

# Annual Business Report

2014-2015

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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 scientific machinery. The background is dark and out of focus, suggesting a laboratory setting. The overall image has a blue tint.

*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 2014-2015 Annual Business Report. This report has been prepared according to the guidelines for Category 2 Government Entities per the *Transparency and Accountability Act*. The Board accepts accountability for the results outlined within the document.

The Newfoundland and Labrador Centre for Health Information (the Centre) continued to deliver upon its legislated mandate, including the development and implementation of the provincial electronic health record, HEALTHe NL.

In 2014-2015, the Centre made significant progress with HEALTHe NL, working towards including laboratory information, discharge summaries and other clinical information from Eastern Health. This new information is scheduled to go live early in fiscal 2015-2016, with plans already underway to add the same information for Central, Western and Labrador-Grenfell Health Authorities. The Pharmacy Network, which includes medication information, is also part of HEALTHe NL. The Centre made significant upgrades to the Pharmacy Network in 2014-2015 to improve efficiencies and system performance.

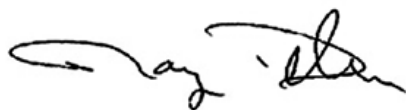
In partnership with the Provincial Government and the Newfoundland and Labrador Medical Association, the Centre advanced the development of the province's electronic medical record system by issuing a request for proposals in the fall 2014. An electronic medical record, coupled with HEALTHe NL, will provide a more complete patient profile and support clinicians across the health care system in providing better patient care.

With these advancements, HEALTHe NL moves closer to being a complete patient profile in one location and the benefits to clinicians across the province continue to grow. The Centre will strengthen its focus over the coming years on increasing the number of clinicians using HEALTHe NL, thereby realizing the true benefits of a provincial electronic health record.

The interest in and demand for health analytics and information to support more informed decisions about health care is rapidly growing. Highlights of the Centre's work in this area include continued work on data quality and a key role in the Regional Health Forums and Premier's Summit on Health Care in 2014-2015.

I extend thanks to our Board of Directors, executive team and employees. Their continued and shared belief that we can improve the health of Newfoundlanders and Labradorians through *improved health through quality health information* positions the Centre for success now and in the future.

Sincerely,



Ray Dillon  
Board Chair



A man with glasses and a polo shirt is seated at a desk in an office, working on a computer. He is looking at a large monitor displaying data. The desk has a keyboard, mouse, and a telephone. The background shows office cubicles and another monitor.

*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 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 A) includes supporting informed decision-making in health care by providing a confidential, secure and integrated provincial health information system. 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.

The Centre's efforts to achieve its mandate and realize its vision of *improved health through quality health information* are focused around three core lines of business:

### ***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 in collaboration with organizations within the health system. 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.
- Collaborating with partners to develop, implement and adopt provincial standards, such as participating on committees, delivering education and providing consultative services.
- Conducting regular quality assurance activities including audits, education and training driven by the corporate data quality framework, *Quality by Design*.
- 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.

### ***Health Analytics and Evaluation Services***

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**

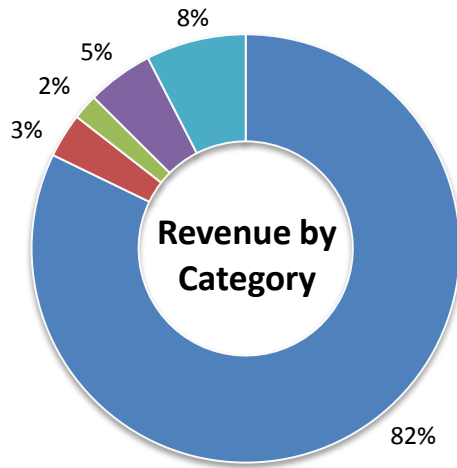
The Centre is governed by a Board of Directors (Appendix B) and is structured into four departments: Health Analytics and Information Services; Clinical Information Programs and Quality; Provincial Health Information Systems, and Corporate Services. As of March 31, 2015, the Centre had 159 employees; 96 females and 63 males. 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**

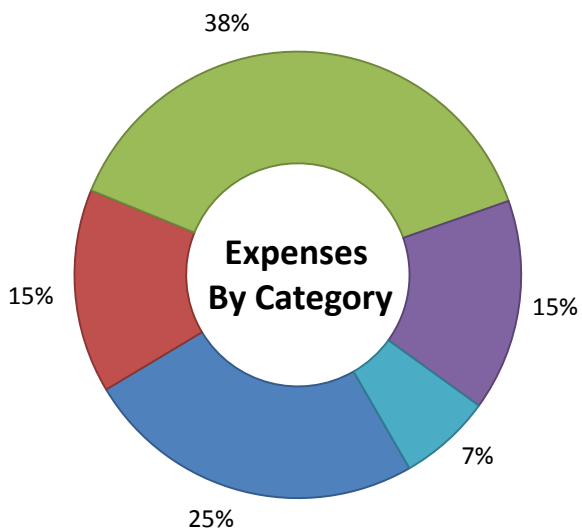
The Centre's revenues and expenses experience annual fluctuations as projects commence and conclude and according to the placement and achievement of funding for project milestones. In the fiscal year 2014-2015, the Centre's total revenue was \$26.5 million of which 82 per cent was a provincial operating grant, with the remaining 18 per cent coming from external research funding and capital funding from the Government of Newfoundland and Labrador and Canada Health Infoway for EHR development. Expenses for the fiscal year totaled \$30 million. A copy of the Centre's financial statements is located in Appendix C.



## Revenues and Expenditures



- Provincial Government Operating Grants
- Canada Health Infoway
- Research Funding
- Provincial Government Project Grants
- Other



- Administration
- Clinical Programs
- Infrastructure, Information Protection and EHR Operations
- Projects
- Research and Evaluation

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 image has a blue tint.

*Shared  
Commitments*

The Centre partners with and serves numerous clients and 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 *access, population health* and *an accountable, sustainable, quality health and community services system*.

There are several stakeholders with whom the Centre maintains direct relationships, including the Department of Health and Community Services and the four Regional Health Authorities. The Centre works with these stakeholders to develop, implement and manage health information standards and 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, regulated health professions and other provincial bodies, including the Office of the Chief Information Officer, Vital Statistics Division of Service NL and Office of the Information and Privacy Commissioner.

In short, partnerships with primary stakeholders are essential to the Centre's ability to meet its mandate and achieve its success. The partners the Centre worked with during 2014/15 include:

#### ***Department of Health and Community Services (DHCS)***

The DHCS provided guidance and funding for provincial EHR projects, including HEALTHe NL, the province's EHR. In fiscal 2014-2015, the DHCS also supported the Centre in managing quality data and information and participated in the Centre's Board activities, the Provincial eHealth Executive Committee and the EHR Governance Advisory Committee.

In 2014-2015, the Centre also responded to requests for information from the DHCS to support policy and program development, as well as provided health analytics and information services to support Government's strategic directions of *access* and *population health*. Examples include: review of the provincial health promotion and wellness system; evaluation of the Enhanced Care in Personal Care Homes Pilot Project; analysis to support the Western Memorial Hospital Replacement Project and Waterford Hospital Redevelopment; evaluation of the Signing Bonus Program for 24 Selected Health Professionals; and evaluation of the Youth Addiction and Early Intervention Initiative.

#### ***Regional Health Authorities (RHAs)***

RHAs have an integral role in developing and adopting the provincial EHR, including engaging in the planning, governance, implementation and operation of various EHR components. In 2014-2015, the Centre worked with RHAs and the DHCS to ensure common approaches to protecting the privacy of personal health information as well as health information management practices. The Centre collaborated with RHAs on health information standards development and adoption, supporting accurate collection and reporting of demographic, clinical, financial and statistical data to support Government's strategic direction of *population health*. The Centre provided user education and training sessions to RHA staff responsible for

registration functions within the health system. The Centre also provided health analytics, consulting and information services to four the RHAs.

### ***Canada Health Infoway (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 partnership with Canada Health Infoway, a HEALTHe NL Provincial Adoption assessment was conducted to better understand current usage of HEALTHe NL. As the information contained within HEALTHe NL grows, the results will inform the ongoing adoption strategy and approach to ensure the health system fully benefits from HEALTHe NL. The Centre's work on the adoption front with Infoway supports Government's strategic direction of *access*, and more specifically, *E-Health*.

### ***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 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 partnership with regulatory bodies including the Newfoundland and Labrador Pharmacy Board, the Newfoundland and Labrador Medical Association and the Association of Registered Nurses of Newfoundland and Labrador, accredited health profession education programs were conducted across the province in 2014-2015. The education programs engaged clinicians on use and integration of HEALTHe NL in practice, including leveraging peer-to-peer clinicians within all education programs. Education and deployment activities in 2014-15 reached over 950 clinicians across Newfoundland and Labrador.

### ***Canadian Institute for Health Information (CIHI)***

The Centre collaborated with CIHI in support of its national health databases and related analytics, standards and data quality initiatives. This national collaboration provides country wide data, as well as provincial comparative data. As part of this partnership, several Centre employees are involved in national advisory positions with CIHI.

In 2014-2015 provincial data collection and submissions to national databases, as well as development and revision of national health information standards in response to provincial information needs were supported. This work supports an evidence informed service delivery approach and Government's strategic direction of *an accountable, sustainable, quality health and community services system*. Validating provincial data published in CIHI reports and identifying national and provincial data quality issues and opportunities was also a priority.

### ***Research Partners***

In 2014-2015 the Centre continued to collaborate on research initiatives with various research partners including the DHCS and the RHAs. The Centre also completed two demonstration projects for the Drug Safety Effectiveness Network (DSEN) in collaboration with Memorial University's School of Pharmacy. DSEN was established by the Canadian Institutes of Health

Research in collaboration with Health Canada and other stakeholders to increase evidence on drug safety and effectiveness.

The Centre also collaborates with private sector researchers as well as universities outside the province including the University of Ottawa, and McMaster University. As an example, the Centre partnered with McMaster University to select residents of Newfoundland and Labrador to be invited to participate in the Canadian Longitudinal Study on Aging (CLSA). The CLSA is a large, national, long-term study that will follow approximately 50,000 men and women between the ages of 45 and 85 for at least 20 years. The study will collect information on the changing biological, medical, psychological, social, lifestyle and economic aspects of people's lives. These factors will be studied in order to understand how, individually and in combination, they have an impact in both maintaining health and in the development of disease and disability as people age. The CLSA will be one of the most comprehensive studies of its kind undertaken to date, not only in Canada but around the world.

A number of federal organizations also provide funding to the Centre, including Health Canada and the Public Health Agency of Canada.

***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 health informatics. In July 2014, the Centre's President and CEO, Mike Barron, was appointed as President and Board Chair of COACH for the 2014-2016 term. At *eHealth 2014*, Canada's premiere eHealth conference, the Centre presented the progress of HEALTHe NL, participated in the national innovation showcase, and President and CEO Mike Barron took part in a pre-conference symposium focused on exploring innovative approaches to using health information.



*Highlights &  
Accomplishments*

*proud  
to be a leader.*



*NextGen  
Pharmaceuticals*

The Centre remains committed to its vision of *improved health through quality health information*. The progress made in 2014-15 was realized in partnership with key stakeholders including the DHCS, RHAs and Infoway, to position Newfoundland and Labrador at the national forefront of EHR development and health information initiatives.

The following accomplishments were achieved through the Centre's business and operational work plans, and are presented according to Government's strategic directions of *population health, access and an accountable, sustainable, quality health and community services system*.

### **Population Health**

**Continued health analytics and evaluation services to support population health.** In recent years, the Centre has experienced growth in demand for health information from key stakeholders. This includes applied health research focused on investigating the health of populations, analytics services, and evaluation efforts. In fiscal 2014-15, the Centre developed an evaluation plan for the Community Rapid Response Team Initiative, a provincial pilot project which provides select seniors presenting to emergency rooms across the province with enhanced home support services for a defined period of time. The Centre also developed an inventory of aging related data, performed an assessment of the quality of the data, and transferred this information to potential users. This information and research can be used to support future program and policy planning as it relates to healthy aging.

### **Access**

**Advanced HEALTHe NL, the province's electronic health record.** HEALTHe NL gives authorized health care professionals greater access to important patient information in the EHR and supports safer, better quality health care. HEALTHe NL also provides access to the medication information available in the Pharmacy Network. This year, the focus was on bringing in more information, including lab results and diagnostic images such as x-rays, and reports.

As of March 31, 2015, over 660 health clinicians and authorized providers have signed on to HEALTHe NL in practice. The majority of clinicians surveyed agree that HEALTHe NL enhances patient safety and has had a positive impact on clinical decision-making.

**Continued to advance the Pharmacy Network.** The Pharmacy Network is contained within HEALTHe NL. The Centre connected two additional pharmacies to the Network in 2014-2015. The majority of the work completed on the Pharmacy Network in 2014-15 involved a significant application upgrade, which was completed in August 2014. This upgrade delivered improved system performance.

The Centre also worked closely with provincial stakeholders to develop a focused deployment action plan to further deployment efforts. As of March 2015, there were more than 7.2 million prescriptions in the Pharmacy Network associated with more than 314,130 Newfoundlanders and Labradorians. There were 100,847 instances when medication information was available to health care professionals via the Pharmacy Network.

**Advanced the development of the Province's Electronic Medical Record System.** The Centre in partnership with the Provincial Government and the Newfoundland and Labrador Medical

Association issued a request for proposals in October 2014 to develop a provincial electronic medical record (EMR) system to be used in physician practices. An EMR digitizes patient information in a physician's clinic that has been traditionally stored and recorded in paper files. An EMR, coupled with HEALTHe NL, will provide a more complete patient profile and support clinicians across the health care system in providing better patient care.

**Announced Provincial Telepathology Network.** The Telepathology Network, jointly funded by the Government of Newfoundland and Labrador and Canada Health Infoway, will give patients and pathologists across the province greater access to pathology services and support. With this technology, images can be shared for consultation within the province's four Regional Health Authorities or other locations across the country. The Centre, in conjunction with GE Healthcare, has installed scanners in pathologist locations across the province, in addition to the technology that was already in place.

The progress made during 2014-15 in the development of HEALTHe NL, the Pharmacy Network, the Electronic Medical Record and the Telepathology Network supports Government's focus areas of *e-health* and *rural health* as part of the strategic direction *access*.

### ***An Accountable, Sustainable, Quality Health and Community Services System***

**Continued to provide extensive health analytic and evaluation services to inform health service delivery, policy and programs.** The Health Analytics and Evaluation Services group completed a detailed analysis of data collected at the 13 regional health forums, and prepared the discussion document for the Premier's Summit on Health Care. In addition, the Centre worked collaboratively with the DHCS and the RHAs to develop a *Mental Health and Addictions Programs Performance Indicators* report to support the ongoing delivery and management of mental health and addictions programs and services in the province.

**Aligned Centre salaries to provincial government pay scales.** In March 2015, the Centre continued implementing the alignment of Centre salaries to government pay scales. Employees on Centre salary scales were given notification of aligned salaries, and a notice period began prior to salary changes being implemented.

**Increased stakeholder awareness of the Centre and its activities.** The Centre released a public awareness campaign in October 2014 to raise awareness and understanding of the provincial EHR, the benefits it offers for health care, and the Centre's role in building it for the province. The Centre also solidified its online presence, building on its social media pilot from the previous fiscal year. In the fall 2014, the Centre held a leadership forum – bringing together senior leadership from the DHCS, the RHAs, and the Centre.

These accomplishments support Government's strategic direction of *an accountable, sustainable, quality health and community services system*, and more specifically, the following focus areas:

- Evaluation of legislation, policies, programs, and services
- Evidenced informed research in health and other related areas
- Operational improvement plans



A photograph of a server rack with several server units. The units are densely packed with cables, particularly on the right side. The image is in a dark, monochromatic style. A semi-transparent blue box is overlaid on the right side of the image, containing the text "Report on Performance".

*Report on  
Performance*

The following section focuses on 2014-2015 progress on goals and objectives related to the three strategic issues identified in the 2014-2017 Business Plan (available online at [www.nlchi.nl.ca](http://www.nlchi.nl.ca)).

### 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, supports the Provincial Government’s strategic direction of *access*, and more specifically the focus areas of *e-health* and *rural health*. Government’s strategic direction of *an accountable, sustainable health and community services system* and the focus areas of *operational improvement plans* and *quality and safety* are also supported by the Centre’s provincial health information systems work. The EHR will make information more accessible and timely, improve patient safety, and ultimately support informed and efficient decision-making.

Goal 2014-2017	By March 31, 2017, the Centre will have implemented priority components of provincial health information systems.
Measure 2014-2017	Implemented priority components of provincial health information systems.
Indicators 2014-2017	<ul style="list-style-type: none"> <li>• Identified and supported approval of eHealth solutions aligned with health system needs.</li> <li>• Planned, implemented and sustained approved provincial health information systems, including provincial EHR.</li> </ul>

#### Year One Objective

By March 31, 2015, the Centre will have continued implementation of current approved health information systems.

#### Measure 2014-2015

Continued implementation of current approved health information systems.

Planned for 2014-2015	Actual for 2014-2015
Continued implementation of the Pharmacy Network.	As of March 31, 2015, approximately 60 per cent of the Newfoundland and Labrador population has a medication profile in HEALTHe NL. In comparison to the previous year, as of March 31, 2014, 54% of the population had a medication profile in HEALTHe NL. The Centre connected two additional pharmacies to the network in 2014-2015. A significant upgrade to the Pharmacy Network was completed in August 2014, which delivered improved system performance. Throughout the year the Centre worked closely with provincial stakeholders to develop a focused deployment action plan to further future deployment efforts.
Delivered and initiated testing of Release 2 of the iEHR/Labs project.	In collaboration with Eastern Health, extensive testing was undertaken to ensure the laboratory information displayed in HEALTHe NL was clinically correct. Release is scheduled for early 2015-2016.
Continued deployment of HEALTHe NL (as part of the iEHR/Labs project), with a total of 400 users connected province-wide.	<p>As of March 31, 2015 over 600 users signed on to HEALTHe NL. The majority of clinicians using HEALTHe NL agreed it enhances patient safety and has had a positive impact on clinical decision-making, communication, collaboration, and work flow efficiencies.</p> <p>To continue deployment of HEALTHe NL, the Centre completed a province-wide adoption assessment. There was representation from acute and community care settings, emergency room programs and sites, mental health programs, medicine, long term care, and dialysis programs. Clinicians included nurses, nurse practitioners, physicians, and community and hospital pharmacists.</p> <p>The Centre also worked closely with provincial stakeholders to develop a focused deployment action plan for HEALTHe NL. Over 24 clinicians representing all core health professions (the Centre's provincial Clinical Working Group), continued to provide guidance to HEALTHe NL development, and future data and functionality needs.</p> <p>Tactical deployment activities included:</p> <ul style="list-style-type: none"> <li>• Provincial pharmacist accredited CE program implemented across ten sites</li> <li>• Nurse Practitioner annual conference workshop</li> <li>• NL Medical Assoc. Annual General Meeting session</li> <li>• MUN Family Practice Forum session</li> <li>• Central Health Clinical Day</li> <li>• Provincial Telemedicine, "Wednesday at Noon" accredited program</li> <li>• Pharmacists' Association of Newfoundland &amp; Labrador conference participation</li> </ul>

Planned for 2014-2015	Actual for 2014-2015
	<ul style="list-style-type: none"> <li>Established regular communication with the Newfoundland and Labrador Pharmacy Board</li> </ul> <p>These activities reached over 950 clinicians across Newfoundland and Labrador. Another key accomplishment in 2014-15 was the recruitment and development of a provincial peer-to-peer clinician network to advocate HEALThe NL and Pharmacy Network use in practice. This group also implemented many of the education activities mentioned above.</p>
Assessed and addressed priority information protection and privacy requirements.	The Centre updated the process for monitoring the risks presented in Privacy Impact Assessments to include a formal presentation of risks and an opportunity to discuss mitigation with business owners. A jurisdictional scan of consent processes was also completed to ensure the Centre offers the most streamlined solution, and implementation of this work is ongoing. A number of updates and a consolidation of relevant Privacy Impact Assessments were completed by the Centre in fiscal 2014-2015. These updates ensure continued response to risks to information and provide overarching mitigation strategies.
Deployed all current components of the EHR in a "high availability" environment.	<p>The Centre completed implementation of infrastructure in its production environment in a "highly available" configuration. The Centre also deployed its identified Electronic Health Record applications (such as Client Registry, Provider Registry and Pharmacy Network) on this infrastructure.</p> <p>This infrastructure has built-in redundant nodes so that one node could fail and the other node would carry on the operation of the system, without disruption to the end user. This work required installation, configuration and testing to ensure that the fail-over process worked properly.</p>
Completed disaster recovery technical environments for identified EHR components.	The Centre ensured all necessary hardware components are located at the EHR disaster recovery site and software upgrades to the production versions are pending.
Completed implementation of local Telepathology system.	Completed implementation of infrastructure for local Telepathology system. All originally planned infrastructure including slide scanners, histology and pathology workstations have been installed and implemented in a test environment. While not fully implemented in 2014-15, training at all sites has been provided. Clinical validation of the solution with the pathology teams in each of the RHAs, based on Canadian Association of Pathologist guidelines, is ongoing. Once clinical validation is confirmed, the local

Planned for 2014-2015

Actual for 2014-2015

Telepathology system will be live in production with anticipated completion in fiscal 2015-16.

### *Discussion of Results*

The Centre marked another milestone in provincial EHR development in 2014-2015 with the continued implementation of HEALTHe NL. HEALTHe NL 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, HEALTHe NL 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 through the iEHR/Labs project. Significant work was completed in 2014-2015 to bring these lab results for Eastern Health into the EHR, and this information will be available to clinicians in 2015-2016. In coming years, the Centre will continue to build HEALTHe NL, over time including lab and clinical data from all RHAs. Providing 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.

Access to more comprehensive patient information provides the following benefits to the health care system:

- improved patient safety
- improvements to quality of care
- greater accessibility in one place when and where it is needed – at the point of care
- better efficiency, and over time, the reduction of test duplication, which will save both time and money

Throughout the year, the Centre also delivered on information protection and management initiatives. All new employees completed the internal privacy and security awareness training and the *Personal Health Information Act* Online Education Program.

Significant progress was made in the development of a provincial and multi-jurisdictional Telepathology project, in partnership with Canada Health Infoway. In 2014-2015, all core infrastructure components of the Provincial Telepathology system were implemented and tested, and will be validated and ready for clinical use in 2015-2016. The Telepathology project will enable greater access to pathology services and support. Telepathology uses telecommunication technology to facilitate the review of image-rich pathology data between locations for the purposes of diagnosis, education, quality assurance and research. With this technology, images can be viewed from another part of a hospital or other locations around the province and the country.

### *Year Two Objective*

By March 31, 2016, the Centre will have identified strategies to continue building and sustaining approved health information systems.

*Year Two Measure*

Identified strategies to continue building and sustaining approved health information systems.

*Year Two Indicators*

- Continued adoption and use of the information contained within HEALTHe NL.
- Implemented Release 2 of the iEHR/Labs project, which includes lab results and clinical documents for Eastern Health.
- Advanced the development of the province’s Electronic Medical Record (EMR).
- Implemented the Provincial Telepathology system.
- Increased the RHA pharmacy points of service connected to the Pharmacy Network within HEALTHe NL.
- Completed updates to the disaster recovery technical environments and conducted testing.

**Issue 2: Quality Health Information**

Providing quality health information is at the core of the Centre’s existence. From the numerous data holdings in the Centre’s custody (Appendix D) to its array of health analytics and information 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 processes and defines, measures and improves the quality of the data contained within the databases managed by the Centre.

Foundational to quality information are health information standards. The Centre continues to provide provincial leadership to the development and adoption of standards within the health system to ensure data is collected, used and interpreted in a consistent and accurate manner.

The Centre has increased its support of the provincial health system through its health information and analytic products and services, as well as its research and evaluation work in recent years. This includes applied health research focused on investigating the health of populations, and analytics services. It also involves evaluation efforts, including evaluations of electronic information systems and of government policies, programs, legislation and services.

The Centre’s focus on providing health professionals, program planners and policy-makers with quality data, health information and evaluation services to support informed decision-making and research supports Government’s strategic direction of *an accountable, sustainable quality health and community services system*.

Goal 2014-2017	By March 31, 2017, the Centre will have provided quality information to support health care delivery and health system management.
Measure 2014-2017	Provided quality information to support health care delivery and health system management.

Indicators  
2014-2017

- Attained and maintained optimal data quality though continued application and evolution of the data quality framework.
- Strengthened health information management practices through development of a comprehensive data management framework, which will govern how health information is received, created, managed, stored, used and disclosed by the Centre.
- Supported stakeholders health information needs through provision of health information services and products.

*Year One Objective*

By March 31, 2015, the Centre will have developed an approach to improve its provision of health information products and services.

*Measure 2014-2015*

Developed an approach to improve its provision of health information products and services.

Planned for 2014-2015	Actual for 2014-2015
Identified engagement models for targeted stakeholders to ensure health information products and services align with stakeholders needs.	To identify engagement models to ensure health information products and services align with stakeholder needs, the Centre established an internal Health Analytics Collaborative. The purpose of this collaborative was to develop an approach to enable the Centre to expand its health information products and services to support health care policy, planning and evaluation; quality of care; health system efficiency and effectiveness; and performance measurement and decision support. Accomplishments of this committee in 2014-15 include the identification of the Centre’s stakeholders and the various engagement models by which they are engaged in the ongoing work of the Centre as well as in the development of new/requested information and analytic products and services. Models of engagement and target stakeholders vary depending on the nature of the initiative undertaken.
Identified key components of the Information Management Framework for the Centre.	The key components of a data management framework were identified to include the concepts of data acquisition, custodial authorities and responsibilities, operational and quality management, security, and use. Data Governance is an umbrella term often used to link these components together. Over the past year, the

Planned for 2014-2015	Actual for 2014-2015
	<p>primary focus of work has been in the area of custodianship, and the responsibilities, agreements, and authorities that are foundational to the provincial role of the Centre.</p>
<p>Continued to apply the Data Quality Framework, including the development of a master methodology document for a research dataset.</p>	<p>The Data Quality Framework provides a strategy for managing data holdings in a manner that fosters optimal quality. It was developed in 2009 with implementation expanding each year. Foundational to quality data is documentation related to the ongoing maintenance and use of a database. A master methodology document guide has been developed for the First Nations Administrative Health Database. This document outlines key information about this database such as the type of information contained, how the data is created/updated, accessed and used. This will be updated periodically to reflect changes to the data content and data management processes over time.</p>
<p>Provided health information products and services that supported external stakeholders, including research, evaluation and analytical reports.</p>	<p>The Centre produces various health information products and services such as analytical reports, publications and surveillance systems; conducts program and policy evaluations; responds to information requests (including data extraction and linkage services), publishes and supports provincial health information standards; develops and maintains health-related databases; develops and promotes the use of indicators for health system performance monitoring and management; and provides related education and consultative services.</p> <p>The Centre engaged in several analytics and information services activities to support external stakeholders including, but not limited to, the development of the Mental Health and Addictions Programs Performance Indicators report in collaboration with the DHCS and the RHAs. This report contained 40 indicators in the areas of quality, safety, access, utilization, efficiency, spending, and health outcomes. The report will be used to support program/service planning and delivery, resource allocation, and evaluation of service efficiency and effectiveness.</p> <p>Additionally, the Centre developed an evaluation plan for the Community Rapid Response Team Initiative, a provincial pilot project which provides select seniors presenting to emergency rooms across the province with</p>



Planned for 2014-2015	Actual for 2014-2015
	<p>enhanced home support services for a defined period of time. If successful, the model can be expanded more broadly across the province.</p> <p>Further, the Centre developed an inventory of aging related data, performed an assessment of the quality of the data, and transferred this information to potential users to facilitate information development and research. This information and research can be used to support future program and policy planning as it relates to healthy aging.</p>

### *Discussion of Results*

The Centre has established an internal Health Analytics Collaborative to plan, coordinate and monitor activities to improve the Centre’s provision and delivery of timely quality health information products and services. Other ongoing efforts include the review of the Centre’s Information Request process and tools and collaboration with Memorial University on its Translational Personalized Medicine Initiative (TPMI).

The Centre’s maturity in the areas of health analytics and evaluation is reflected in the increasing number of requests by the DHCS and the RHAs for the Centre to support ongoing policy and program development, monitoring and improvement initiatives.

### *Year Two Objective*

By March 31, 2016, the Centre will have implemented an approach to improve its provision of health information products and services.

### *Year Two Measure*

Implemented an approach to improve the Centre’s provision of health information products and services.

### *Year Two Indicators*

- Reviewed and revised the Information Request Management Process.
- Reviewed and revised the de-identification process.
- Reviewed and revised the Centre’s Secondary Uses Committee structure and processes.
- Completed an organization integration of the Centre’s research and evaluation, data quality and standards and information request functions.

## **Issue 3: 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.

Goal 2014-2017	By March 31, 2017, the Centre will have increased stakeholder use, support and adoption of the Centre's services and programs.
Measure 2014-2017	Increased stakeholder use, support and adoption of the Centre's services and programs.
Indicators 2014-2017	<ul style="list-style-type: none"> <li>• Increased consultation with stakeholders to ensure the Centre's programs and services are meeting their health information needs.</li> <li>• Increased stakeholder awareness of the Centre's programs and services.</li> <li>• Demonstrated successful adoption and use of provincial health information systems.</li> </ul>

*Year One Objective*

By March 31, 2015, the Centre will have refined its stakeholder engagement strategies to advance stakeholder use, adoption and support of the Centre's services and programs.

*Measure 2014-2015*

Refined stakeholder engagement strategies to advance stakeholder use, adoption and support of the Centre's services and programs.

Planned for 2014-2015	Actual for 2014-2015
Conducted stakeholder research to identify opportunities for improved delivery of health information programs, systems and services.	Completed a stakeholder research report in March 2015, which included feedback from over 70 key stakeholders. The information collected will guide future stakeholder and communications strategies.

Planned for 2014-2015	Actual for 2014-2015
Continued implementation of proactive communications activities to promote the Centre's role, programs, systems and services.	<p>Proactive communications activities are those initiated and implemented by the Centre. The following are some of the proactive activities implemented by the Centre in 2014-15:</p> <p>Launched a public awareness campaign to generate interest in the electronic health record, and released five news releases to proactively ensure that stakeholders were aware of and engaged in the Centre's activities throughout the year.</p> <p>Partnered with Canada Health Infoway to co-brand a national advertising campaign about digital health. The campaign aligned with the Centre's messaging and public awareness campaign around the electronic health record.</p> <p>Held a leadership forum in the fall 2014, which brought together senior leadership from the DHCS, the RHAs, and the Centre.</p>
Developed an adoption framework to increase stakeholder use and adoption of Centre programs and systems.	The Centre worked closely with provincial stakeholders to develop an adoption framework focused on increasing stakeholder use and adoption of Centre programs and systems.
Participated in stakeholder events and activities to facilitate stakeholder support, use and adoption of Centre programs and systems.	<p>Participated in and presented at Canada's national conference, <i>eHealth 2014</i>, and worked closely with numerous stakeholders including the Faculty of Medicine, the Centre for Nursing Studies, the Newfoundland and Labrador Medical Association, and the Pharmacy Association of Newfoundland and Labrador.</p> <p>Worked closely with the Pharmacy Association of Newfoundland and Labrador, the Newfoundland and Labrador Medical Association and the Newfoundland and Labrador Association of Registered Nurses and held twelve provincial accredited continuing education programs during fall 2014 that supported the adoption and use of Centre programs and systems.</p>

### *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 2014-2015, the Centre continued to refine its stakeholder engagement strategies to advance stakeholder use, adoption and support in all aspects of the Centre's services and programs, and implemented systems and initiatives that were of value to the health care system.

Understanding the priorities of stakeholders and their expectations of the Centre's programs and systems is how the Centre will achieve its mission of *improved health through quality health information*.

The Centre also led, managed and participated in various committees related to the EHR and health information management. Comprised of representatives from across health care, including administrators, health care professionals and regulatory bodies, these committees provided insight and guidance into the Centre's planning and actions.

New this year as part of the Centre's stakeholder engagement strategy was the provincial peer-to-peer clinician network. This network was recruited and developed by the Centre to advocate on behalf of HEALTHe NL and Pharmacy Network use in practice.

### *Year Two Objective*

By March 31, 2016, the Centre will have implemented targeted stakeholder engagement strategies to further stakeholder use, adoption and support of Centre services and programs.

### *Year Two Measure*

Implemented targeted stakeholder engagement strategies to advance stakeholder use, adoption and support of the Centre's services and programs.

### *Indicators*

- Integrated stakeholder relations tactics in project implementation plans.
- Completed development of Centre Adoption Framework for application to projects and programs governed by the Centre.
- Implemented EHR partnership educational programs with provincial nursing, physicians and pharmacist professional development groups.
- Participated in stakeholder events and activities to facilitate stakeholder support, use and adoption of Centre programs and systems.

A person with curly hair is seen from behind, looking at a computer monitor. The monitor displays the HEALTHe website, which includes a logo and some text. The scene is dimly lit, with a window in the background showing a blurred view of a building.

## *Opportunities & Challenges*

HEALTHe

As the Centre embarks upon year two of 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.
- Maintaining the Centre's reputation as a national leader in EHR development and implementation and ensuring the Centre is ready to continue its work in this area.
- With the introduction of additional information to HEALTHe NL, the opportunity to increase users and adoption is significant. Year over year HEALTHe NL adds more patient information and moves closer to being a complete patient profile in one location.
- Continuing to develop and implement health information systems with a patient-centric view, ensuring the focus is on improving patient safety, quality of care and access to health care services.
- Continuing to facilitate the development and adoption of health information standards to increase consistency, usability and sharing of health data within the province.
- Increasing the data holdings of the Centre to support a broader scope of analytic work, in support of health care and health system management.
- There is growing interest in, and demand for health analytic products and services, and using existing health data to support more informed decisions about health care.

### Challenges

- Achieving timely implementation of the EHR 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 organizational priorities and finite resources. The Centre must work to maintain positive relationships and identify opportunities for collaboration, particularly on shared provincial priorities.
- 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 Centre must recruit and retain the right skills sets to achieve its mandate, 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.

## Appendix A: 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 B: 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, 2015:

Mr. Ray Dillon	Ms. Ellen MacDonald	Dr. Kris Aubrey-Bassler
Mr. Jerry Vink	Mr. Ted Dawe	Mr. Robert Thompson
Mr. Chris Collingwood	Ms. Lynn Power	Ms. Denise Tubrett
Mr. Fred Cahill	Mr. Tony Wakeham	

The Centre thanks Dr. Sharon Peters, whose term on the Board ended in November 2014. Sincerest appreciation is extended to Dr. Peters for her contribution to the Centre and its mandate.

The Centre recognizes the dedication and service of long-time Board member Mr. Jim Janes, who passed away in 2014. Jim was a long-time Board member as Chair of the Finance and Audit Committee, and was a huge supporter of the Centre and its work.



## Appendix C: Financial Statements

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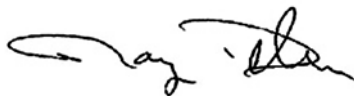
## *Statement of Responsibility*

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 Chartered Professional Accountants of Canada.

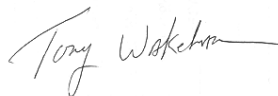
In carrying out its responsibilities, management maintains appropriate systems of internal and administrative controls designed to provide reasonable assurance that transactions are executed in accordance with proper authorization, that assets are properly accounted for and safeguarded, and that financial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

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

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



Ray Dillon  
Chair



Tony Wakeham  
Director



Grant Thornton

## 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, 2015 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, 2015 and its financial performance, net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

**Emphasis of Matter**

Without modifying our opinion, we draw attention to Note 3 to the financial statements which explains that certain comparative information for the year ended March 31, 2014 has been restated.

St. John's, Canada

June 17, 2015

*Grant Thornton LLP*

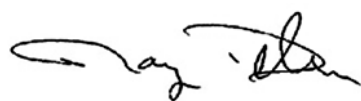
Chartered Accountants

## Statement of Financial Position

<i>March 31</i>	<i>2015</i>	<i>(Note 13)</i> <i>2014</i>
<i>Financial assets</i>		
Cash and cash equivalents	\$16,862,888	\$15,029,517
Receivables (Note 4)	<u>3,155,161</u>	<u>1,389,906</u>
	<u>20,018,049</u>	<u>16,419,423</u>
<i>Liabilities</i>		
Payables and accruals (Note 5)	10,756,350	7,874,876
Deferred revenue	18,981,378	15,596,744
Deferred capital contributions (Note 6)	15,258,598	14,662,111
Accrued severance pay (Note 7)	1,359,400	1,215,300
Accrued sick leave pay (Note 8)	<u>646,000</u>	<u>651,200</u>
	<u>47,001,726</u>	<u>40,000,231</u>
<i>Net debt</i>	<u>(26,983,677)</u>	<u>(23,580,808)</u>
<i>Non-financial assets</i>		
Tangible capital assets (Page 17)	20,741,287	21,323,824
Prepays	<u>1,832,715</u>	<u>1,500,855</u>
	<u>22,574,002</u>	<u>22,824,679</u>
<i>Accumulated deficit (Note 3)</i>	<u>\$(4,409,675)</u>	<u>\$ (756,129)</u>

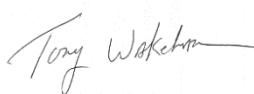
Commitments (Note 11)

On behalf of the Centre



Ray Dillon

Chair



Tony Wakeham

Director

See accompanying notes to the financial statements.

## Statement of Operations and Changes in Accumulated Deficit

<i>Year Ended March 31</i>	<i>Actual 2015</i>	<i>(Note 10) Budget 2015</i>	<i>(Note 13) Actual 2014</i>
<i>Revenue</i>			
Grants			
Canada Health Infoway Government of Newfoundland and Labrador	\$ 889,188	\$ 882,355	\$ 1,293,156
Amortization of deferred capital	21,793,993	24,983,476	20,355,927
Research	1,759,189	1,851,229	1,757,851
Interest	509,745	642,914	524,818
Other projects	242,431	168,000	185,244
	<u>1,325,528</u>	<u>1,785,203</u>	<u>933,311</u>
	<u>26,520,074</u>	<u>30,313,177</u>	<u>25,050,307</u>
<i>Expenses (Pages 51 &amp; 52)</i>			
Administration	7,469,178	7,958,922	7,587,275
Clinical Programs	4,453,715	5,422,675	3,940,816
Infrastructure, Information Protection and EHR Operations	11,601,465	13,699,161	11,516,407
Projects	4,624,343	5,819,288	3,186,451
Research and Evaluation	2,024,919	2,143,447	2,001,468
	<u>30,173,620</u>	<u>35,043,493</u>	<u>28,232,417</u>
<i>Annual deficit</i>	<u>\$ (3,653,546)</u>	<u>\$ (4,730,316)</u>	<u>\$ (3,182,110)</u>
Accumulated (deficit) surplus, beginning of year (Note 3)	\$ (756,129)	\$ (633,306)	\$ 2,425,981
Annual deficit	<u>(3,653,546)</u>	<u>(4,730,316)</u>	<u>(3,182,110)</u>
Accumulated deficit, end of year	<u>\$ (4,409,675)</u>	<u>\$ (5,363,622)</u>	<u>\$ (756,129)</u>

See accompanying notes to the financial statements.

## Statement of Net Debt

<i>Year Ended March 31</i>	<i>Actual 2015</i>	<i>(Note 10) Budget 2015</i>	<i>(Note 13) Actual 2014</i>
Annual deficit	\$ (3,653,546)	\$ (4,730,316)	\$ (3,182,110)
Acquisition of tangible capital assets	(3,046,558)	(4,020,157)	(5,523,476)
Amortization of tangible capital assets	3,620,168	4,180,795	3,862,007
Loss on disposal of capital assets	8,927	-	27,897
Increase in prepaids	<u>(331,860)</u>	<u>-</u>	<u>(116,436)</u>
Increase in net debt	(3,402,869)	(4,569,678)	(4,932,118)
Net debt, beginning of year (Note 3)	<u>(23,580,808)</u>	<u>(23,457,985)</u>	<u>(18,648,690)</u>
Net debt, end of year	<u>\$ (26,983,677)</u>	<u>\$ (28,027,663)</u>	<u>\$ (23,580,808)</u>

See accompanying notes to the financial statements.

## Statement of Cash Flows

<i>Year Ended March 31</i>	<i>2015</i>	<i>(Note 13)</i> <i>2014</i>
Increase (decrease) in cash and cash equivalents		
<b>Operating</b>		
Annual deficit	<b>\$(3,653,546)</b>	\$(3,182,110)
Change in non-cash items		
Amortization of capital assets	<b>3,620,168</b>	3,862,007
Amortization of deferred capital contributions	<b>(1,759,189)</b>	(1,757,851)
Loss on disposal of capital assets	<b>8,927</b>	27,897
Increase in severance pay accrual	<b>144,100</b>	150,400
Decrease in sick leave pay accrual	<b>(5,200)</b>	(12,600)
Change in non-cash operating working capital		
Receivables	<b>(1,765,255)</b>	3,256,095
Prepaid expenses	<b>(331,860)</b>	(116,436)
Payables and accruals	<b>2,881,474</b>	1,762,465
Deferred revenue	<b><u>3,384,634</u></b>	<u>(485,248)</u>
Cash provided by operating transactions	<b><u>2,524,253</u></b>	<u>3,504,619</u>
<b>Capital</b>		
Cash applied to capital transactions	<b><u>(3,046,558)</u></b>	<u>(5,523,476)</u>
<b>Financing</b>		
Capital contributions from Government of Newfoundland and Labrador and Canada Health Infoway	<b><u>2,355,676</u></b>	<u>4,552,428</u>
Increase in cash and cash equivalents	<b>1,833,371</b>	2,533,571
Cash and cash equivalents, beginning of year	<b><u>15,029,517</u></b>	<u>12,495,946</u>
Cash and cash equivalents, end of year*	<b><u>\$16,862,888</u></b>	<u>\$15,029,517</u>

\*Cash and cash equivalents consist of the following:

Cash in bank	<b>\$11,837,888</b>	\$ 6,346,342
Temporary investments	<b><u>5,025,000</u></b>	<u>8,683,175</u>
	<b><u>\$16,862,888</u></b>	<u>\$15,029,517</u>

See accompanying notes to the financial statements.



## Notes to the Financial Statements

March 31, 2015

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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, 2015

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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, 2015

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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 calculated using an actuarial estimate 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.

#### *Sick leave pay*

The Centre provides sick leave benefits to employees with sick leave days to their credit as of December 31, 2003 and employees who transfer from another government department/agency with accumulated sick leave days. No additional sick leave benefits have accumulated since December 31, 2003 or the employee's date of transfer, as the case may be. An actuarially determined accrued liability has been recorded on the statements for sick leave benefits.

#### *Financial instruments*

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

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

## Notes to the Financial Statements

March 31, 2015

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

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.

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. *Restatement of previously issued financial statements*

Employee benefit adjustment – The March 31, 2014 figures have been restated to reflect the results of an actuarial valuation for employees' sick leave and severance benefits as of March 31, 2015. The valuation resulted in a change in the opening sick leave and severance pay accruals as at April 1, 2013, carried forward to March 31, 2014.

## Notes to the Financial Statements

March 31, 2015

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

	<u>As previously reported</u>	<u>Employee benefits adjustment</u>	<u>As restated</u>
<b>Statement of Operations and Accumulated Deficit</b>			
Expenses (Page 51 & 52)			
Salaries and Benefits			
Administration	\$ 2,191,377	\$ 93,727	\$ 2,285,104
Clinical Programs	2,823,074	(78,096)	2,744,978
Infrastructure, Information Protection and EHR Operations	4,901,544	(17,629)	4,883,915
Research & Evaluation	1,942,199	(43,687)	1,898,512
Annual deficit, as previously reported	(3,227,795)	45,685	(3,182,110)
Accumulated surplus, beginning of year	2,594,488	(168,507)	2,425,981
Accumulated surplus, end of year	(633,306)	(122,823)	(756,129)
<b>Statement of Financial Position</b>			
Financial liabilities			
Accrued severance pay	\$ 1,618,677	\$ (403,377)	\$ 1,215,300
Accrued sick leave	125,000	526,200	651,200
Net Debt	(23,457,985)	(122,823)	(23,580,808)
Accumulated surplus, end of year	(633,306)	(122,823)	(756,129)
<b>Statement of Changes in Net Debt</b>			
Annual deficit	\$(3,227,795)	\$ 45,685	\$(3,182,110)
Net debt, beginning of year	(18,480,183)	(168,507)	(18,648,690)
Net debt, end of year	(23,457,985)	(122,823)	(23,580,808)
<b>Statement of Cash Flows</b>			
Operating transactions			
Excess of revenue over expenditure	\$(3,227,795)	\$ 45,685	\$(3,182,110)
Accrued severance pay	256,421	(106,021)	150,400
Accrued sick pay	-	(12,600)	(12,600)

## Notes to the Financial Statements

March 31, 2015

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4. Receivables	(Note 13)	
	<u>2015</u>	<u>2014</u>
Canada Health Infoway	\$ 1,839,142	\$ 638,626
Harmonized sales tax	966,171	301,288
Trade	294,959	409,435
Accrued interest	48,835	6,632
Government of Newfoundland and Labrador	5,000	14,731
Other	<u>1,054</u>	<u>19,194</u>
	<u>\$ 3,155,161</u>	<u>\$ 1,389,906</u>

5. Payables and accruals		
	<u>2015</u>	<u>2014</u>
Trade	\$ 9,223,997	\$ 6,496,074
Vacation and compensatory pay	<u>1,532,353</u>	<u>1,378,802</u>
	<u>\$ 10,756,350</u>	<u>\$ 7,874,876</u>

6. Deferred capital contributions		
	<u>2015</u>	<u>2014</u>
Opening balance	\$ 14,662,111	\$ 11,867,534
Capital contributions from Government of Newfoundland and Labrador	499,210	1,043,840
Capital contribution from Canada Health Infoway	1,856,466	3,508,588
Amortization of deferred capital contribution	<u>(1,759,189)</u>	<u>(1,757,851)</u>
	<u>\$ 15,258,598</u>	<u>\$ 14,662,111</u>

## Notes to the Financial Statements

March 31, 2015

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### 7. Accrued Severance Pay

Accrued severance obligations have been calculated based on an actuarial valuation completed effective March 31, 2015. The assumptions shown below are based on future events.

	<u>2015</u>	<u>2014</u>
Significant assumptions used:		
Discount rate	3.75%	3.4%
Average remaining service period of active employees	12.8 years	12.8 years
Wage and salary escalation	3.0%	3.0%
Accrued Benefit Obligation:		
Balance beginning of year	\$1,215,300	\$ 1,064,900
Current period benefit cost	137,500	139,700
Interest cost	45,900	38,100
Benefits payments	(35,900)	(27,400)
Amortization of actuarial gains	<u>(3,400)</u>	<u>-</u>
Balance, end of year	<u>\$ 1,359,400</u>	<u>\$ 1,215,300</u>
Net benefit expense for the year:		
Current period benefit cost	\$ 137,500	\$ 139,700
Amortization of actuarial gains	(3,400)	-
Interest cost	<u>45,900</u>	<u>38,100</u>
Net Benefit Expense	<u>\$ 180,000</u>	<u>\$ 177,800</u>

## Notes to the Financial Statements

March 31, 2015

### 8. Accrued sick leave pay

Accrued sick leave obligations have been calculated based on an actuarial valuation completed effective March 31, 2015. The assumptions shown below are based on future events.

	<u>2015</u>	<u>2014</u>
Significant assumptions used:		
Discount rate	3.75%	3.40%
Average remaining service period of active employees	9.70 years	9.70 years
Wage and salary escalation	3.0%	3.0%
Accrued Benefit Obligation:		
Balance beginning of year	\$ 651,200	\$ 663,800
Current period benefit cost	-	-
Interest cost	23,500	22,000
Benefits payments	(27,600)	(34,600)
Amortization of actuarial gains	<u>(1,100)</u>	<u>-</u>
Balance, end of year	<u>\$ 646,000</u>	<u>\$ 651,200</u>
Net benefit expense for the year:		
Current period benefit cost	\$ -	\$ -
Amortization of actuarial gains/losses	(1,100)	-
Interest cost	<u>23,500</u>	<u>22,000</u>
Net Benefit Expense	<u>\$ 22,400</u>	<u>\$ 22,000</u>

### 9. 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:



# Notes to the Financial Statements

March 31, 2015

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

- (i) 10.75% of earnings up to the Year's Basic CPP Exemption, the portion of earnings upon which no CPP contributions are required;
- (ii) 8.95% of earnings in excess of the Year's Basic CPP Exemption up to and including the Year's Maximum Pensionable Earnings ("YMPE"); and
- (iii) 11.85% of earnings in excess of the YMPE.

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 \$866,615 (2014 - \$854,531). Additional information about the plan surplus or deficit is not available.

## 10. 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.

## 11. 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:

2016	\$5,472,169
2017	\$3,441,595
2018	\$1,455,614
2019	\$1,444,487
2020	\$ 329,212

## 12. 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.

## Notes to the Financial Statements

March 31, 2015

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### 12. Financial instruments (cont'd.)

#### *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, 2015.

#### *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 \$10,756,350 (2014 - \$7,874,876), which have a maturity of not later than one year. The payment of the accrued severance pay and sick leave pay liabilities will occur later than one year. The Centre reduces its exposure to liquidity risk by monitoring its cash flows and ensuring that it has sufficient cash available to meet its obligations and liabilities. In the opinion of management the liquidity risk exposure to the Centre is low and not material.

#### *Credit risk*

Credit risk is the risk of loss associated with a counterparty's inability to fulfill its payment obligations. The Centre's credit risk is attributable to receivables in the amount of \$2,188,990 (2014 - \$1,088,618), of which \$5,000 (2014 - \$14,731) is receivable from the Government of Newfoundland and Labrador and \$1,839,142 (2014 - \$638,626) 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.

### 13. Comparative Figures

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

## Schedule of Tangible Capital Assets

Year Ended March 31, 2015

	Computer equipment	Office furniture	Computer software	Leasehold improvements	Pharmacy Network	Electronic Health Records-Labs (iEHR Labs)	Health Information Access Layer (HIAL)	2015	2014
<b>Cost</b>									
Cost, beginning of year	\$ 11,377,755	\$ 355,514	\$ 4,267,508	\$ 264,421	\$ 9,906,749	\$ 3,937,949	\$ 8,247,880	\$ 38,357,776	\$ 33,016,800
Additions during the year	381,226	17,349	511,146	-	-	2,092,830	44,007	3,046,558	5,523,476
Disposals during the year	(1,797,674)	-	-	-	-	-	-	(1,797,674)	(182,500)
Cost, end of year	\$ 9,961,307	\$ 372,863	\$ 4,778,654	\$ 264,421	\$ 9,906,749	\$ 6,030,779	\$ 8,291,887	\$ 39,606,660	\$ 38,357,776
<b>Accumulated Amortization</b>									
Accumulated amortization, beginning of year	\$ 7,278,877	\$ 273,803	\$ 3,442,788	\$ 117,531	\$ 4,148,986	\$ -	\$ 1,771,967	\$ 17,033,952	\$ 13,326,548
Amortization	1,672,466	39,832	486,661	29,334	990,675	-	401,200	3,620,168	3,862,007
Reversal of accumulated amortization relating to disposals	(1,788,747)	-	-	-	-	-	-	(1,788,747)	(154,603)
Accumulated amortization, end of year	\$ 7,162,596	\$ 313,635	\$ 3,929,449	\$ 146,865	\$ 5,139,661	\$ -	\$ 2,173,167	\$ 18,865,373	\$ 17,033,952
Net book value of tangible capital assets	\$ 2,798,711	\$ 59,228	\$ 849,205	\$ 117,556	\$ 4,767,088	\$ 6,030,779	\$ 6,118,720	\$ 20,741,287	\$ 21,323,824

Included in tangible capital assets are assets not in use and therefore not depreciated in the current year. These assets, \$6,030,779 (2014 - \$4,243,829) of which relate to iEHR Labs, \$4,279,886 (2014- \$4,235,880) to HIAL, \$88,660 (2014 - \$337,006) to computer hardware, and \$44,920 (2013 - \$168,393) to computer software, are expected to be depreciated in the next fiscal year.

## Schedule of Expenses

<i>March 31</i>	<i>2015</i>	<i>(Note 13)</i> <i>2014</i>
<i>Administration</i>		
Consulting fees	\$ 148,051	\$ 24,380
Salaries and benefits	2,264,905	2,285,104
Amortization of capital assets	3,620,168	3,862,007
License fees	-	1,971
Minor equipment	4,238	2,540
Software maintenance	18,920	16,082
Rent	898,511	899,036
Security services	125,337	101,936
Insurance	102,505	101,824
Other	<u>286,543</u>	<u>292,395</u>
	<u>\$ 7,469,178</u>	<u>\$ 7,587,275</u>
<i>Clinical Programs</i>		
Consulting fees	\$ 497,714	\$ 436,997
Salaries and benefits	2,672,475	2,744,978
License fees	35,896	32,468
Minor equipment	19,612	8,465
DI PACS equipment	124,154	182
Software maintenance	668,322	603,565
Communications	305,715	10,059
Other	<u>129,827</u>	<u>104,102</u>
	<u>\$ 4,453,715</u>	<u>\$ 3,940,816</u>
<i>Infrastructure, Information Protection and EHR Operations</i>		
Consulting fees	\$ 262,257	\$ 381,120
Salaries and benefits	4,795,436	4,883,915
Data communication charges	941,238	979,634
License fees	2,734,278	2,682,275
Minor equipment	17,994	12,658
Software maintenance	2,401,389	2,244,436
Data centre rent	211,004	174,941
Rent	33,900	33,900
Other	<u>203,969</u>	<u>123,528</u>
	<u>\$11,601,465</u>	<u>\$11,516,407</u>

## Schedule of Expenses (cont'd.)

<i>March 31</i>	<i>2015</i>	<i>Note 13 2014</i>
<i>Projects</i>		
Consulting fees	\$ 1,495,418	\$ 1,105,470
Salaries and benefits	1,768,181	1,805,881
License fees	12,708	6,137
Minor equipment	336	990
Telepathology equipment	1,106,442	-
Software maintenance	185,311	175,511
Other	<u>55,947</u>	<u>92,462</u>
	<u>\$ 4,624,343</u>	<u>\$ 3,186,451</u>
<i>Research and Evaluation</i>		
Consulting fees	\$ 14,922	\$ 18,218
Salaries and benefits	1,925,432	1,898,512
License fees	35,487	36,441
Minor equipment	1,845	9,421
Other	<u>47,233</u>	<u>38,876</u>
	<u>\$ 2,024,919</u>	<u>\$ 2,001,468</u>
<i>Total expenses</i>	<u>\$ 30,173,620</u>	<u>\$28,232,417</u>

## Reconciliation of the Financial Plans to Budget

Year Ended March 31, 2015

	<u>Financial Plan</u>	<u>Capital Expenditures</u>	<u>PSAB Budget</u>
<b>Revenue</b>			
Grants			
Canada Health Infoway	\$ 882,355	\$ -	\$ 882,355
Government of Newfoundland and Labrador	24,983,476	-	24,983,476
Amortization of deferred capital	1,851,229	-	1,851,229
Research	642,914	-	642,914
Interest	168,000	-	168,000
Other	<u>1,785,203</u>	<u>-</u>	<u>1,785,203</u>
	<u>\$30,313,177</u>	<u>\$ -</u>	<u>\$ 30,313,177</u>
<b>Expenses</b>			
Administration	\$ 7,964,422	\$ 5,500	\$ 7,958,922
Clinical Programs	6,180,775	758,100	5,422,675
Infrastructure, Information Protection and EHR Operations	14,226,661	527,500	13,699,161
Projects	8,548,344	2,729,056	5,819,288
Research and Evaluation	<u>2,143,447</u>	<u>-</u>	<u>2,143,447</u>
Total expenses	<u>\$39,063,649</u>	<u>\$ 4,020,156</u>	<u>\$ 35,043,493</u>
<b>Deficit</b>	<u>\$ (8,750,472)</u>	<u>\$(4,020,156)</u>	<u>\$ (4,730,316)</u>

## Appendix D: List of Data Holdings

### *Newfoundland & Labrador Electronic Health Record*

1. Client Registry (CR)
2. Drug Information System (DIS) of the Pharmacy Network
3. Laboratory Information System
4. Provider Registry (PR)
5. Shared Health Record -Clinical Documents/Encounters

### *Administrative Data*

6. Community Table (CDMS)
7. Hospital Inpatient/Day Surgery Discharge Database (CDMS)
8. NLCHI Live Birth System (LBS)
9. NLCHI Mortality System (MS)
10. NLCHI Stillbirth System (SS)
11. Out of Province Hospital Inpatient/Day Surgery Discharge Database (OOP) (CDMS)
12. Provider Table (CDMS)
13. Provincial Rehabilitation System (CDMS)
14. Statistics Canada Annual Mortality Data Files
15. Statistics Canada Annual Stillbirth Data Files
16. Telehealth Utilization Data
17. Provincial Management Information System (MIS) Data
18. Provincial MIS Database
19. MCP Provider Registry
20. MCP Beneficiary Registration Database
21. MCP Fee-For-Service Physician Claims Database
22. HEALTHe NL User Monitoring System

### *National Surveys*

23. Canadian Community Health Survey (CCHS)
24. Canadian Tobacco Use Monitoring Survey
25. National Longitudinal Survey of Children and Youth
26. National Population Health Survey (NPHS)
27. Youth Smoking Survey

### *Provincial Surveys*

28. NL Adult Health Survey (NAHS) Database
29. Student Drug Use Survey

### *Population Data*

30. Census
31. Population Estimates
32. Postal Code Conversion File

### *Research/Surveillance Data*

33. Canadian Primary Care Sentinel Surveillance Network (CPCSSN)- Newfoundland and Labrador component
34. Cancer and Chronic Disease Research Database
35. Cervical Cancer Surveillance System
36. Longitudinal Pediatric Research Database
37. Longitudinal in-patient ADE Database
38. Newfoundland and Labrador Chronic Disease Surveillance System (NCDSS)
39. Suicide Database

### *Research, Evaluation and Special Projects*

40. Administrative Dataset for Surveillance of
41. Depressive Disorders in NL
42. Adolescent Health Survey
43. Adverse Drug Events (ADEs) in Adult Patients Dataset
44. Adverse Drug Events (ADEs) in Pediatric Patients Dataset
45. HEALTHe NL Viewer Adoption Evaluation Dataset
46. Healthy Workplace Pilot Project Dataset
47. Heart & Stroke Dataset from Canadian Stroke Network
48. HOME Study Dataset
49. Baie Verte Miners' Registry
50. Booster Seat Study Dataset
51. Breast Cancer and Diabetes Dataset
52. C-section Impact Dataset
53. C-section Stillbirth Dataset
54. Cancer Patient Navigation Service Evaluation Dataset

*Research, Evaluation and Special Projects  
(Continued)*

55. Cardiac Care Dataset
56. Cardiac Events Dataset
57. Childhood Burn Injury Dataset
58. Childhood Injury Research Dataset
59. Childhood Leukemia Dataset
60. Chronic Pain in NL Dataset
61. Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) Dataset
62. Colorectal Cancer and Diabetes Dataset
63. Continuity of Care Research Dataset
64. Diabetes Outcomes Dataset
65. Drug Treatment Funding Program Evaluation Dataset
66. Early vs. Late Diabetes Diagnosis Dataset
67. Emergency Room Triage Dataset
68. EMR Diabetes Risk POC Dataset
69. EMR Obesity Chronic Conditions Dataset
70. ER/PR Patient Listing and Communications Database
71. Turnings' Circles of Support and Accountability for Drug Offenders Evaluation Dataset
72. Factors Associated with Breast Screening Dataset
73. Factors Influencing Breastfeeding Dataset
74. First Nation Administrative Health Database (FNAHD)
75. Health Forums 2014-15 Data
76. Premier's Health Summit 2015 Data
77. Illegal Drug Use Study Pharmacist Survey Dataset
78. Impact of Adopting the Ottawa Hospital Model of Nursing Clinical Practice Evaluation Dataset
79. Impact of EHR to facilitate Medication Reconciliation Dataset
80. Impact of Out-of-Pocket Prescription Costs Survey Dataset
81. Intentional Misuse of Prescription Drugs Dataset
82. Laboratory Test Data, Eastern Health
83. Laboratory Test Data, Western Health
84. Meditech ER, Medical Imaging, Laboratory, Long Term Care, OR Data, All RHAs
85. Miawpukek Diabetes Study Dataset
86. Newfoundland and Labrador Prescription Drug Program (NLPDP) Dataset
87. NewLab Psoriasis Clinical Dataset
88. NL Mental Health Care and Treatment Act Evaluation Dataset
89. NL Health Line Clinidata Dataset
90. NL Health Line Fonemed Dataset
91. PACS Information Management Dataset
92. Pharmacy Network POC Dataset
93. Physician Claims Administrative Health Data
94. Psoriasis Research Database/NewLab Psoriasis Clinical Database
95. Researching Nursing Practice in the Community Dataset
96. Seniors Medication Use Dataset
97. Health Service Utilization by Size at Birth Dataset
98. Type 1 Diabetes Mellitus Dataset
99. Total Joint Replacement Wait List Dataset
100. Vitamin D Composite Dataset



Newfoundland and Labrador Centre for  
Health Information

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