

# Annual Business Report

2013-2014

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A woman with blonde hair and glasses, wearing a white lab coat, is working in a laboratory. She is looking down at a piece of equipment, possibly a microscope or a piece of analytical instrumentation. The background is dark and out of focus, showing some laboratory equipment. The overall tone of the image is professional and scientific.

*Message from the  
Board Chair*

On behalf of the Board of Directors, I am pleased to submit the Newfoundland and Labrador Centre for Health Information's 2013-2014 Annual Business Report. This report has been prepared according to the guidelines for Category 2 Government Entities per the *Transparency and Accountability Act*. The Board accepts accountability for the results outlined within the document.

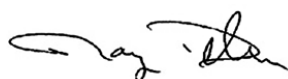
In 2013-2014, the Newfoundland and Labrador Centre for Health information (the Centre) continued to deliver upon its legislated mandate, including the development and implementation of the provincial electronic health record, HEALTHe NL. 2013-2014 was a banner year as we made significant progress with the HEALTHe NL Viewer, part of the interoperable Electronic Health Record/Labs (iEHR/Labs) project. The Viewer officially launched in January 2014, following extensive preparation, testing and training in collaboration with our stakeholders. The Centre started and will continue to connect health care professionals to the HEALTHe NL Viewer, providing improved access to medication information in the Pharmacy Network. The end goal is ensuring the right information is in the right hands at the right time to make patient care safer.

The Centre, with our Regional Health Authority partners, also achieved unprecedented success in its provincial data quality and standards initiatives with the Management Information Systems (MIS) team achieving its highest MIS Compliance Assessment score this past year. This success reflects our continued diligence and commitment to work with our stakeholders and achieve optimal quality of the data and information in our custody. There were also continued efforts to advance our involvement in health research and analytics, the Pharmacy Network and other health information systems.

For many years the Centre focused its efforts quietly behind the scenes to deliver value through province-wide health information management and technology initiatives. This past year, we made the move toward sharing our initiatives and successes more broadly with stakeholders entering the world of social media. Through our presence on Twitter, YouTube and LinkedIn, we are experiencing more opportunities to connect with our partners and further highlight our collective achievements.

This past year has brought both opportunities and challenges and, thanks to the focus of our staff and our health system partners, we have continued to move ever closer to achieving our mission. Our strong partnerships with the Department of Health and Community Services, the Government of Newfoundland and Labrador, the Regional Health Authorities, Canada Health Infoway and other stakeholders were essential for our success in our various health information management and technology initiatives. I also extend appreciation to our Board of Directors, executive team and employees. Our many accomplishments and advancements in 2013-2014 were possible with their leadership and commitment to our shared vision of *improved health through quality health information*.

Sincerely,



Ray Dillon  
Board Chair



A man with glasses and a polo shirt is seated at a desk in a cubicle, working on a computer. He is looking at a large monitor displaying a complex data visualization, possibly a network diagram or a flowchart. The desk also has a keyboard, a mouse on a mousepad, and a telephone. The background shows other cubicles and office equipment.

*About the Centre for  
Health Information*

The Newfoundland and Labrador Centre for Health Information (the Centre) provides quality information to health professionals, the public, researchers and health system decision-makers. Through collaboration with the health system, the Centre supports the development of data and technical standards, maintains key health databases, prepares and distributes health reports and supports and carries out applied health research, evaluations and analytics. The Centre's mandate also includes the development of a confidential and secure provincial electronic health record (EHR), including the change management required to support adoption by end user clinicians. In addition to the EHR, the Centre also manages the planning, design and implementation of specific provincial health information systems.

## Vision

*Improved Health Through Quality Health Information*

## Core Values

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

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

## Mission

The Centre is responsible for developing a confidential and secure Health Information Network which will serve as the foundation for the provincial EHR. The Centre is also responsible for the appropriate use of quality health information to support informed decision-making across the health system.

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

## **Lines of Business**

The Centre's mandate (Appendix B) includes supporting informed decision-making in health care by providing a confidential, secure and integrated provincial EHR. Through this work, the Centre supports improvements in the collection of data and use of information for individual and population levels of care, administration, planning, evaluation and research.

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

### **Provincial Health Information Systems**

One of the Centre's primary responsibilities is providing a comprehensive province-wide information system for the health sector. Activities to develop this information system are either led by the Centre or by other organizations within the health system with whom the Centre collaborates. The Centre is responsible for:

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

### **Quality Information**

Since 1996, the Centre has worked with the provincial health system and other stakeholders to provide quality health information to support informed health system management. Quality health information is produced from quality data, which is data that is accurate, timely, useable, relevant and comparable. The need and expectations for high quality data have risen as the scope and magnitude of decisions made about and within the health system has increased at the national, provincial and regional levels.

The Centre addresses this need in its role as custodian of many information systems, including the provincial EHR, by being a leader in standards development and implementation and by actively pursuing optimal quality of the data contained in the systems for which the Centre is responsible. The Centre also works to protect the information in its custody, ensuring it is collected, used and disclosed according to privacy principles and legislation.

Various initiatives are undertaken throughout the Centre to achieve quality data and information, including:

- Creating and using datasets from various sources.
- Collaboration with partners to develop, implement and adopt provincial standards, such as participating on committees, delivering education and providing consultative services.
- Regular quality assurance activities driven by the corporate data quality framework "Quality by Design" including conducting audits and delivering education and training.
- Providing a secure environment to house health information systems and use data with the highest regard for privacy.
- Responding to stakeholder requests for information and ensuring the appropriate use and disclosure of information.

### **Research, Evaluation and Analytics**

The Centre supports the provincial Department of Health and Community Services (DHCS) and Regional Health Authorities (RHAs) by providing research, evaluation and analytic services that support the delivery of health programs and inform provincial health policy. The Centre also supports and collaborates with researchers within the academic sector. The Centre's applied health research efforts are focused on investigations into the health of populations to identify health outcomes and risk factors for disease, as well as examining areas related to access, use, cost, safety, quality, delivery and organization of health systems. Evaluation efforts include evaluations of electronic information systems as well as government policies, programs, legislation and services. Analytic services include, but are not limited to, data extractions, linkage and analysis; database management; and health indicator development.

### **Number of Employees and Physical Location**

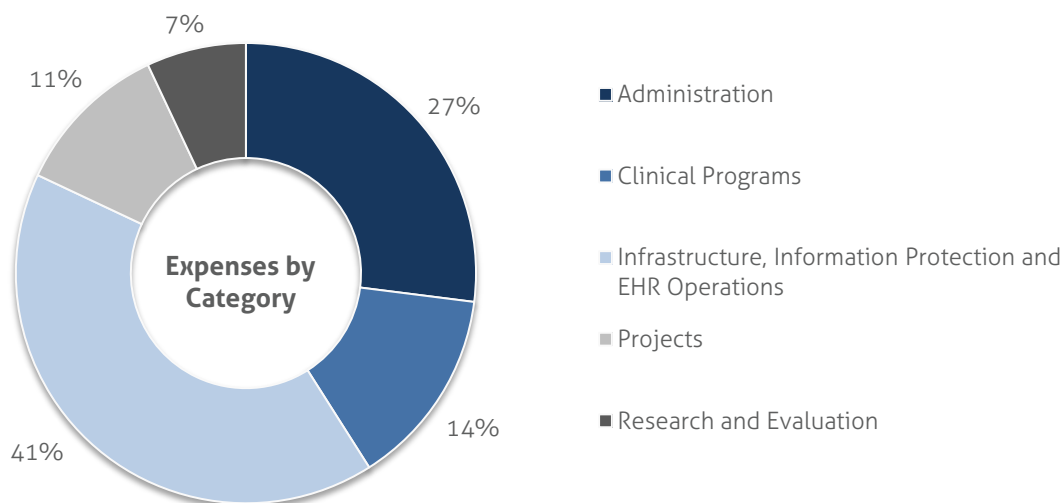
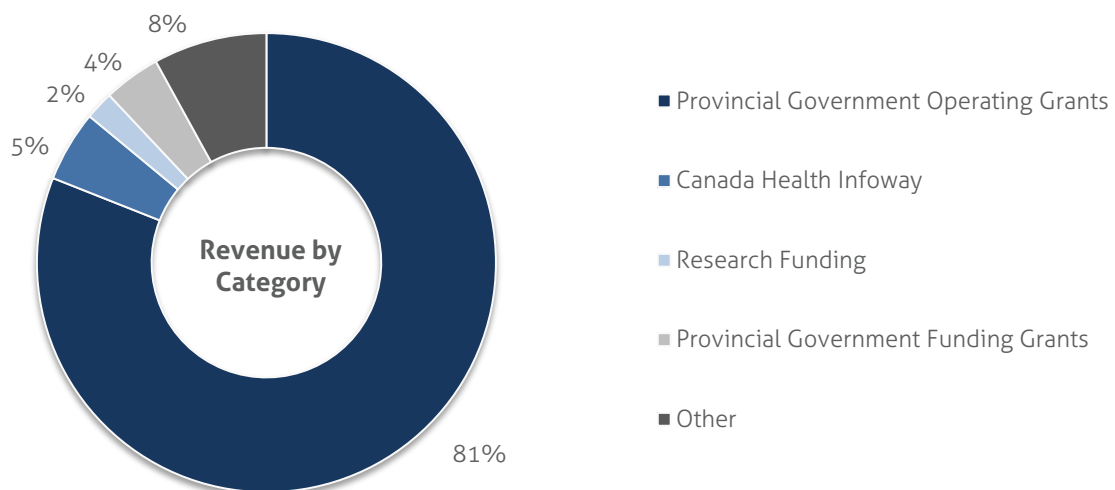
The Centre is governed by a Board of Directors (Appendix C) and is structured into four departments: Health Information Network; Research and Evaluation; Clinical Information Programs and Quality; Corporate Services and Finance. As of March 31, 2014, the Centre had 158 employees; 64 males and 94 females. Most employees are based in the Centre's head office at 70 O'Leary Avenue in St. John's and the remainder at its Registry Integrity Unit in Bay Roberts. Additional information about the organization and its activities can be found on the Centre's website [www.nlchi.nl.ca](http://www.nlchi.nl.ca).

### **Financial Statements**

The Centre's revenues and expenses experience annual fluctuations as projects commence and conclude and according to the placement and achievement of funding for project milestones. In the fiscal year 2013-2014, the Centre's total revenue was \$25.05 million of which 81 per cent was a provincial operating grant, with the remaining 19 per cent coming from external research funding and capital funding from the Government of Newfoundland and Labrador and Canada Health Infoway for EHR development.



## Revenues and Expenditures



A woman with short dark hair, wearing glasses and a white long-sleeved sweater, is seated at a desk in an office. She is pointing her right hand towards a large computer monitor. The monitor displays a software interface with various fields and text. Her left hand is on a computer mouse. The background shows a window with blinds and some office equipment like a telephone. The overall lighting is dim, with a blueish tint.

## *Shared Commitments*

The Centre partners with and serves numerous primary clients, or stakeholders. Building and maintaining solid working relationships with these stakeholders has enabled the Centre to advance its mandate and successfully contribute to Government's strategic directions of *population health* and *accountability and stability in health and community services*

There are several stakeholders with whom the Centre maintains very involved and direct relationships, including the Department of Health and Community Services (DHCS) and the four Regional Health Authorities (RHAs). The Centre works with these stakeholders to develop, implement and manage provincial health information systems, such as the provincial EHR. The Centre also regularly provides quality health information to support them in meeting their respective mandates, goals and objectives and deliver required services to Newfoundlanders and Labradorians.

Other stakeholder groups that have a vested interest in the Centre's products, services and outcomes include Canada Health Infoway, the Canadian Institute for Health Information, Canada's Health Informatics Association (COACH), regulated health professions and other provincial bodies, such as the Office of the Chief Information Officer, Vital Statistics Division of Service NL and Office of the Information and Privacy Commissioner.

The Centre also collaborates with additional stakeholders for research and surveillance related initiatives, including Memorial University, Health Canada, the Public Health Agency of Canada, Statistics Canada, as well as universities outside the province. Individuals and specific groups within the public also avail of the Centre's services and will benefit from its outcomes, most importantly *improved health through quality health information*.

In short, partnerships and work with primary stakeholders are essential to the Centre's ability to meet its mandate and achieve its success. Several key partners the Centre continued to work closely with in 2013-2014, in fulfilling its mandate included:

#### *Department of Health and Community Services*

The DHCS provided guidance and funding for provincial EHR projects, including the HEALTHe NL Viewer launched in 2013-2014 and the continued deployment of the Pharmacy Network. The DHCS also supported the Centre in managing quality data and information and participated in the Centre's Board activities, the Provincial eHealth Oversight Committee and the EHR Governance Advisory Committee in the 2013-2014 fiscal year.

In 2013-2014, the Centre also responded to numerous requests for information from the DHCS to support policy and program development, as well as provided research, evaluation and analytics services to support both strategic directions of *population health* and *accountability and stability in health and community services*. Examples include: provided information on hospitalizations to support ongoing monitoring and reporting under the Provincial Wait Times Reduction Strategy; provided a catalogue of indicators related to health status and health system functioning in Newfoundland and Labrador; developed and implemented an evaluation plan for the Enhanced Care in Personal Care Homes Pilot Project, an initiative under the Provincial Long-term Care and Community Support Services Strategy; joint participation in the Evidence-to-Policy Liaison Committee; and, support activities related to the *Personal Health Information Act*.

### *Regional Health Authorities*

RHAs have an integral role in developing and implementing the provincial EHR, including engaging in planning, governance, implementation and operation of various EHR components. In addition to continued engagement of RHAs for advice related to EHR governance, the Centre also collaborated with the RHAs in 2013-2014 to test, pilot and implement the HEALTHe NL Viewer.

The Centre also worked with RHAs and the DHCS to ensure common approaches to protecting the privacy of personal health information and collaborated with RHAs on standards development and adoption, supporting accurate collection and reporting of clinical, financial and statistical data. The Centre also provided research, consulting and information services upon request.

### *Canada Health Infoway*

Canada Health Infoway (Infoway) is a federally-funded, independent, not-for-profit organization that invests with public sector partners to accelerate EHR development across Canada. It provides joint funding with the DHCS for provincial EHR projects, facilitates knowledge transfer with other jurisdictions and supports project planning. In 2013-2014, the Centre engaged with Infoway around the official launch of the HEALTHe NL Viewer, as well as provided Infoway with two Pharmacy Network evaluation reports per project commitments.

### *Health Professionals*

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

In 2013-2014, this included training and education sessions related to the use and adoption of the HEALTHe NL Viewer, Pharmacy Network, Client Registry and support through the Peer-to-Peer Network. Developing partnerships and gathering input from these groups supported increased adoption of the EHR.

### *Canadian Institute for Health Information*

The Centre collaborated with the Canadian Institute for Health Information (CIHI) in support of its national health databases and related analytics, standards and data quality initiatives. In 2013-2014, this included supporting provincial data submission, national database reporting, validating provincial data published in CIHI reports and identifying national and provincial data quality issues and opportunities. Several Centre employees are involved in national leadership positions with CIHI as well.

### *COACH: Canada's Health Informatics Association*

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

The association offers a broad range of services for networking, forums, information and sharing best practices, peer awards, national conferences and professional development, including specialized career resources and professional certification. A number of Centre employees are active members of COACH. As well, the Centre's President and CEO is President-Elect for the COACH Board of Directors.

#### *Other Provincial Bodies*

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

#### *Research Partners*

The Centre continued to collaborate on research initiatives with various research partners, including Memorial University's Faculty of Medicine and School of Pharmacy, the DHCS and the RHAs. The Centre collaborates with private sector researchers as well as universities outside the province, including the University of Ottawa, University of Toronto and McMaster University. A number of federal organizations also provide funding to the Centre's research, including Canada Health Infoway, Health Canada, Canadian Institute for Health Information and the Public Health Agency of Canada.



*Highlights &  
Accomplishments*

*proud  
to be a leader.*



*NextGen*

*Pharmaceuticals*

*Pharmaceuticals*

*Pharmaceuticals*

The Centre remains committed to its vision of *improved health through quality health information* and to supporting the Provincial Government's strategic directions of *population health* and *accountability and stability in health and community services* (Appendix D). This has enabled the Centre, in partnership with its key stakeholders including the DHCS, RHAs and Infoway, to position Newfoundland and Labrador at the national forefront of EHR development and other health information initiatives. Included among the Centre's numerous achievements in 2013-2014 are:

**Implemented the HEALTHe NL Viewer, marking another milestone in provincial EHR development.** The Viewer is a portal or "door" that gives authorized health care professionals greater access to important patient information in the EHR and supports safer, better quality health care. Today, the Viewer provides access to the medication information available in the Pharmacy Network. Over time, it will bring in more information, including lab results and diagnostic images, such as x-rays. As of March 31, 2014 the Centre had exceeded its initial target of 180 users, with 1625 clinicians registered and 272 clinicians from across the four RHAs actively accessing the Viewer when providing care.

**Achieved strong data quality results for the Discharge Abstract Database (DAD) and Management Information Systems (MIS) Compliance Assessment.** In close collaboration with RHA partners, the Centre achieved strong results from the Canadian Institute for Health Information for work related to the hard error reports in the DAD for the second consecutive year. Outstanding hard errors remaining in the DAD for the fiscal year are indicators of the quality of the data; the lower the error scores, the higher the data quality. The Centre with our RHA partners also achieved unprecedented success in its provincial data quality and standards initiatives with the MIS team achieving its highest MIS Compliance Assessment score this past year.

**Continued to advance the Pharmacy Network.** The Centre connected four additional pharmacies to the Network in 2013-2014. In addition, as of March 2014, there were more than 5.3 million prescriptions in the Pharmacy Network associated with more than 285,000 Newfoundlanders and Labradorians. More importantly, there have been almost 78,000 instances when additional medication information was available to health care professionals via the Pharmacy Network to better inform decisions about patient care had the information been required.

**Initiated work on the Telepathology project, a province-wide digital pathology initiative.** This included conducting the Request for Proposals (RFP) process required to select an appropriate vendor. Telepathology uses health information technology to capture, store and share pathology images and data between distant locations for the purposes of diagnosis, education and research. This initiative will improve digital pathology access and support health care professionals in delivering optimal care to patients in Newfoundland and Labrador.

**Supported clinician engagement with the EHR through the provincial Peer-to-Peer Network.** The provincial Peer-to-Peer Network engaged 10 clinician peer leaders from physician, nurse and pharmacy professions to deliver and support education, awareness and adoption to more than 800 of their peers. The program delivered 15 accredited regional workshops, participated in other educational and professional events and delivered EHR demos across the province.

**Continued to provide extensive research, evaluation and health analytic services to inform health service delivery, policy and programs.** This included hosting the third annual research and evaluation day with the DHCS, delivering eight presentations at that event and completing 13 reports related to research, analytics and evaluation work carried out by the Centre. As an example, the Centre's Research and Evaluation Department completed an evaluation plan for the *Adult Protection Act* on behalf of the DHCS, which satisfied one of four key requirements before *the Act* could be proclaimed. In addition, the Centre and DHCS representatives partnered to deliver a presentation at an Executive Council (Policy NL) event in November 2013 that highlighted the joint Evidence-to-Policy Liaison Committee as a successful, innovative approach for supporting information policy and decision-making. The event was well attended by a broad audience of various Provincial Government departments and entities.

**Supported collaborative research, evaluation and analytics work with health system partners.** This included being engaged by a joint working group of the DHCS and the Newfoundland and Labrador Medical Association to assist in examining new compensation models for on-call physicians in the province. This work included coordinating and sending more than 3,200 survey packages to more than 1,100 physicians across the province, as well as entering and analyzing survey data to measure Interaction Intensity for all fee-for-service and salaried physicians who provide on-call services. The Centre was also engaged by Canadian Institute for Health Information in a collaborative project with RHAs to apply health analytics in support of health system management. This initiative focused on health service utilization for a geriatric population within Eastern Health, on injuries with Labrador-Grenfell Health and on planning for the new Corner Brook hospital in Western Health.

**Increased stakeholder awareness of the Centre and its activities.** In a stakeholder survey completed in 2013-2014, 47 per cent of respondents indicated that their awareness of the Centre and its activities had increased over the last three years. A public survey completed in 2014 also indicated a slight increase in awareness of the Centre and its activities over the last three years, up to 31 per cent from 29 per cent in late 2010.

**Launched a social media pilot to foster conversations and strengthen stakeholder engagement.** The Centre now has a presence on Twitter, YouTube and LinkedIn and is working to foster conversations and raise understanding of its contributions to the provincial health care system.

**Continued to focus on various information protection and information management initiatives.** This included facilitating nearly 13,000 completions of the Personal Health Information Act Online Education Program as of March 31, 2014, streamlining EHR Privacy Impact Assessment through consolidation of documentation and responding to 230 requests for information between April 2013 and March 2014.

**Signed the Workplace Health, Safety and Compensation Commission's CEO Safety Charter.** On January 29, 2014, Mike Barron, the Centre's President and CEO joined the Workplace Health, Safety and Compensation Commission's CEO Safety Charter. Over the years the Centre has made a conscious decision to champion a safety culture as it recognized the many benefits that come with having a solid health and safety program. The Charter program supports the continuous improvement of healthy and safe workplaces throughout the province. As ambassadors for safer workplaces, CEO Safety Charter signatories demonstrate their commitment to preventing accidents and promoting health and safety in the workplace. Mr. Barron was the 57<sup>th</sup> business leader to join the Charter.



A photograph of a server rack with several server units installed. The units are densely packed with various components, including fans and ports. A large number of cables are connected to the units, some bundled together. The overall scene is dimly lit, with the server components providing the primary light source.

*Report on  
Performance*

Since its inception in 1996, the Centre has continually increased the availability and use of health information systems to assist in providing quality care and services for the people of Newfoundland and Labrador.

The Centre’s work in developing provincial health systems, including the provincial electronic health record (EHR), contributed to the Provincial Government’s strategic direction of *accountability and stability of health and community services*. Through work to date, including efforts in 2013-2014, the EHR and other health information systems have increased the availability of quality data and information across the health care system. These systems have supported health care professionals, administrators and researchers in care delivery, policy-making, program monitoring, resource allocation and more. As the Centre continues to deliver upon its mission, the face of health informatics and availability of quality health information will further evolve for the benefit of all Newfoundlanders and Labradorians.

The following section of the annual report focuses on progress on goals and objectives related to the four strategic issues identified in the 2011-2014 Business Plan (available online at [www.nlchi.nl.ca](http://www.nlchi.nl.ca)), including the initiatives and activities undertaken in 2013-2014.

### Issue 1: Provincial Health Information Systems

Provincial health information systems are essential tools for supporting and improving accountability in the health system. These information systems make quality health information available to organizations and professionals delivering health care, developing programs, administrating the system and conducting health research. The Centre’s continued focus on eHealth initiatives, including the provincial EHR, supported the Provincial Government’s strategic direction of accountability and stability of health and community services. Upon implementation, the EHR will improve patient safety, help identify and monitor outcomes for select programs, enable evidence-based research and decision-making, support alignment of regional services, continue to sustain access to care province-wide, including rural areas, as well as improve efficiency and effectiveness of the health system.

Goal 2011-2014	By March 31, 2014, the Centre will have initiated implementation of priority elements of provincial health information systems.
Measure 2011-2014	Initiated implementation of priority elements of provincial health information systems.
Indicators 2011-2014	<ul style="list-style-type: none"> <li>• Implemented priority elements of the approved provincial EHR strategic plan.</li> <li>• Managed the development, integration and operation of EHR components.</li> <li>• Supported development and management of other provincial health information systems.</li> </ul>

Goal Planned for 2011-2014	Goal Actual for 2011-2014
Implemented priority elements of the approved provincial EHR strategic plan.	<p>The Centre implemented priority elements of the approved EHR strategic plan, which included:</p> <ul style="list-style-type: none"> <li>Continued connection of pharmacies to the Pharmacy Network, increasing connection from 48 to 74 pharmacies between April 1, 2011 and March 31, 2014.</li> <li>Implemented the HEALTHe NL (EHR) Viewer in the provincial health care system providing access to medication profiles.</li> </ul>
Managed the development, integration and operation of EHR components.	<p>The Centre managed the development, integration and operation of EHR components, which included:</p> <ul style="list-style-type: none"> <li>Implemented the HEALTHe NL (EHR) Viewer and integrated it with other EHR components, including the Pharmacy Network.</li> <li>Developed and implemented processes to support the EHR, including change management, incident management and risk management processes.</li> <li>Operated and enhanced existing EHR components, including Client Registry, Provider Registry, Picture Archiving and Communications System (PACS) and the Pharmacy Network.</li> </ul>
Supported development and management of other provincial health information systems.	<p>The Centre supported development and management of other provincial health systems, which included:</p> <ul style="list-style-type: none"> <li>Implemented the provincial pilot and supported regional implementation of the Client Safety Reporting System.</li> <li>Supported planning for a physician office system.</li> <li>Implemented a pilot site for the teleophthalmology project, which enables eye care via distance. The system involved captures, stores and shares digital images of the eye with eye specialists elsewhere in the province, improving access to care for patients.</li> <li>Continued planning and implementation efforts related to the provincial (local) and multijurisdictional Telepathology (MJT) project. This project uses health information technology to capture, store and share pathology images and data between distant locations for the purposes of diagnosis, education and research.</li> <li>Managed and lead provincial coordination of telehealth services, which involves delivery of health care services between distant and remote locations in the province. Telehealth occurs via video-conferencing technology over the secure provincial Health Information Network.</li> </ul>

### Year Three Objective

By March 2014, the Centre will have implemented funded components of the provincial EHR and other provincial health information systems.

### Measure 2013-2014

Implemented funded components of the provincial EHR and other provincial health information systems.

Planned for 2013-2014	Actual for 2013-2014
Completed implementation of EHR Viewer.	The HEALTHe NL (EHR) Viewer was implemented in 2013-2014. Pilot implementation was completed in Fall 2013, with the official provincial launch held in January 2014. As of March 2014, 278 clinicians had access to the Viewer, exceeding the initial adoption target ( <i>set by Canada Health Infoway</i> ) of 180 users.
Continued with iEHR/Labs project.	Planning and development for the iEHR/Labs project continued, which included: <ul style="list-style-type: none"><li>• Implemented the HEALTHe NL viewer in the provincial health care system, providing access to medication profiles.</li><li>• Completed testing, planning and system upgrades to support implementation of the next phase of the project, which will bring lab results into the EHR.</li></ul>
Completed provincial Telepathology Project implementation.	The provincial Telepathology project was not completed as planned due to cancellation of the original RFP in summer 2013. However, there were significant efforts to move the initiative forward, including re-issuing the RFP and selecting a vendor by March 2014.
Continued implementation of the Pharmacy Network.	Pharmacy Network implementation continued last year, with four additional pharmacies connecting. As of March 31, a total of 74 pharmacies (37 per cent) were connected to the Pharmacy Network, including 73 community pharmacies and one hospital pharmacy. In addition, there was significant dialogue and collaboration with key partners, including the DHCS, Pharmacy Association of NL and RHAs on achieving full connection.

### Discussion of Results

The Centre marked another milestone in provincial EHR development in 2013-2014 with implementation of the HEALTHe NL Viewer, completed as part of the iEHR/Labs project. The HEALTHe NL Viewer is a portal or “door” that provides authorized health care professionals, such as doctors, nurses, nurse practitioners and allied health professionals, greater access to important patient information in the EHR. At present, the Viewer provides greater access to the medication information from pharmacies via the Pharmacy Network. Over time, it will bring in

additional information, including lab results and diagnostic images, such as x-rays, which is the next phase of the iEHR/Labs project. As of March 2014, 278 clinicians had access to the Viewer, exceeding planned targets for the year. Giving health care professionals access to more comprehensive medication information at the point of care supports more informed decision-making, improved quality of care and greater patient safety.

Pharmacy Network implementation also continued last year with four additional pharmacies connecting to the system. As of March 2014, approximately 37 per cent of pharmacies were connected to the Pharmacy Network, including 73 community pharmacies and one hospital pharmacy. With these valued partners connected, there are more than 5.3 million prescriptions in the Pharmacy Network associated with over 285,000 Newfoundlanders and Labradorians. There have also been almost 78,000 instances when additional medication information was available to health care professionals via the Pharmacy Network to better inform decisions about patient care had that information been required.

Optimal benefits from the EHR systems, including the Pharmacy Network and Viewer will be best realized when all community pharmacies and RHAs are connected and sharing the medication information they manage. As such, the Centre continued to work with pharmacies, RHAs, DHCS and other partners with the end goal of achieving full connection.

With regard to the provincial Telepathology project, it was not completed as planned as the original RFP had been tentatively awarded contingent on the vendor obtaining required federal certification prior to project implementation. That did not occur within the predefined timeframe and a decision was made to cancel and re-issue the RFP, as this option presented the least amount of risk for the project. The Centre continued to work on the project throughout 2013-2014, including continued project planning, re-issued the RFP clearly stipulating that the federal certification was mandatory, identified a new vendor of choice and initiated contract negotiations. The Centre is confident that it will move forward with the Telepathology project in 2014-2015.

## **Issue 2: Quality Data**

Providing quality health information is at the core of the Centre's existence. From the numerous data holdings in the Centre's custody to its array of research, evaluation and health analytics services, the Centre is focused on providing valuable information to support evidence-based, informed decision-making across the health care system. In doing so, the Centre integrates continuous quality improvement processes into its day-to-day information management and continually defines, measures and improves the quality of the data contained within the databases managed by the organization. The Centre's focus on providing health professionals, program planners and policy-makers with quality data and health information supported the Government's strategic direction of *accountability and stability of health and community services*.

Goal 2011-2014	By March 31, 2014, the Centre will have provided quality data from the key databases of which it is custodian.
Measure 2011-2014	Provided quality data from the key databases.
Indicators 2011-2014	<ul style="list-style-type: none"> <li>• Implemented the Data Quality Framework for selected databases.</li> <li>• Assessed the quality of data within those databases.</li> <li>• Improved data quality and documentation for health information databases.</li> </ul>

Goal Planned for 2011-2014	Goal Actual for 2011-2014
Implemented the DQF for selected databases.	Since 2011, the Data Quality Framework (DQF) has been continually applied to clinical administrative databases and this will be sustained annually. In addition, the scope of databases to which the DQF is applied was expanded, now including EHR repositories and a research dataset.
Assessed the quality of data within those databases.	Data quality assessments have been conducted annually on the Client Registry and Provider Registry repositories and, upon closure of each file year, on the clinical administrative datasets. Development of a data quality assessment for the Pharmacy Network, a component of the provincial EHR, was also initiated.
Improved data quality and documentation for health information databases.	Results of data quality assessments showed continued improvement year-over-year. Each assessment also resulted in an action plan designed to address any data quality criteria that had not been met at that time.

*Year Three Objective*

By March 2014, the Centre will have evaluated the effectiveness of DQF implementation.

*Measure 2013-2014*

Evaluated the effectiveness of DQF implementation.

Planned for 2013-2014	Actual for 2013-2014
Prepared evaluation report on effectiveness of DQF implementation.	The evaluation report was delayed due to unanticipated staffing issues and correlated increased workload. However, improvements based on lessons learned over the last three years are underway, including revision of the DQF. Anecdotal feedback since 2011 has also been positive and a survey was conducted in January 2014 to solicit formal feedback, with results still to be analyzed. Efforts will be made to complete the evaluation report within the 2014-2015 year, as time and resources allow amid working on and achieving the other organizational priorities set for the year.

### Discussion of Results

The Centre achieved the indicators set out for 2011-2014 business planning cycle, demonstrating its commitment to continuous improvement in data quality. While the evaluation report planned for 2013-2014 was not completed due to staffing and workload challenges within the Data Quality and Standards department, the Centre is confident in the effectiveness of the DQF implementation. As noted above, the DQF was successfully applied to an expanded scope of databases since 2011 and results showed continued improvement year-over-year. Each assessment also resulted in an action plan designed to address any data quality criteria that had not been met at that time; again in keeping with the Centre’s approach to continuous quality improvement. Efforts will be made to complete the evaluation report within the 2014-2015 year, as time and resources allow amid working on and achieving the other organizational priorities set for the year.

In addition, the Centre closely collaborated with its RHA partners to achieve strong results from the Canadian Institute for Health Information (CIHI) for work related to reducing the number of the hard errors in the data submitted by Newfoundland and Labrador to the Discharge Abstract Database (DAD) for the second consecutive year in 2013-2014. Outstanding hard errors remaining in the DAD for the fiscal year are indicators of the quality of the data; the lower the error scores, the higher the data quality. The Centre with our RHA partners also achieved unprecedented success in its provincial data quality and standards initiatives with the Management Information Systems (MIS) team achieving its highest MIS Compliance Assessment score this past year. This success reflects our continued diligence and commitment to work with our stakeholders to achieve optimal quality of the data contained within the provincial MIS database and its national counterpart at CIHI.

### Issue 3: Research and Evaluation

The Centre has also increased its role in health analytics, research and evaluation work in recent years and is positioned to continue and expand that role to meet the growing health information needs of its stakeholders. This includes applied health research focused on investigating the health of populations, analytics services and evaluation efforts, including evaluations of electronic information systems and of Provincial Government policies, programs, legislation and services.

Furthermore, the opportunities for undertaking innovative research involving the use of existing health data has grown significantly over the past decade and will continue to grow in light of emerging trends in health research, such as translational and personalized medicine, and as the priority components of the provincial EHR are implemented. The Centre has the capacity, expertise and partnerships in place to leverage these opportunities for optimal benefits for Newfoundland and Labrador. The Centre's role in health analytics, research and evaluation supported the Government's strategic direction of *accountability and stability of health and community services*.

Goal 2011-2014	By March 31, 2014, the Centre will have provided information through research and evaluation services to support policy and improved population health.
Measure 2011-2014	Provided information, research and evaluation services.
Indicators 2011-2014	<ul style="list-style-type: none"> <li>Supported the Centre and stakeholder's information needs through applied health research, evaluation and information services.</li> <li>Supported the Department of Health and Community Services by providing information for the development of evidence-based policy.</li> <li>Engaged in a collaborative model for health research.</li> </ul>

Goal Planned for 2011-2014	Goal Actual for 2011-2014
Supported the Centre and stakeholders' information needs through applied health research, evaluation and information services.	Between 2011 and 2014, the Centre supported organizational and stakeholders' information needs by providing research, evaluation and analytics services, which included: <ul style="list-style-type: none"> <li>Responding to more than 400 requests for data and information.</li> <li>Participating in various research studies, such as predicting factors associated with breast</li> </ul>



	<p>and cervical screening in the province and optimizing medical care in the elderly.</p> <ul style="list-style-type: none"> <li>• Completing and supporting evaluations for the Centre and other stakeholders, such as the evaluation of the Newfoundland and Labrador HealthLine and the evaluation of the implementation of the provincial Clinical Safety Reporting System.</li> <li>• Providing various analytical services, such as data management, statistical consulting, data extraction and linkages, as well as workshops and presentations.</li> </ul>
<p>Supported the Department of Health and Community Services by providing information for the development of evidence-based policy.</p>	<p>The Centre supported the DHCS through participation in the Evidence-to-Policy Liaison Committee and engaging in research, evaluation and analytics activities. Examples of such activities included:</p> <ul style="list-style-type: none"> <li>• Provided information on hospitalizations to support the ongoing monitoring and reporting under the Provincial Wait Times Reduction Strategy.</li> <li>• Developed and implemented an evaluation plan for the Enhanced Care in Personal Care Homes Pilot Project, an initiative under the Provincial Long-term Care and Community Support Services Strategy.</li> <li>• Provided the DHCS with <i>Core Indicators</i>, a catalogue of indicators related to health status and health system functioning in Newfoundland and Labrador.</li> </ul>
<p>Engaged in a collaborative model for health research.</p>	<p>The Centre participated in a collaborative model for health research with many stakeholders, including working with MUN and the DHCS on planning for the Translational Personalized Medicine Initiative in the new Genetics Research Centre.</p> <p>Other research collaborations have been established with the DHCS, RHAs, Memorial University, McMaster University, Canadian Institute for Health Information and the Public Health Agency of Canada.</p>

*Year Three Objective*

By March 2014, the Centre will have increased information assets in support of improved population health in Newfoundland and Labrador.

*Measure 2013-2014*

Increased information assets in support of improved population health in Newfoundland and Labrador.

Planned for 2013-2014	Actual for 2013-2014
<p>To provide context for this objective, information assets refer to the knowledge and processes developed and disseminated by applying analytics to health databases/systems. The following indicators will enhance such knowledge and processes: Presented findings on eight research studies undertaken on behalf of the DHCS at annual DHCS/Centre Research and Evaluation Day.</p>	<p>The Centre delivered eight presentations related to research and evaluation initiatives at the third annual Research and Evaluation Day in October 2013. A variety of topics were covered, including: injury events/risk factors; provincial HealthLine service evaluation; provincial cancer patient navigator service evaluation; the NL Prescription Drug Program Access and Assurance Plans evaluation; and, optimizing medical care in the elderly.</p>
<p>Prepared provincial health analytics framework to support the Centre's role in expanded information/analytics services.</p>	<p>This work was not fully completed due to a change in scope. The provincial health analytics framework will be incorporated within a broader corporate health information management framework. This broader framework will govern how health information is received, created, managed, stored, used and disclosed by the Centre and is addressed in the 2014-2017 business plan.</p>
<p>Published eight reports/fact sheets containing information about research, analytical and evaluation work carried out by the Centre.</p>	<p>The Centre completed 13 reports related to research, analytics and evaluation work (e.g. <i>Vegetables and Fruit Consumption fast facts; Collaborative Approach to Health Analytics Newfoundland and Labrador; Atlantic Canada iEHR/Labs Benefits Evaluation; Evaluation of the Cancer Patient Navigation Service in Newfoundland and Labrador; Lessons Learned from the Implementation of a Provincial Drug Information System in Newfoundland and Labrador; and Examining the Predictors of Cervical Screening in Newfoundland and Labrador</i>).</p>
<p>Published Pharmacy Network evaluation.</p>	<p>Two Pharmacy Network evaluation reports were provided to Canada Health Infoway in March 2014. This included <i>Newfoundland and Labrador Pharmacy Network: Lessons Learned from the Implementation of a Provincial Drug Information System in Newfoundland and Labrador</i> and <i>Intentional Misuse of Prescription Drugs: Impact of a Provincial Pharmacy Network</i>.</p>

## Discussion of Results

The Centre achieved the majority of its research and evaluation indicators planned for 2013-2014, including continued partnership with stakeholders and provision of extensive applied health research, evaluation and analytics services on a variety of important health topics.

Given the broad nature of health information management, which extends beyond health analytics, the Centre adjusted the scope of its plans to complete a provincial health analytics framework in 2013-2014. This framework will now be incorporated in a more comprehensive corporate health information management framework that will govern how health information is received, created, managed, stored, used and disclosed by the Centre. This revision has been addressed and reflected in the 2014-2017 Business Plan.

The Centre's involvement in research, evaluation and analytics involves extensive collaboration with our stakeholders, working together on valuable opportunities to inform health care decision-making, policy development and program monitoring. The Centre will continue to address the growing demands in this area, particularly as EHR implementation progresses, with the goal of providing quality information for the benefit of all Newfoundlanders and Labradorians.

## Issue 4: Stakeholder Engagement

The Centre provides significant benefits to the provincial health care system and its stakeholders. It is important that those stakeholders understand how the collaborative work of the Centre supports improved health through the provision of quality health information. With this in mind, the Centre works to proactively engage, inform and assess stakeholder awareness of various initiatives and the organization overall. Evaluation of work in this area will vary by stakeholder and be specific to each stakeholder group based on types and levels of interaction with the Centre. Increasing stakeholder engagement supports Government's strategic direction of *accountability and stability of health and community services*.

Goal 2011-2014	By March 31, 2014, the Centre will raise stakeholder awareness of its role in improving population health through the provision of quality health information.
Measure 2011-2014	Increased stakeholder awareness as a provider of quality health information.
Indicators 2011-2014	<ul style="list-style-type: none"><li>• Increased stakeholder understanding of the role of the Centre.</li><li>• Fostered collaborative approach with stakeholders for development, integration and ongoing operation of provincial EHR and other health information systems.</li></ul>

Goal Planned for 2011-2014	Goal Actual for 2011-2014
Increased stakeholder understanding of the role of the Centre.	The Centre completed ongoing assessments of various stakeholder groups' understanding of the Centre during 2011-2014. A summary of those assessments indicated that there has been an overall increase in stakeholder awareness. In addition, in a broad stakeholder survey completed in late 2013, 47 per cent of respondents indicated that their awareness of the Centre and its activities increased over the last three years. A public survey in early 2014 also indicated a slight increase in awareness of the Centre and its activities over the last three years, up to 31 per cent from 29 per cent in late 2010.
Fostered collaborative approach with stakeholders for development, integration and ongoing operation of provincial EHR and other health information systems.	The Centre fostered a collaborative approach with stakeholders through various methods, which included: <ul style="list-style-type: none"> <li>• Active leadership, management and participation in numerous stakeholder committees designed to support and inform development, integration and operation of HEALTHe NL (EHR) and other health information systems.</li> <li>• Launched a social media pilot to foster online connection with stakeholders.</li> <li>• Conducted a stakeholder survey to gather input and insight into stakeholder awareness and opportunities for further collaboration, which was also used to inform 2014-2017 business planning efforts.</li> </ul>

*Year Three Objective*

By March 2014, the Centre will have demonstrated effectiveness of strategies to raise stakeholder understanding of and collaboration with the Centre.

*Measure 2013-2014*

Demonstrated effectiveness of strategies to raise stakeholder understanding of and collaboration with the Centre.

Planned for 2013-2014	Actual for 2013-2014
Continued to co-chair the Evidence-to-Policy Liaison Committee between DHCS and the Centre.	The Centre's Director of Research and Information Services continued to co-chair the Evidence-to-Policy Liaison Committee together with the Director of Policy Development and Legislative Affairs at DHCS. Meetings were held in June 2013 and February 2014.
Conducted Research and Evaluation stakeholder consultations related to health analytics and related services.	The Centre engaged in ongoing stakeholder consultations with the DHCS, RHAs and Memorial University related to health analytics and related services. Several key pieces of health analytics work were completed including an analysis of complex care patients (DHCS); profiling geriatric patients (Eastern Health); assessing use of hospital services by non-residents (Western Health); identifying high-cost health system users (Central Health); and, examining hospitalizations due to snowmobile injuries (Labrador-Grenfell Health).
Continued leadership of and participation in provincial stakeholder committees.	<p>The Centre continued to lead and participate in numerous provincial stakeholder committees including:</p> <ul style="list-style-type: none"> <li>• Advisory Committees for Pharmacy Network, Client Registry, PACS, Telehealth and Peer-to-Peer Network;</li> <li>• Provincial eHealth Oversight Committee comprised of RHA CEOs, DHCS and Centre representatives;</li> <li>• eHealth Executive Committee, comprised of VP-level staff from the Centre, DHCS and RHAs;</li> <li>• Clinical Working Groups for various programs and projects, including iEHR/Labs;</li> <li>• Provincial Health Information Management Leadership Committee;</li> <li>• Provincial Meditech Auditing working group;</li> <li>• Numerous Health Information Standards and Data Quality Advisory Committees and working groups;</li> <li>• Several national and provincial Health Information Database Advisory Committees;</li> <li>• The Newfoundland and Labrador Health Information Management and Technology committee;</li> <li>• Numerous national and provincial EHR standards and implementation user groups; and,</li> <li>• Chaired the RHA/Centre/DHCS Health Information Privacy Collaborative.</li> </ul> <p>The management and leadership of these committees, including coordinating and facilitating meetings and information sharing, supported decision-making and governance of provincial health information systems and key data holdings.</p>

Prepared report highlighting findings demonstrating increased stakeholder understanding of the Centre.

A report was completed highlighting findings of various stakeholder assessments regarding awareness and understanding of the Centre. That report indicated that there was an overall increase in stakeholder awareness of the Centre and its activities. A broader stakeholder survey conducted in late 2013 also showed that 47 per cent of respondents indicated their awareness of the Centre and its activities has increased over the last three years. A public survey in early 2014 also indicated a slight increase in awareness of the Centre and its activities over the last three years, up to 31 per cent from 29 per cent in late 2010.

### Discussion of Results

The Centre's ability to achieve its mission and deliver upon its legislated mandate is directly linked to the support and partnership of its stakeholders. In 2013-2014, the Centre continued to proactively engage its stakeholders in all aspects of its work to ensure it developed and implemented systems, programs and initiatives that were of value to the health care system. The Centre's employees led, managed and participated in various committees related to the EHR and health information management. Comprised of representatives from across health care, including administrators and health care professionals and regulatory bodies, these committees provide insight and guidance into the Centre's planning and actions.

The Centre also conducted a stakeholder survey in 2013-2014 to gather input on how the organization is perceived and to understand stakeholder expectations for the future. In that survey, 47 per cent of respondents indicated increased awareness of the Centre, 83 per cent positively rated the overall quality of service received from the Centre and 91 per cent agreed that the Centre provides valuable services to the health care system. Furthermore, 33 per cent of respondents indicated that their confidence in the Centre's performance had increased over the last three years. The Centre has used this information in its 2014-2017 business planning with the goal of aligning priorities and identifying opportunities for future stakeholder engagement.

# *Opportunities & Challenges*

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HEALTHe is a leading provider of digital health solutions, offering a comprehensive suite of services designed to improve patient care and operational efficiency. Our solutions are built on a secure, scalable platform that integrates seamlessly with existing healthcare systems. We provide a range of services, including patient engagement, clinical decision support, and operational optimization. Our commitment to innovation and excellence has made us a trusted partner for healthcare organizations worldwide. For more information, please contact us at [info@health-e.com](mailto:info@health-e.com).

As the Centre embarks upon the 2014-2017 business planning cycle and strives to achieve its mission, it will undoubtedly face opportunities and challenges. Some of the opportunities and challenges the Centre expects to encounter as it continues to provide quality information to key stakeholders include:

### Opportunities

- Continuing and increasing collaboration with stakeholders to advance development, implementation and use of health information systems and services. Bringing respective priorities to the table under a provincial view supports continued improvement of the provincial health care system.
- Advancing implementation of the Pharmacy Network and connecting more community and hospital pharmacies, working toward the goal of 100 per cent connection. The medication information the Network contains supports authorized health providers to deliver better, safer care to Newfoundlanders and Labradorians and the utmost value will come when all pharmacies are connected.
- Continuing to ensure there is a patient-centric view when developing and implementing health information systems and putting the focus on improving patient safety, quality of care and access to health care services.
- Meeting the increased demand for health analytics, research and evaluation and leading expanded use of the health data in the Centre's custody to support evidenced-based decision-making in health care.
- Maintaining the Centre's reputation as a national leader in EHR development and implementation and ensuring the Centre is ready to continue advancement in this area.
- Continuing implementation and adoption of EHR components, including the iEHR/Labs project, which will support further improvements in the quality, safety and efficiency of health care delivery.

### Challenges

- The interoperable EHR remains a complex and highly technical initiative. Achieving timely implementation while balancing resource requirements, stakeholder expectations, contractual and partnership obligations and the integrity of existing components continually challenges the Centre.
- Developing, implementing and operating provincial health information systems, including the EHR, requires active involvement and partnership with various stakeholders, all of whom have individual business priorities and finite resources. The Centre must work to maintain positive relationships and identify opportunities for collaboration, particularly on shared and provincial priorities.
- The Centre continues to work with the Provincial Government to align its compensation policies with government policies. The Centre remains committed to resolving this complex endeavour and will ensure continued focus on completion in 2014-2015.
- As a trusted and independent third party for management and linkage of health information, the Centre must ensure secure and confidential information management processes in an ever-evolving environment. The organization's reputation and future efforts in health information management rests on doing so.
- The Centre must recruit and retain the right skills sets to achieve its mandate and achieve its mission, which it does through focused resource management process. However, the field of health informatics remains highly competitive and continually challenges the Centre's ability to ensure appropriate organizational capacity.



A collection of microscope lenses of various sizes and orientations, arranged on a blue background. The lenses are arranged in a roughly circular pattern, with some overlapping. The background has a subtle, wavy pattern. A dark blue rectangular box is positioned in the upper right quadrant, containing the text 'Financial Statements' in white.

*Financial  
Statements*

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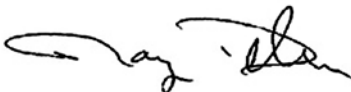
*Statement of Responsibility*

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

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

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

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



Ray Dillon  
Chair



Jim Janes  
Director

# Independent auditors' report

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To the Directors of

Newfoundland and Labrador Centre for Health  
Information

We have audited the accompanying financial statements of Newfoundland and Labrador Centre for Health Information, which comprise the statement of financial position as at March 31, 2014 and the statement of operations, statement of net debt and changes in cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

## **Management's responsibility for the financial statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

## **Auditor's responsibility**

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Centre's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Centre's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

**Opinion**

In our opinion, the financial statements present fairly, in all material respects, the financial position of Newfoundland and Labrador Centre for Health Information as at March 31, 2014 and its financial performance, net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

St. John's, Canada

June 18, 2014

*Grant Thornton LLP*

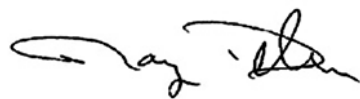
Chartered Accountants

## Statement of Financial Position

<i>March 31</i>	<i>2014</i>	<i>2013</i>
<i>Financial assets</i>		
Cash and cash equivalents	\$ 15,029,517	\$ 12,495,946
Receivables (Note 3)	<u>1,389,906</u>	<u>4,646,001</u>
	<u>16,419,423</u>	<u>17,141,947</u>
<i>Liabilities</i>		
Payables and accruals (Note 4)	7,926,944	6,237,415
Deferred revenue	15,596,744	16,081,992
Deferred capital contributions (Note 5)	14,662,111	11,867,534
Accrued severance pay	<u>1,691,609</u>	<u>1,435,188</u>
	<u>39,877,408</u>	<u>35,622,129</u>
<i>Net debt</i>	<u>(23,457,985)</u>	<u>(18,480,182)</u>
<i>Non-financial assets</i>		
Tangible capital assets (Page 46)	21,323,824	19,690,252
Prepays	<u>1,500,855</u>	<u>1,384,419</u>
	<u>22,824,679</u>	<u>21,074,671</u>
<i>Accumulated (deficit) surplus</i>	<u>\$ (633,306)</u>	<u>\$ 2,594,489</u>

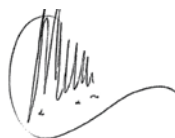
Commitments (Note 8)

On behalf of the Centre



Ray Dillon

Chair



Jim Janes

Director

## Statement of Operations and Changes in Accumulated Deficit

<i>Year Ended March 31</i>	<i>Actual</i> <i>2014</i>	<i>(Note 7)</i> <i>Budget</i> <i>2014</i>	<i>Actual</i> <i>2013</i>
<i>Revenue</i>			
Grants			
Canada Health Infoway Government of Newfoundland and Labrador	\$ 1,293,156	\$ 5,533,920	\$ 2,190,687
	20,355,927	23,536,900	21,997,624
Amortization of deferred capital	1,757,851	2,191,372	1,731,541
Research	524,818	425,551	785,753
Interest	185,244	100,000	139,875
Other projects	<u>933,311</u>	<u>1,993,671</u>	<u>2,535,955</u>
	<u>25,050,307</u>	<u>33,781,414</u>	<u>29,381,435</u>
<i>Expenses (Pages 47 &amp; 48)</i>			
Administration	7,493,548	8,226,531	7,604,489
Clinical Programs	4,018,912	4,688,074	4,325,253
Infrastructure, Information Protection and EHR Operations	11,534,036	13,202,092	11,173,542
Projects	3,186,451	6,244,618	4,091,928
Research and Evaluation	<u>2,045,155</u>	<u>2,141,746</u>	<u>2,232,022</u>
	<u>28,278,102</u>	<u>34,503,061</u>	<u>29,427,234</u>
<i>Annual deficit</i>	<u>\$ (3,227,795)</u>	<u>\$ (721,647)</u>	<u>\$ (45,799)</u>
Accumulated surplus, beginning of year	\$ 2,594,489	\$ 2,594,489	\$ 2,640,288
Annual deficit	<u>(3,227,795)</u>	<u>(721,647)</u>	<u>(45,799)</u>
Accumulated (deficit) surplus, end of year	<u>\$ (633,306)</u>	<u>\$ 1,872,842</u>	<u>\$ 2,594,489</u>

## Statement of Net Debt

Year Ended March 31	Actual 2014	(Note 7) Budget 2014	Actual 2013
Annual deficit	\$ (3,227,795)	\$ (721,647)	\$ (45,799)
Acquisition of tangible capital assets	(5,523,476)	(5,276,233)	(3,999,479)
Amortization of tangible capital assets	3,862,007	4,325,822	3,545,358
Loss on disposal of capital assets	27,897	-	-
(Increase) decrease in prepaids	<u>(116,436)</u>	<u>-</u>	<u>77,417</u>
Increase in net debt	(4,977,803)	(1,672,058)	(422,503)
Net debt, beginning of year	<u>(18,480,182)</u>	<u>(18,480,182)</u>	<u>(18,057,679)</u>
Net debt, end of year	<u>\$ (23,457,985)</u>	<u>\$ (20,152,240)</u>	<u>\$ (18,480,182)</u>



## Statement of Cash Flows

Year Ended March 31	2014	2013
Increase (decrease) in cash and cash equivalents		
<i>Operating</i>		
Annual deficit	\$ (3,227,795)	\$ (45,799)
Change in non-cash items		
Amortization of capital assets	3,862,007	3,545,358
Amortization of deferred capital contributions	(1,757,851)	(1,731,541)
Loss on disposal of capital assets	27,897	-
Increase in severance pay accrual	256,421	196,062
Change in non-cash operating working capital		
Receivables	3,256,095	874,375
Prepaid expenses	(116,436)	77,417
Payables and accruals	1,689,529	(1,019,055)
Deferred revenue	<u>(485,248)</u>	<u>3,589,896</u>
Cash provided by operating transactions	<u>3,504,619</u>	<u>5,486,713</u>
<i>Capital</i>		
Cash applied to capital transactions	<u>(5,523,476)</u>	<u>(3,999,479)</u>
<i>Financing</i>		
Capital contributions from Government and Infoway	<u>4,552,428</u>	<u>473,565</u>
Increase in cash and cash equivalents	2,533,571	1,960,799
Cash and cash equivalents, beginning of year	<u>12,495,946</u>	<u>10,535,147</u>
Cash and cash equivalents, end of year*	<u>\$ 15,029,517</u>	<u>\$ 12,495,946</u>
*Cash and cash equivalents consist of the following:		
Cash in bank	\$ 6,346,342	\$ 2,902,420
Temporary investments	<u>8,683,175</u>	<u>9,593,526</u>
	<u>\$ 15,029,517</u>	<u>\$ 12,495,946</u>

## Notes to the Financial Statements

March 31, 2014

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### 1. Purpose of organization

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

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

### 2. Summary of significant accounting policies

#### *Basis of presentation*

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

#### *Use of estimates*

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

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

# Notes to the Financial Statements

March 31, 2014

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

### Revenue recognition

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

### Cash and cash equivalents

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

### Non-financial assets

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

### Prepaid expenses

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

### Tangible capital assets

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

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

## Notes to the Financial Statements

March 31, 2014

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

#### *Impairment of long lived assets*

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

#### *Capital contributions*

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

#### *Severance pay*

Severance pay is accounted for on an accrual basis and is calculated based upon years of service and current salary levels. The right to be paid severance pay vests with employees with nine years of continual service. Severance pay is payable when the employee ceases employment with the Centre and has achieved the minimum of nine years of continual service.

#### *Financial instruments*

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

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

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

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

## Notes to the Financial Statements

March 31, 2014

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

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

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

Financial liabilities measured at cost include payables and accruals.

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

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

### 3. Receivables

	2014	2013
Government of Newfoundland and Labrador	\$ 14,731	\$ 2,469,889
Canada Health Infoway	638,626	1,270,233
Harmonized sales tax	301,288	405,576
Other	<u>435,261</u>	<u>500,303</u>
	<u>\$ 1,389,906</u>	<u>\$ 4,646,001</u>

### 4. Payables and accruals

	2014	2013
Trade	\$ 6,423,142	\$ 4,716,994
Vacation and compensatory pay	<u>1,503,802</u>	<u>1,520,421</u>
	<u>\$ 7,926,944</u>	<u>\$ 6,237,415</u>

### 5. Deferred capital contributions

	2014	2013
Opening balance	\$ 11,867,534	\$ 13,125,510
Capital contributions from Government	1,043,840	473,565
Capital contribution from Canada Health Infoway	3,508,588	-
Amortization of deferred capital contribution	<u>(1,757,851)</u>	<u>(1,731,541)</u>
	<u>\$ 14,662,111</u>	<u>\$ 11,867,534</u>

## Notes to the Financial Statements

March 31, 2014

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### 6. *Public Service Pension Plan and Government Money-Purchase Plan*

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

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

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

- 8.6% of earnings up to the Year's Basic CPP Exemption, the portion of earnings upon which no CPP contributions are required;
- 6.8% of earnings in excess of the Year's Basic CPP Exemption up to and including the Year's Maximum Pensionable Earnings ("YMPE"); and
- 8.6% of earnings in excess of the YMPE.

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

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

Employer contributions paid and expensed by the Centre during the year for the PSPP and GMPP totaled \$854,531 (2013 - \$895,345). Additional information about the plan surplus or deficit is not available.

### 7. *Budget figures*

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

## Notes to the Financial Statements

March 31, 2014

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### 8. Commitments

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

2015	\$13,885,951
2016	\$ 8,409,924
2017	\$ 7,104,334
2018	\$ 1,997,705
2019	\$ 1,975,795

### 9. Financial instruments

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

#### *Risks and concentrations*

The Centre is exposed to various risks through its financial instruments. The following analysis provides a measure of the Centre's risk exposure and concentrations at March 31, 2014.

#### *Liquidity risk*

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The Centre is exposed to this risk mainly in respect of its payables and accruals in the amount of \$7,926,944 (2013 - \$6,237,415), which have a maturity of not later than one year. The payment of the accrued severance liability will occur later than one year. The Centre reduces its exposure to liquidity risk by monitoring its cash flows and ensuring that it has sufficient cash available to meet its obligations and liabilities. In the opinion of management the liquidity risk exposure to the Centre is low and not material.

#### *Credit risk*

Credit risk is the risk of loss associated with a counterparty's inability to fulfill its payment obligations. The Centre's credit risk is attributable to receivables in the amount of \$1,389,906 (2013 - \$4,646,001), of which \$14,731 (2013 - \$2,469,889) is receivable from the Government of Newfoundland and Labrador and \$638,626 (2013 - \$1,270,233) is receivable from Canada Health Infoway. Receivables are expected to be collected not later than one year. Management believes that the credit risk concentration with respect to financial instruments included in receivables is remote.

*Schedule of Tangible Capital Assets  
Year Ended March 31, 2014*

	Computer equipment	Office furniture	Computer software	Leasehold improvements	Pharmacy Network	Electronic Health Records-Labs (iEHR Labs)	Health Information Access Layer (HIAL)	2014	2013
<i>Cost</i>									
<i>Cost, beginning of year</i>	\$10,908,564	\$ 355,514	\$ 4,101,616	\$ 264,421	\$ 9,585,689	\$ 3,007,172	\$ 4,793,824	\$33,016,800	\$29,029,892
<i>Additions during the year</i>	469,191	-	348,392	-	321,060	930,777	3,454,056	5,523,476	4,012,119
<i>Disposals during the year</i>	-	-	(182,500)	-	-	-	-	(182,500)	(25,211)
<i>Cost, end of year</i>	<u>\$11,377,755</u>	<u>\$ 355,514</u>	<u>\$ 4,267,508</u>	<u>\$ 264,421</u>	<u>\$ 9,906,749</u>	<u>\$ 3,937,949</u>	<u>\$ 8,247,880</u>	<u>\$38,357,776</u>	<u>\$33,016,800</u>
<i>Accumulated Amortization</i>									
<i>Accumulated amortization, beginning of year</i>	\$ 5,334,257	\$ 234,044	\$ 3,135,624	\$ 88,195	\$ 3,163,661	\$ -	\$ 1,370,767	\$13,326,548	\$ 9,793,761
<i>Amortization</i>	1,944,620	39,759	461,767	29,336	985,325	-	401,200	3,862,007	3,545,358
<i>Reversal of accumulated amortization relating to disposals</i>	-	-	(154,603)	-	-	-	-	(154,603)	(12,571)
<i>Accumulated amortization, end of year</i>	<u>\$ 7,278,877</u>	<u>\$ 273,803</u>	<u>\$ 3,442,788</u>	<u>\$ 117,531</u>	<u>\$ 4,148,986</u>	<u>\$ -</u>	<u>\$ 1,771,967</u>	<u>\$17,033,952</u>	<u>\$13,326,548</u>
<i>Net book value of tangible capital assets</i>	<u>\$ 4,098,878</u>	<u>\$ 81,711</u>	<u>\$ 824,720</u>	<u>\$ 146,890</u>	<u>\$ 5,757,763</u>	<u>\$ 3,937,949</u>	<u>\$ 6,475,913</u>	<u>\$21,323,824</u>	<u>\$19,690,252</u>

*Included in tangible capital assets are assets not in use and therefore not depreciated in the current year. These assets, \$4,243,829 (2013 - \$3,007,172) of which relate to iEHR Labs, \$4,235,880 (2013 - \$781,823) to HIAL, \$337,006 (2013 - \$Nil) to computer hardware, and \$168,393 (2013 - \$Nil) to computer software, are expected to be depreciated in the next fiscal year.*



## Schedule of Expenses

March 31

2014

2013

### Administration

Consulting fees	\$ 24,380	\$ 406,580
Salaries and benefits	2,191,377	2,280,215
Depreciation	3,862,007	3,545,358
License fees	1,971	828
Minor equipment	2,540	5,471
Software maintenance	16,082	15,772
Rent	899,036	899,410
Other	496,155	450,855
	<u>\$ 7,493,548</u>	<u>\$ 7,604,489</u>

### Clinical Programs

Consulting fees	\$ 436,997	\$ 557,422
Salaries and benefits	2,823,074	2,919,190
License fees	32,468	26,162
Minor equipment	8,647	12,967
Software maintenance	603,565	547,301
Other	114,161	262,211
	<u>\$ 4,018,912</u>	<u>\$ 4,325,253</u>

### Infrastructure, Information Protection and EHR Operations

Consulting fees	\$ 1,553,617	\$ 1,715,297
Salaries and benefits	4,901,544	4,634,377
Data communication charges	979,634	975,275
License fees	193,359	271,299
Minor equipment	12,658	24,897
Software maintenance	3,560,855	3,200,668
Rent	33,900	33,900
Other	298,469	317,829
	<u>\$ 11,534,036</u>	<u>\$ 11,173,542</u>

### Projects

Consulting fees	\$ 1,105,470	\$ 1,603,710
Salaries and benefits	1,805,881	1,862,377
License fees	6,137	17,851
Minor equipment	990	31,752
Software maintenance	175,511	446,329
Other	92,462	129,909
	<u>\$ 3,186,451</u>	<u>\$ 4,091,928</u>

## Schedule of Expenses (cont'd.)

March 31	2014	2013
<i>Research and Evaluation</i>		
Consulting fees	\$ 18,218	\$ 72,404
Salaries and benefits	1,942,199	2,082,690
License fees	36,441	16,845
Minor equipment	9,421	1,528
Other	<u>38,876</u>	<u>58,555</u>
	<u>\$ 2,045,155</u>	<u>\$ 2,232,022</u>
<i>Total expenses</i>	<u>\$ 28,278,102</u>	<u>\$ 29,427,234</u>

## Reconciliation of the Financial Plans to Budget

Year Ended March 31, 2014

	<i>Financial Plan</i>	<i>Capital Expenditures</i>	<i>PSAB Budget</i>
<i>Revenue</i>			
Grants			
Canada Health Infoway	\$ 5,533,920	-	\$ 5,533,920
Government of Newfoundland & Labrador	23,536,900	-	23,536,900
Amortization of deferred capital	2,191,372	-	2,191,372
Research	425,551	-	425,551
Interest	100,000	-	100,000
Other	<u>1,993,671</u>	-	<u>1,993,671</u>
	<u>\$33,781,414</u>	<u>\$ -</u>	<u>\$ 33,781,414</u>
<i>Expenses</i>			
Administration	\$ 8,226,531	\$ -	\$ 8,226,531
Clinical Programs	4,989,974	(301,900)	4,688,074
Infrastructure, Information Protection and EHR Operations	13,542,092	(340,000)	13,202,092
Projects	10,878,951	(4,634,333)	6,244,618
Research and Evaluation	<u>2,141,746</u>	<u>-</u>	<u>2,141,746</u>
Total expenses	<u>\$ 39,779,294</u>	<u>\$(5,276,233)</u>	<u>\$ 34,503,061</u>
<i>Surplus (deficit)</i>	<u>\$(5,997,880)</u>	<u>\$(5,276,233)</u>	<u>\$ (721,647)</u>

## Appendix A: Data Holdings Available for Aggregate or Record-Level Requests

### Newfoundland and Labrador Electronic Health Record

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

### Administrative Data

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

### MCP Data

14. MCP Provider Registry
15. MCP Beneficiary Registration Database
16. MCP Fee-For-Service Physician Claims Database

### National Surveys

17. National Population Health Survey (NPHS)
18. Canadian Community Health Survey (CCHS)
19. National Longitudinal Survey of Children and Youth (NLSCY)
20. Canadian Tobacco Use Monitoring Survey (CTUMS)
21. Youth Smoking Survey

### Population Data

22. Census
23. Population Estimates

### Research and Surveillance Data

24. Newfoundland and Labrador Chronic Disease Surveillance System (NCDSS)
25. Cervical Cancer Surveillance System
26. Suicide Database
27. Longitudinal Pediatric Research Database
28. EMR Database (CPCSSN)
29. Baie Verte Miners' Registry
30. Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) Dataset

**Note:** The Centre maintains additional data holdings as part of specific research, evaluation and analytics projects.

## Appendix B: The Centre's Mandate

The Centre's mandate is stated in its enabling legislation, the *Centre for Health Information Act*, in which Section 4, Subsection 1 states that the object of the Centre is to:

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

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

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

## Appendix C: The Board of Directors

In keeping with the *Centre for Health Information Act*, the Centre is governed by a Board of Directors. Individuals are appointed to the Board by the Lieutenant-Governor in Council for a three-year term and can continue to serve as director until re-appointed or replaced. The following individuals comprised the Centre's Board of Directors as of March 31, 2014:

Mr. Ray Dillon	Ms. Ellen MacDonald	Dr. Kris Aubrey-Bassler
Mr. Jerry Vink	Mr. Ted Dawe	Mr. Jim Janes
Mr. Chris Collingwood	Ms. Lynn Power	Ms. Denise Tubrett
Mr. Fred Cahill	Dr. Sharon Peters	

Appreciation is also extended to Ms. Mary Abbass who served on and resigned her appointment on the Board of Directors during 2013-2014.

## Appendix D: Government's Strategic Directions

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

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

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

Newfoundland and Labrador Centre for  
Health Information

[www.nlchi.nl.ca](http://www.nlchi.nl.ca)

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