSS), the Cervical Cancer Research Database, and the Birth Weight Research Database.

### **Standards**

#### **MIS Standards**

In 2006-07, the Centre continued to work closely with the 18 provincial MIS committees. The re-organization of the Regional Health Authorities continues to impact the membership of many committees; members are to be commended for their dedication to their roles during this period.

Performance indicator reports were developed for all applicable committees, based on the 2005-06 data submission to the Department of Health and Community Services. For the first time this year, the Department of Health and Community Services, in partnership with staff at the Centre, developed the indicator reports using a business intelligence tool that enhances the ability to provide reports. The feedback on this process has been positive and information is being provided in a more timely manner, allowing more time for data analysis.

#### **MIS Committees**

- The Provincial Health Information Management/Registration MIS Committee has faced challenges in implementing the new workload measurement system in sites where employees perform more than registration functions, as it is difficult to capture all their activities.
- The Speech Language Pathology Committee completed a data quality audit, with the final report expected to be released soon.
- The Therapeutic Recreation Committee and the Food Services Administration Committee have developed audit tools and plan to complete audits in 2007-08.

- The Annual Report Cards for Nursing continue to be produced. These reports examine the volume and accuracy of data collection and reporting by nursing services and identify data quality issues for future improvement.
- The grid used by the Canadian Institute for Health Information to map Newfoundland and Labrador MIS data into the national MIS accounts was revised for the 2005-06 data file, improving the accuracy of the province's data contained within the Canadian MIS Database.
- In 2006, the Canadian Institute for Health Information introduced a new data quality assessment methodology. The 2004-05 Newfoundland and Labrador MIS data file submitted by the Department of Health and Community Services to the Canadian Institute for Health Information received a data quality grade of 63 per cent, which compares favorably to that of other provinces. The province ranked fourth when both old and new methodologies were compared. The new ranking methodology provides detailed feedback on areas that require improvement, as well as areas of achievement.

### **Client and Referral Management System**

This is the provincial information system for community services. In September 2003, the Client and Referral Management System Steering Committee approved a process to standardize statistical data collection based on the MIS Standards and documentation practices within each program area of health and community services. To date, final reports have been completed for the Mental Health, Addictions, and the Community Support program areas. During 2006-07, work commenced on the Health Promotion and Protection program area, with an anticipated completion date of Fall 2007.

### **International Statistical Classification of Diseases and related Health Conditions, v 10, Canadian Edition and the Canadian Classification of Health Interventions (ICD 10 CA/CCI)**



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

In addition to promoting improved data quality, the Centre provides education in coding classifications (ICD-10-CA and CCI), and coding standards to health information management professionals upon request and through consultation opportunities. Four two-day workshops on ICD-10-CA and CCI classifications were held this year in St. John's, Corner Brook and Grand Falls-Windsor. Centre staff attended the Canadian Institute for Health Information coding workshops, for educational purposes and in order to identify areas where more educational support to stakeholders may be required.

### **Database Management**

The Centre is the custodian of several provincial administrative databases. To ensure these databases are only used for authorized purposes, the Centre limits access to the few staff who need access to perform their regular duties. The staff at the Centre who have authorized access to person-identifiable data are the data entry personnel, database managers for quality assurance, system administrators, and research staff

carrying out data linkages and other research approved by the Human Investigations Committee of Memorial University. All other research and the preparation of reports and responses to queries can be completed using de-identified data.

### **Clinical Database Management System**

As one of the Centre's key data holdings on behalf of the Department of Health and Community Services, the content and sustainability of the Clinical Database Management System continued to be a priority in 2006-07. It contains a wealth of information collected from the health records of individuals discharged from each provincial hospital. In 2006-07, the Centre began receiving similar data for residents of Newfoundland and Labrador who received care in other provinces, except Quebec and Manitoba.

The Canadian Institute for Health Information provides the Centre with information from the Discharge Abstract Database, which the Centre then imports into the Clinical Database Management System. In the case of the data supplied by hospitals in the province to the Discharge Abstract Database in 2006-07, a mid-year error rate of 0.53 per cent was recorded, which is close to the national mid-year error rate of 0.50 per cent. While this score has improved in recent years, the Centre's goal is to better the national average.

### **Live Birth System and the Mortality System**

Coding and data entry for both the Live Birth and Mortality databases are current, with an objective to remain current on an ongoing basis. Improvements have been made to the editing processes, which will make data available in a more timely fashion. The Centre has also begun editing older file years to improve the quality of the data and ensure consistency in the data captured from year to year.

## **Consumer Health**

### **Healthy.nl.ca Web Site**

The healthy.nl.ca web site is a gateway to health information, community health organizations, and support groups in the province. In 2006-07, the bi-annual update of the print directory was conducted, ensuring that the information on the web site is as up-to-date as possible. Overall, the number of visitors to the site continues to increase, with over 112,000 visits recorded.



## **Privacy**

### **Privacy of Personal Information**

The Centre for Health Information is committed to ensuring the Electronic Health Record protects the confidentiality and privacy of personal information that is collected, used, disclosed, stored, and disposed of via the Health Information Network through which the Electronic Health Record operates. In 2006-07, the Centre organized two privacy-focused education sessions for stakeholders. The first was a 10<sup>th</sup> anniversary conference that examined the progress made over the past decade by all areas of the

health system in using health information and how we should govern the use of personal health information that is available across the province. Jennifer Stoddart, Privacy Commissioner of Canada, delivered the keynote address, highlighting the importance of governance of Electronic Health Records. The second was a one-day workshop for the Privacy Officers and Directors of Communications for the Regional Health Authorities, and representatives from the regulatory bodies to discuss ways to provide notification to the public on the collection, use, and disclosure of personal health information.

## Outputs

In accordance with the legislative requirements of the *Transparency and Accountability Act*, the Board of Management accepts responsibility for the development of the funded components of the Newfoundland and Labrador Electronic Health Record by 2011 through achieving the goals and objectives set out in its Business Plan for the period 2006 to 2008. A second Business Plan will be submitted to the Minister of Health and Community Services for the period 2008 to 2011.

There were four issues identified as priorities in the Business Plan with corresponding goals, objectives and measures. The Board of Management was successful in meeting the majority of the plan, although there were delays in meeting some of the measures. The Centre's Business Plan for 2006-2008 was written based on the expectation that the Centre for Health Information Act, which received Royal Assent in 2004, would be proclaimed in the fall of 2006. The Act had not been proclaimed as of March 31, 2007, the Centre's year end. The lack of crown agency status limited the Centre's ability to fulfill its mandate and delayed several indicators in the Business Plan.

### Issue 1: Organizational Plan

*The Board recognizes that it will not be able to achieve its Mission Statement without effective planning, monitoring, and performance management. The Centre has demands placed upon it by clients and stakeholders, many of which will have financial implications for the Centre's operating budget. The Centre plays an important role in the provincial health system and with the proclamation of the Centre for Health Information Act, it will need the continued support of its clients and stakeholders to meet its legislative objectives and mission. An organizational plan is required to reflect the Centre's new legal status.*

**Goal:** By March 31, 2008 the Newfoundland and Labrador Centre for Health Information has an overall organizational plan that addresses and supports sustainability.

**Objective 1:** By March 31, 2007 the Newfoundland and Labrador Centre for Health Information has components of the overall organizational plan approved.

### Progress and Accomplishments

Through changes in reporting to the Board of Management, members are better able to scope timelines and financial implications of the operations of the Centre. This will support the development of an organizational plan that addresses and supports sustainability of the Centre for Health Information. At year end, most indicators had been



achieved, including a balanced budget, a schedule of Electronic Health Records projects, a schedule of research and evaluation projects, and risk management reporting. Progress on all projects is measured and reported in monthly status reports to Canada Health Infoway and to executive committees, as well as in updates to the Project Steering Committees. The Centre also completed the initial requirements of incorporation in anticipation of the proclamation of the Centre for Health Information Act.

## **Issue 2: Electronic Health Record Governance**

*The accountability for the information systems within each Regional Health Authority and the Department of Health and Community Services with only that organization's data is clear. The accountability of a single information system shared by more than one organization can often be managed through Memorandums of Understanding; however, the accountability of several different information systems shared by many different organizations and users is very complex. Before information systems can become interoperable, an acceptable governance structure for the Newfoundland and Labrador environment must be developed and accepted by all stakeholders, including the public. This issue must be addressed before the implementation of an interoperable Electronic Health Record.*

**Goal:** By March 31, 2008, the Newfoundland and Labrador Centre for Health Information has implemented approved components of the Electronic Health Record and Health Information Network governance model that are assigned to the Centre.

**Objective 1:** By March 31<sup>st</sup>, 2007, the Newfoundland and Labrador Centre for Health Information has presented to the Minister, Health and Community Services a potential framework for the governance of the Electronic Health Record and Health Information Network.

**Objective 2:** By March 31, 2008, the Newfoundland and Labrador Centre for Health Information has implemented approved components of the governance model that are assigned to the Centre.

## **Progress and Accomplishments**

Most indicators have been completed, including submitting the letter to the Minister regarding the Centre's role in developing a governance model, holding consultations with stakeholders, reviewing governance models in other jurisdictions, and developing a blueprint for consultations and development. The Centre did not appoint a task force, as it was determined that a new strategy involving consultations would be more efficient and effective. A draft governance proposal was prepared after consultations with the Regional Health Authorities' CEOs; regulatory and professional organizations for physicians, nurses, pharmacists, and social workers; the Department of Health and Community Services; the Office of the Chief Information Officer; and representatives of the public. All participants, including the Board of Management, were in agreement with the proposed model. A final proposed governance model will be submitted to the Centre's Board for approval in May 2007 and submitted to the Minister of Health and Community Services. This indicator is late, as the Board requested that additional consultations be held to clarify key points.

### **Issue 3: Board Policy Framework**

*As a pending agency of the Crown, the Centre will be required to have its own corporate bylaws and policy framework for the Board of Management.*

**Goal:** By March 2008, the Newfoundland and Labrador Centre for Health Information has a policy framework in effect.

**Objective 1:** By March 31<sup>st</sup>, 2007 the Newfoundland and Labrador Centre for Health Information has components of a Policy Framework in effect.

### **Progress and Accomplishments**

The Centre recognizes that once the *Centre for Health Information Act* is proclaimed the Centre will be required to have its own corporate bylaws and policy framework for the Board of Directors. Bylaws were developed and approved by the Board of Management on March 16, 2007 but will need to be approved by the Board of Directors appointed when the Centre's Act is proclaimed. These bylaws address all applicable indicators, including accountability and transparency, duties of CEO, rules of conduct for Board members, communications, priority setting process, and rules for committees to follow in decision-making.

### **Issue 4: Communications Plan**

*The Newfoundland and Labrador Centre for Health Information provides significant health, economic, and financial benefits, and support to health professionals, which the Centre needs to communicate to its clients and stakeholders. The Centre currently lacks a strategic communications plan to promote the value of quality health information.*

**Goal:** By March 31, 2008, the Centre for Health Information has implemented a communications plan that includes strategies for promoting the value of quality health information and the Centre's role in making this information available in Newfoundland and Labrador.

**Objective 1:** By March 2007, the Newfoundland and Labrador Centre for Health Information has approved a communications plan for Board communications and for the Centre's operational activities.

### **Progress and Accomplishments**

In 2006-07, a communications committee was struck, with representatives of the Centre's Board and staff, the Department of Health and Community Services, and the Newfoundland and Labrador Medical Association. Together, the committee developed a communications plan for Board communications and for operational activities, which has been approved by the Centre's Board of Management. All indicators were accomplished except the plan's identified priority items and stakeholder consultations, which are ongoing. While started in 2006-07, these were not completed as of March 31, 2007 due to the nature of the items. For example, building recognition of the Centre's work in benefits evaluation is a priority item that will take time to achieve. As well, stakeholder consultations are continuously ongoing for various projects and will continue to occur as required.

## Goals for 2007-08

### Issue 1: Organizational Plan

**Objective:** By March 31, 2008 the Newfoundland and Labrador Centre for Health Information has an overall organizational plan that addresses and supports sustainability.

**Measure:** Full organizational plan has been approved and a process for monitoring and updating the plan exists

**Indicators:**

- No operating deficit
- Operational plans exist for the Electronic Health Record, research and, human resources, and others key operating areas of the Centre
- Mechanisms exist to ensure reporting to the Board on key indicators:
  - Monthly fiscal reports
  - Status of external funding
  - Performance review against operational plan
  - Quality /Excellence standards set
  - Status of transition to incorporation as a agency of the Crown

### Issue 2: Electronic Health Record Governance

**Objective:** By March 31, 2008, the Newfoundland and Labrador Centre for Health Information has implemented approved components of the Electronic Health Record and Health Information Network governance model that are assigned to the Centre.

**Measure:** Governance model approved by the Minister

**Indicator:**

- The Centre has implemented approved components of the governance model that are assigned to the Centre

### Issue 3: Board Policy Framework

**Objective:** By March 31, 2008, the Newfoundland and Labrador Centre for Health Information has a policy framework in effect.

**Measure:** Corporate bylaws and board policy manual are approved and followed.

**Indicators:**

- By Laws
  - Appointments of Directors
  - Duties of the board
  - Appointment of CEO

- Duties of CEO
- Voting at meetings
- Resignation/dismissal of Board members
- Fiscal year
- Privacy and confidentiality
- Conflict of interest
- Signing authority
- Bank account
- Adoption of provincial policies
- Board Policy Manual
  - Communications
  - Decision-making process through Board committees
  - CEO spending limitations
  - CEO evaluation
  - Building local IT capacity
  - Evaluation process for all polices
  - Accountability framework for CEO
  - Board self-evaluation
  - Cost recovery requirements
  - Risk management
  - Accountability and transparency
  - Equitable use of data by internal staff and external stakeholders

#### Issue 4: Communications Plan

**Objective:** By March 31, 2008, the Centre for Health Information has implemented a communications plan that includes strategies for promoting the value of quality health information and the Centre's role in making this information available in Newfoundland and Labrador.

**Measure:** Completed a communication plan that includes:

- Messaging to explain quality health information
- Improving understanding of the Centre's mandate among clients and stakeholders
- Increasing opportunities and support for the Centre through external partnerships
- Improving the public's and health care professionals' confidence in the privacy and security of the Electronic Health Record and the Health Information Network
- Initiating changes in public policy endorsed and facilitated by the Centre's partners and stakeholders
- Improving recognition of the Centre's expertise in evaluation research and the Centre's leadership position in EHR development

#### Indicators:

- Communications plan has clear roles and responsibilities regarding:
  - Monitoring the implementation of the communications plan
  - Engagement sessions with stakeholders and clients
  - Focus groups/ survey of client needs and perceptions
  - Corporate image development

## Finances

Provincial Plan revenues of \$3.07M and respective operational related expenditures are relatively consistent year over year. The increase in total revenue in 2007 is largely attributable to progression of the Diagnostic Imaging Picture Archiving and Communication System and Pharmacy Network projects. With both of these projects now in progress and the Centre receiving related federal funding from Canada Health Infoway, revenues have substantially increased in fiscal 2007. As a result, offsetting expenses have increased as a reflection of the increased activity pertaining to electronic health record initiatives.

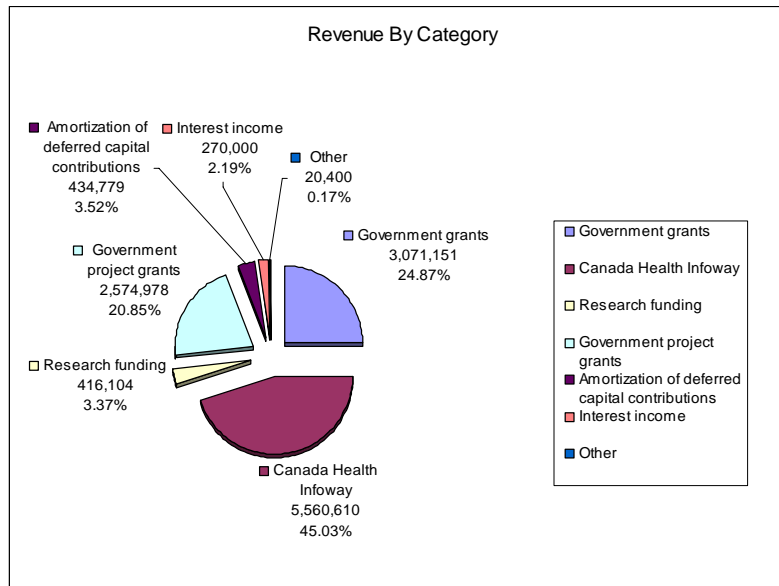
The advancement of both the Diagnostic Imaging Picture Archiving and Communication System and Pharmacy Network projects has accordingly allowed the Research and Evaluation Department to conduct benefits evaluation studies. However, due to a decision by the Centre's external auditors to defer the related revenues and expenses until fiscal 2008, the Diagnostic Imaging Picture Archiving and Communication System and Pharmacy Network benefits evaluation contribution will decrease research revenues and expenses in fiscal 2007.

Government project grant revenue was comprised of provincial funding towards the Diagnostic Imaging Picture Archiving and Communication System, Pharmacy Network and Primary Health Care initiatives.

Deferred Capital Amortization decreased in 2007 compared to 2006 as the majority of the benefit from amortization had been realized in previous years.

Interest income was earned by the Centre on funds held in trust by Eastern Health.

Other revenues were from the Centre's 10<sup>th</sup> anniversary conference held in September, 2006.



### Audited Financial Statements

The Audited Financial Statements, approved by the Centre's Board of Management, are located at the end of this document.

## Opportunities and Challenges

### Quality Health Information

- The Centre is working with the Office of the Chief Information Officer to develop a report on the requirements for a new Clinical Database Management System. If a new system is secured, it will provide the Centre with many opportunities to improve the quality of the data available and streamline business processes.
- Expansion of the Centre's data holdings will also open up new opportunities for data use, for example the availability of the National Rehabilitation Reporting System data file and the Out of Province data.
- As new data sets emerge nationally, such as the Continuing Care Reporting System, provincial implementation often follows. The Centre is well positioned to support such initiatives in standards development, data quality, and management of provincial data files.
- During 2006-07, the Centre hired two new staff in the Data Quality and Standards Department. With a full team, the Centre is able to provide more support to provincial Electronic Health Record projects, provincial database maintenance, and data collection by the Regional Health Authorities.
- As new registries are developed, such as the Provider Registry, the Centre can avail of existing skill sets used to develop and maintain the UPI/Client Registry.
- It is challenging to actively engage in, and keep pace with, evolving national standards development work while providing the necessary support to provincial applications of those standards in multiple information systems and databases.

### Privacy and Communications

- The proposed *Health Information Act* was presented to stakeholders in 2006 and the Centre participated in the consultation process. Before a fully interoperable Electronic Health Record is implemented in this province, health information legislation is required to ensure a legislative framework for the protection of personal health information.
- In the absence of personal health information legislation, the Centre receives great support from the health system in using the *Privacy, Confidentiality and Access Principles and Guidelines for the Health Information Network* developed by the Centre and stakeholders in 1999. This will make it easier for all stakeholders when health information legislation is passed.

### Health Information Network

- The Centre's significant growth and leading edge technology projects continue to present challenges related to the timely recruitment of qualified and experienced project team human resources. As projects move into the implementation phase, some also add to the workload of staff in the Regional Health Authorities. There are opportunities to work with the health and education sectors to assist in the building of provincial capacity to meet the needs of emerging health information technologies.
- The Centre will continue to be challenged by growth in its project portfolio and the additional complexity this growth brings to the coordination of related provincial information initiatives. There are also opportunities to align projects and rationalize resources in areas that overlap and/or are complementary between projects.

### Research and Evaluation

- The Research and Evaluation Department is source of revenue for the Centre through externally funded applied health research and health information system evaluation. There is significant opportunity to expand this funding source by working with applied health researchers at Memorial University and other universities across and outside of Canada. This funding can be used for capacity building in research in the province.
- The Research and Evaluation Department continues to submit research abstracts to national and international conferences. Attending and presenting at these conferences provide an opportunity to showcase the Centre, increase the profile of the highly-skilled staff in the Research and Evaluation Department, and enhance research networks between the Centre and national and international researchers.
- The Research and Evaluation Department receives requests for data that does not currently exist in this province in electronic format. In the majority of cases, requests are for data related to emergency rooms, ambulatory care, long term care, home care, and various community level health measures. Collection and submission of this data to national and/or provincial databases or the Centre would allow the Department to provide more complete information to its stakeholders, which would support quality research for program and policy development.

**Newfoundland and Labrador Centre for  
Health Information  
Financial Statements**

March 31, 2007

Grant Thornton 



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## Auditors' Report

**To the Directors of the  
Newfoundland and Labrador Centre for Health Information**

We have audited the statement of financial position of the **Newfoundland and Labrador Centre for Health Information** at March 31, 2007 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Centre's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Newfoundland and Labrador Centre for Health Information as at March 31, 2007 and the results of its operations and its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

*Grant Thornton LLP*

St. John's, Newfoundland  
May 25, 2007

Grant Thornton LLP  
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# Newfoundland and Labrador Centre for Health Information

## Statements of Operations and Changes in Net Assets

Year Ended March 31	2007	2006
Revenue		
Government operating grants	\$ 3,071,151	\$ 2,624,319
Canada Health Infoway	5,560,610	1,074,548
Research funding	416,104	384,383
Government project grants	2,574,978	895,347
Amortization of deferred capital contributions	434,779	851,583
Interest income	270,000	-
Other	20,400	-
	<u>12,348,022</u>	<u>5,830,180</u>
Expenditure		
Advertising	4,042	2,422
Consulting fees	2,898,275	1,447,789
Data communications	138,795	107,244
Depreciation	486,723	883,353
Human Resources initiatives	12,500	-
Miscellaneous	4,368	4,520
Office supplies	130,995	106,922
Picture Archiving and Communication System		
Regional Integrated Health Authority reimbursements	4,621,505	-
Primary health care equipment	444,702	172,028
Professional fees	59,395	50,122
Rent	188,891	143,841
Salaries and benefits	2,619,076	2,481,440
Software maintenance	237,081	215,378
Telephone	89,467	72,421
Training	84,298	31,827
Travel	188,217	230,362
	<u>12,208,330</u>	<u>5,949,669</u>
Excess of revenue over expenditure (expenditure over revenue)	<u>\$ 139,692</u>	<u>\$ (119,489)</u>
Net assets, beginning of year	\$ 660,134	\$ 779,623
Excess of revenue over expenditure (expenditure over revenue)	<u>139,692</u>	<u>(119,489)</u>
Net assets, end of year	<u>\$ 799,826</u>	<u>\$ 660,134</u>

See accompanying notes to the financial statements.

# Newfoundland and Labrador Centre for Health Information

## Statement of Financial Position

March 31	2007	2006
<b>Assets</b>		
Current		
Receivables (Note 3)	\$10,886,872	\$ 7,123,392
Deferred project costs	<u>4,719,475</u>	<u>-</u>
	15,606,347	7,123,392
Equipment (Note 4)	<u>5,562,153</u>	<u>597,607</u>
	<u>\$21,168,500</u>	<u>\$ 7,720,999</u>
<b>Liabilities</b>		
Current		
Payables and accruals (Note 5)	\$ 7,199,246	\$ 253,750
Deferred capital contributions (Note 6)	435,167	513,945
Deferred revenue	<u>7,333,325</u>	<u>6,047,557</u>
	14,967,738	6,815,252
Deferred capital contributions (Note 6)	5,016,490	-
Accrued severance pay	<u>384,446</u>	<u>245,613</u>
	20,368,674	7,060,865
<b>Net Assets</b>		
Net assets	<u>799,826</u>	<u>660,134</u>
	<u>\$21,168,500</u>	<u>\$ 7,720,999</u>

Commitment (Note 8)

On behalf of the Board



Director



Director

See accompanying notes to the financial statements.

# Newfoundland and Labrador Centre for Health Information

## Statement of Cash Flows

Year Ended March 31

2007

2006

Increase (decrease) in cash and cash equivalents

### Operating

Excess of revenue over expenditure (expenditure over revenue)	\$ 139,692	\$ (119,489)
Items not requiring a cash outlay		
Depreciation	486,723	883,353
Amortization of deferred capital contributions	(434,779)	(851,583)
Increase in severance pay accrual	<u>138,833</u>	<u>40,179</u>
	330,469	(47,540)

Change in non-cash operating working capital (Note 7)	<u>(251,691)</u>	<u>110,160</u>
	<u>78,778</u>	<u>62,620</u>

### Financing

Capital contributions	<u>5,372,491</u>	<u>-</u>
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### Investing

Transfer to Department of Health and Community Services	-	(5,367)
Purchase of capital assets	<u>(5,451,269)</u>	<u>(57,253)</u>
	<u>(5,451,269)</u>	<u>(62,620)</u>

Increase in cash and cash equivalents - -

Cash and cash equivalents

Beginning of year	<u>-</u>	<u>-</u>
End of year	<u>\$ -</u>	<u>\$ -</u>

See accompanying notes to the financial statements.

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# Newfoundland and Labrador Centre for Health Information

## Notes to the Financial Statements

March 31, 2007

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### 1. Nature of operations

The Newfoundland and Labrador Centre for Health Information (the Centre) was established by the Government of Newfoundland and Labrador in 1996 following the recommendation of the Health System Information Task Force (1995). Through the support of the provincial government and Canada Health Infoway, Inc., the Centre has been recognized for its contribution to the national agenda for development of the Electronic Health Record with the first provincial client registry designed and implemented for the Electronic Health Record. The Centre is also involved with data standards development and dissemination, applied health research and the evaluation of health information systems.

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### 2. Summary of significant accounting policies

These financial statements have been prepared within the framework of Canadian generally accepted accounting principles, the more significant of which are as follows:

#### Basis of accounting

These financial statements include only the assets, liabilities, revenues and expenditures relating to the operations carried on under the name of Newfoundland and Labrador Centre for Health Information.

#### Use of estimates

In preparing the Centre's financial statements in conformity with Canadian generally accepted accounting principles, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and reported amounts of revenue and expenditure during the year. Actual results could differ from these estimates.

#### Revenue recognition

Government grants are recognized in the period in which entitlement arises. Revenue received for a future period is deferred until that future period and is reflected as deferred revenue. Revenue from research and other contracts is recognized as the related expenditures are incurred.

#### Administrative expenditures

The Centre is administered by contractual employees, salaried employees and employees seconded from and paid by the provincial Department of Health and Community Services. Administrative expenditures related to the Centre which are paid through the Department of Health and Community Services are not reflected in these statements.

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# Newfoundland and Labrador Centre for Health Information

## Notes to the Financial Statements

March 31, 2007

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

#### Depreciation

Rates and basis of depreciation applied to write off the cost of equipment over their estimated lives are as follows:

Computer equipment	20%, straight line
Office furniture	15%, straight line
Computer software	33%, straight line
Pharmacy Network	33%, straight line
Unique Personal Identifier	33%, straight line

#### Impairment of long-lived assets

Long-lived assets are reviewed for impairment upon the occurrence of events or changes in circumstances indicating that the value of the assets may not be recoverable, as measured by comparing their net book value to the estimated undiscounted cash flows generated by their use. Impaired assets are recorded at fair value, determined principally using discounted future cash flows expected from their use and eventual disposition.

#### Capital contributions

Capital contributions are recorded as deferred contributions and amortized to income on a straight line basis using the same rates as the depreciation expense related to the capital assets purchased.

#### Severance pay

Severance pay is accounted for on an accrual basis and is calculated based upon years of service and current salary levels. The right to be paid severance pay vests with employees with nine years of continual service, and accordingly no provision has been made in accounts for employees with less than nine years of continual service. As well, no provision has been made for contractual employees and employees seconded from the provincial Department of Health and Community Services. Severance pay is payable when the employee ceases employment with the Centre.

#### Pension costs

Employees of the Centre are covered by the Public Service Pension Plan administered by the Government of Newfoundland and Labrador. Contributions to the plan are required from both the employees and the Centre. The annual contributions for pensions are recognized in the accounts on a current basis.

# Newfoundland and Labrador Centre for Health Information

## Notes to the Financial Statements

March 31, 2007

<b>3. Receivables</b>	<b><u>2007</u></b>	<b><u>2006</u></b>
Government of Newfoundland and Labrador	\$ 564,021	\$ 448,174
Eastern Health	5,014,735	5,553,722
Health Infostructure Atlantic	215,403	-
Canada Health Infoway	4,955,117	808,679
Other	<u>137,596</u>	<u>312,817</u>
	<b><u>\$10,886,872</u></b>	<b><u>\$ 7,123,392</u></b>

<b>4. Equipment</b>			<b><u>2007</u></b>	<b><u>2006</u></b>
	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>	<u>Net Book Value</u>
Computer equipment	\$ 891,571	\$ 769,639	\$ 121,932	\$ 164,962
Office furniture	109,326	72,542	36,784	29,275
Computer software	6,776,500	1,373,063	5,403,437	395,494
Pharmacy network	787,757	787,757	-	7,876
Unique Personal Identifier	<u>3,401,478</u>	<u>3,401,478</u>	<u>-</u>	<u>-</u>
	<b><u>\$11,966,632</u></b>	<b><u>\$ 6,404,479</u></b>	<b><u>\$ 5,562,153</u></b>	<b><u>\$ 597,607</u></b>

<b>5. Payables and accruals</b>	<b><u>2007</u></b>	<b><u>2006</u></b>
Trade and sundry	\$ 6,969,981	\$ 93,256
Vacation and compensatory pay	<u>229,265</u>	<u>160,494</u>
	<b><u>\$ 7,199,246</u></b>	<b><u>\$ 253,750</u></b>

<b>6. Deferred capital contributions</b>	<b><u>2007</u></b>	<b><u>2006</u></b>
Current		
Opening balance	\$ 513,945	\$ 746,918
Capital contributions	5,372,491	-
Transfer to Department of Health and Community Services	-	(5,367)
Purchase of capital assets	(5,451,269)	(57,253)
Amortization of deferred contribution	<u>-</u>	<u>(170,353)</u>
Ending balance	<b><u>\$ 435,167</u></b>	<b><u>\$ 513,945</u></b>



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# Newfoundland and Labrador Centre for Health Information

## Notes to the Financial Statements

March 31, 2007

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<b>6. Deferred capital contributions (cont'd.)</b>	<b><u>2007</u></b>	<b><u>2006</u></b>
Long term		
Opening balance		\$ 623,978
Purchase of capital assets	\$ 5,451,269	57,253
Amortization of deferred contributions	<u>(434,779)</u>	<u>(681,231)</u>
Ending balance	<u>\$ 5,016,490</u>	<u>\$ -</u>

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<b>7. Supplemental cash flow information</b>	<b><u>2007</u></b>	<b><u>2006</u></b>
Change in non-cash operating working capital		
Receivables	\$(3,763,480)	\$(5,357,722)
Deferred project costs	(4,719,475)	-
Payables and accruals	6,945,496	50,320
Deferred revenue	<u>1,285,768</u>	<u>5,417,562</u>
	<u>\$ (251,691)</u>	<u>\$ 110,160</u>

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### 8. Commitment

The Centre is committed under a five year operating lease agreement for the rental of office space to make annual payments of \$285,108.

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### 9. Financial instruments

The Centre's primary financial instruments recognized in the statement of financial position consist of receivables, payables and accruals, deferred capital contributions, deferred revenue, contractual obligations and accrued severance pay. The carrying value of the primary financial instruments of the Centre approximate fair value due to the normal trade credit terms and conditions of those instruments.

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### 10. Subsequent event

The Newfoundland and Labrador Centre for Health Information Act was proclaimed on April 27, 2007, thereby establishing the Centre as a Corporation without share capital under the Corporations Act. The Centre will subsequently act as an agent of the Crown.

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### 11. Comparative figures

Certain of the comparative figures have been reclassified to conform to the financial statement presentation adopted for the current year.

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# **Appendix A**

List of Databases at the Centre for Health Information

The Centre for Health Information is required under its Regulations to give notice of the collection, use or disclosure of personal health information by publishing on its website and in its annual report an exhaustive list of all the databases used in its operations.

### **List of Databases at the Centre for Health Information As of June 26, 2007**

#### ***Centre for Health Information has agreements with the Regional Health Authorities for the***

- Unique Personal Identifier/Client Registry

#### ***The Centre has agreements with Statistics Canada for the following databases***

- Census (1996 and 2001)
- Population Estimates (1991 to 2005)
- National Longitudinal Survey of Children and Youth (1994/95 and 1996/97)

#### ***These databases are managed on behalf of the Department of Health and Community Services***

- Clinical Database Management System (CDMS) (1995/96 to 2004/05)
- National Diabetes Surveillance System (1995 to 2001)
- Provincial Rehabilitation Database (2004/05 and 2005/06)
- National Population Health Survey (NPHS) (1994/95 to 2002/03)
- Canadian Tobacco Use Monitoring Survey (2000 to 2005)
- The Canadian Community Health Survey (CCHS) (Cycle 1.1, General Household Survey 2000/01; Cycle 1.2, Mental Health Survey 2002, Cycle 2.1, General Household Survey 2003, Cycle 2.2, General Nutrition Survey 2004, Cycle 3.1 General Household Survey 2005)

The Centre is an authorized user of these databases for approved analysis and research:

- MCP Claims database (1995 to 2005)
- MCP Beneficiary database (1995 to 2006)
- MCP Provider Registry (2003)

#### ***The Centre manages these databases containing vital statistics information on behalf of the Department of Government Services, Vital Statistics Branch and personal health information on behalf of the Department of Health and Community Services***

- Statistics Canada Annual Mortality Data Files (1991 to 2003)
- Centre for Health Information Live Birth System (1992 to 2006)
- Centre for Health Information Mortality System (1991 to 2006)
- Centre for Health Information Stillbirth Database (1995 to 2006)

***The Centre holds these databases as an independent trusted third party on behalf of specific research studies***

- Psoriasis clinical data, NewLab Clinical Research Inc.
- Colorectal Cancer Database, Memorial University, Genetics
- Cardiac Death Database, Memorial University, Genetics
- Miwpukek Diabetes Data, Conne River Health and Social Services
- Prescription Drug Study Data, RxCanada
- Suicide Data, Office of the Chief Medical Examiner (1997 to 2001)
- Cervical Cancer Surveillance System
- Emergency Room Triage Data, Eastern Health
- Adolescent Health Survey, Central Health
- Public Health Lab data , Health Sciences Centre, and Carbonear and Gander hospitals
- Primary Health Care Survey data
- Wait List Data for Hip and Knee Replacement (2002-2005), Eastern Health



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