

2021- 2022

ANNUAL REPORT



Newfoundland & Labrador

**Centre for
Health Information**

Table of Contents

Message from the Board Chair	2
About the Centre for Health Information	3
Highlights and Partnerships	6
Report on Performance	15
Opportunities and Challenges	30
Appendix A: The Board of Directors.....	32
Appendix B: Financial Statements	33

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 2021-22 Annual Performance Report. This report has been prepared according to the guidelines for 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's (NLCHI) vision is 'Improved Health Through Innovative Technologies and Quality Information' and the Board is very pleased with the organization's progress, particularly during what proved to be another unprecedented year.

In 2021-22, NLCHI's focus was on enhancing and modernizing digital health solutions; enhancing coordination and appropriate use of health data, information and the analytical capacity of the province; digitally enabling citizens to be active partners in their healthcare; and being a dynamic organization that improves health service delivery in Newfoundland and Labrador.

I am proud of NLCHI's role to support our provincial public health leadership through data management, application development, frontline clinical tools and many other digital solutions for the citizens of Newfoundland and Labrador. This includes providing support during the October cyber incident. Once again NLCHI's response has truly been a team effort, going above and beyond to contain and mitigate this severe disruption. I am extremely pleased with the entire organization's commitment and diligence.

I extend appreciation to our Board of Directors, executive team, employees and health system stakeholders. Our accomplishments and advancements in 2021/2022 were made possible with their leadership and commitment to advancing digital health in Newfoundland and Labrador.

I look forward to fiscal year 2022-23.

Sincerely,



Dr. Kris Aubrey-Bassler
Chairperson, Board of Directors

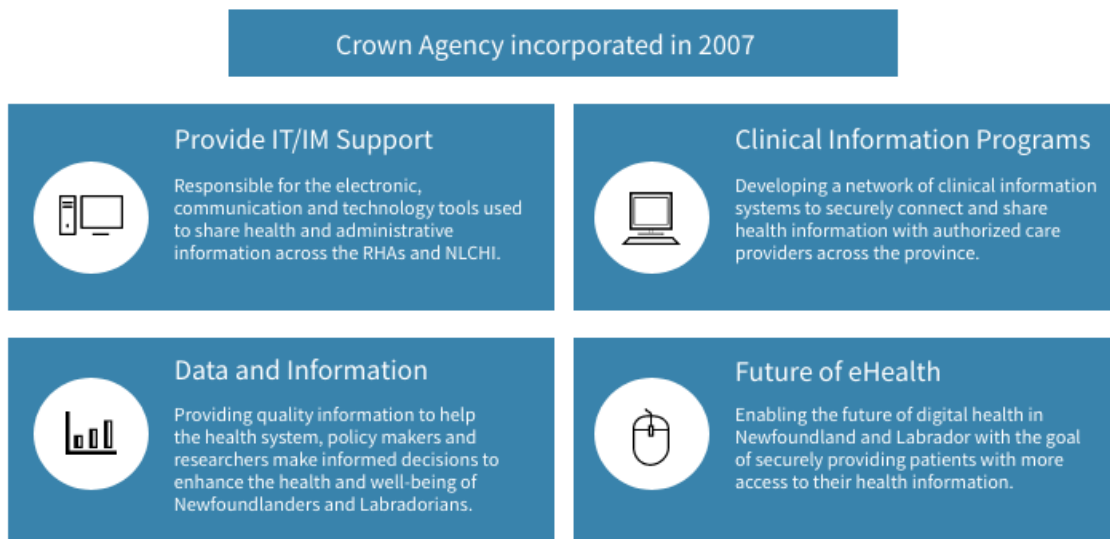
About the Centre for Health Information

The Newfoundland and Labrador Centre for Health Information (NLCHI) provides quality information to health professionals, the public, researchers and health system decision-makers. NLCHI is classified as a Category 2 Government Entity.

Through collaboration with the health system, NLCHI supports improvements in the collection of data and use of information for individual and population levels of care, administration and planning; and provides analytics, evaluation and decision support services, supports health research, and maintains key health databases.

NLCHI is also responsible for delivering provincial eHealth solutions and leading provincial eHealth services, combining technology and quality information to improve health care in Newfoundland and Labrador.

For more information about NLCHI, please go to www.nlchi.nl.ca.



Number of Employees and Physical Location

NLCHI is a Provincial Government crown agency, governed by a Board of Directors (Appendix A) and is structured into four departments: Data and Information Services; Clinical Information Programs and Change Leadership; Solutions and Infrastructure; and Corporate Services.

As of March 31, 2022, NLCHI had 373 employees; 3 are members of our Executive Team. Most employees are based in NLCHI's head office at 70 O'Leary Avenue in St. John's and at satellite offices across the province. This year, due to COVID-19, many NLCHI employees who transitioned to working remotely continue to do so.

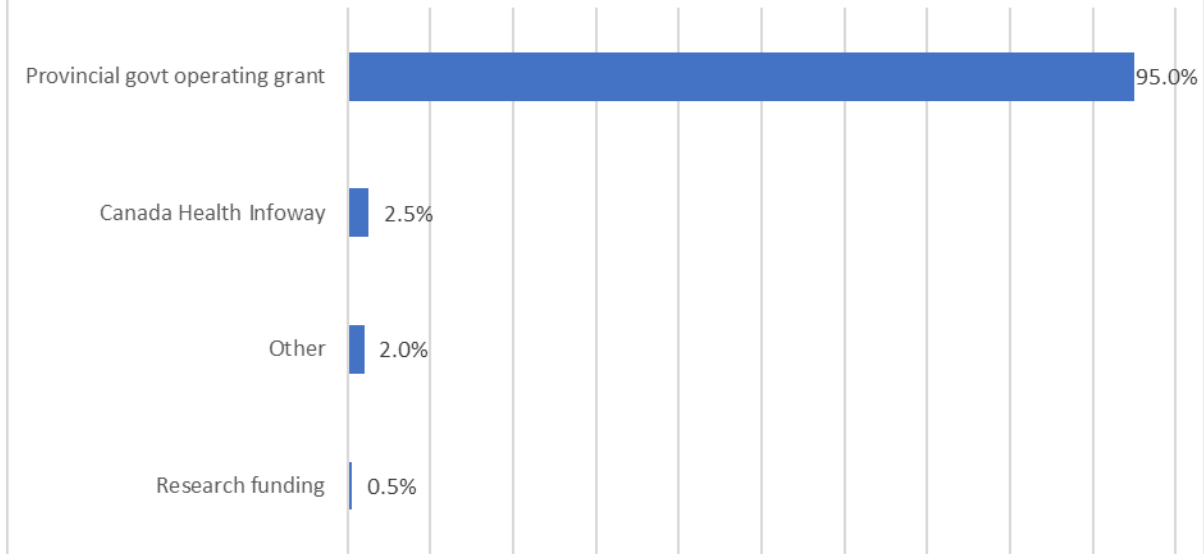
Financial Statements

The Centre's revenues and expenses experience annual fluctuations due to project start and end dates, and according to the placement and achievement of funding for project milestones. In fiscal year 2021- 2022, the Centre's total revenue was \$95.41 million of which 95 per cent was a provincial operating grant, with the remaining 5 per cent coming from external research funding and Canada Health Infoway for electronic health record (EHR) development.

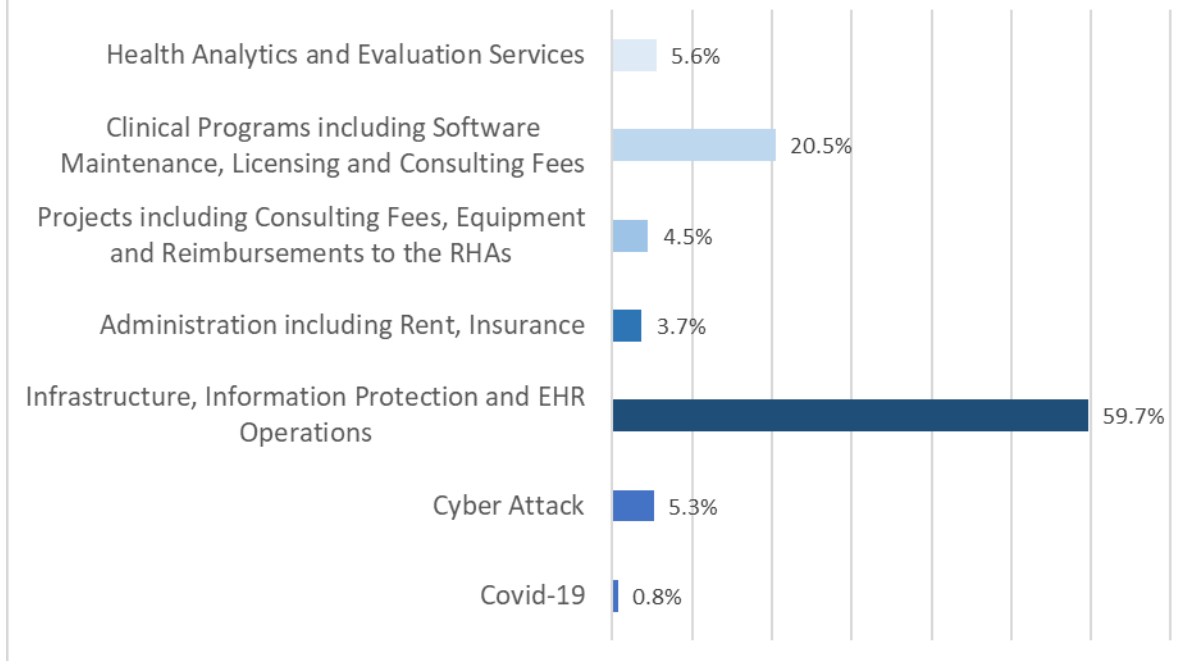
Expenses for the fiscal year totaled \$96.77 million. Included in these expenses is \$5.10 million for the cyber incident on the province's health care system; \$3.77 million of which was funded by the Department of Health and Community Services and \$497 thousand from insurance proceeds. In addition, \$753.42 thousand in incurred COVID-19 costs were fully funded by the Federal government under the Safe Restart agreement.

A copy of the Centre's financial statements is located in Appendix B.

Revenue by Category



Expenses by Category



Highlights and Partnerships

Improved Health Through Innovative Technologies and Quality Information.

The health system in Newfoundland and Labrador is going through significant change and NLCHI is playing a key role in enabling that change. Information and technology tools are key to enabling health care transformation such as the expansion of primary care.

NLCHI is facilitating the shift from paper to electronic records in physician offices, providing secure access to health information to assist with care, connecting patients and providers virtually, implementing electronic prescribing between a physician's office and a pharmacy and developing a robust and national leading health data platform that will provide a real-time provincial snapshot of our health system.

Highlights

COVID-19 Support and Services

NLCHI has provided outstanding support to our healthcare system during the ongoing pandemic. There have been numerous instances whereby NLCHI has been involved such as: Virtual Care- Telehealth by providing the technology to allow RHA and private practice clinicians to safely and securely host virtual appointments with patients; Bridge the gapp by expanding awareness and access to the online mental health resources available in Newfoundland and Labrador; 811 support by providing technical support for RHAs to manage 811 call volumes; RHA Technical Operations by ongoing technical operational support to the RHAs during COVID-19; HEALTHe NL and eDOCSNL by adding additional functionality to support COVID-19 activities; Work from home by providing various technical solutions and devices to allow NLCHI and RHA staff to safely and securely work from home; RHA COVID-19 Clinic support by providing Project Management and technical resources to assist the RHAs with initial planning, set up, devices, connectivity, and technical support for the new clinics; Applications, Analytics and Dashboards by developing application and data analytics for several DHCS and RHA requests specific to COVID-19, to name a few.

eDOCSNL - Provincial EMR Program

eDOCSNL is Newfoundland and Labrador's Electronic Medical Record (EMR) Program which is jointly governed by NLCHI, the Department of Health and Community Services (HCS) and

the Newfoundland and Labrador Medical Association (NLMA). As of May 31, 2022, there were 690 providers enrolled in eDOCSNL. A number of key milestones were reached by the eDOCSNL team in fiscal year 2021-22 including playing a critical role in the COVID and flu vaccination campaigns and providing the DHCS with the critical data required to manage the campaign and the capacity for patients to self-register for vaccines. The team also continued to focus on implementing the EMR in RHA environments, with intense deployment in Labrador-Grenfell Health (LGH) and Eastern Health (EH) such that nearly all Primary Care settings in EH, LGH and Western Health (WH) are now using the EMR. The team also completed the data quality analysis of a pilot data extract from EMR, and will now proceed with full EMR data extract with nightly updates and visibility of a subset of EMR data in HealthNL. The collection and analysis of this data will highlight the importance of Primary Care in the community and assist with Health Care System decision making. The EMR has also played a critical role in the setup and team-based care provided in the Provincial Collaborative Team clinics to address the care needs of patients without a Primary Care Provider. In 2021-22 eDOCSNL significantly advanced the mature use of EMR across the province with the Practice 360 initiative. Through partnership with clinical guidelines authorities across the country, eDOCSNL developed and deployed tools to manage patient panels and chronic disease to all EMR providers, a national first.

Implementing the Provincial eHealth Model

In 2018, NLCHI's legislative mandate was changed to assume responsibility for all provincial eHealth functions including information technology, information management and decision support that reside in the four regional health authorities (RHAs) and combine them with NLCHI to create one provincially focused eHealth organization. The objectives of the eHealth model are to strengthen health care technology; create efficiencies; improve health care delivery and patient safety; enhance system reliability; increase security and privacy; and, combine resources and expertise. As part of its new legislated mandate, NLCHI assumed accountability for eHealth services delivered in the four RHAs on October 2, 2019.

Progress slowed in implementing the provincial eHealth model in 2021-22. Urgent activities related to the pandemic response and the cyber incident preoccupied the NL Health system for most of the year. The eHealth governance framework established in 2021-22 continued to function and guide the discretionary activities that could precede. As well, NLCHI continued to pursue opportunities to standardize and consolidate the legacy environments. In response to the cyber incident significant work has begun to consolidate and standardize technologies and policies related to security. Other examples include the procurement of a provincial customer service platform to replace the five legacy systems and the establishment of a single ever-greening model for end user devices.

Administrating the Prescription Monitoring Program

Prescription monitoring programs help improve drug prescribing, lower or prevent risks related to certain drugs, and can help identify patients who may be at risk of addiction. In 2018, the **Prescription Monitoring Act** came into effect, which designated NLCHI as the administrator of the Prescription Monitoring Program – NL (PMPNL). Under this Act, all prescribers who wished to prescribe a monitored drug were required to review their patient’s medication profile in the provincial Electronic Health Record (EHR), HEALTHe NL.

Information generated from PMPNL is shared back to clinicians to help promote appropriate prescribing and dispensing practices and to provide education.

PMP-NL is having an impact in our province. The number of patients receiving opioids for pain decreased by over 3000 patients in 2021 compared to 2020, which is a decrease of approximately 250 patients per month. During the same time period the number of patients receiving opioid dependency treatment (methadone/suboxone) increased by 340 patients per month.

HEALTHe NL

HEALTHe NL is Newfoundland and Labrador’s provincial EHR. It is one of the most comprehensive EHRs in Canada and a key solution that continues to grow. As of the end of March 2022, more than 9,250 authorized health care providers had been given access to HEALTHe NL and the EHR contained more than 1 billion patient reports and laboratory results. From April 1, 2021 to March 31, 2022, 4,496 eConsults were created in HEALTHe NL, facilitating effective and timely communication between primary health care providers and specialists, reducing the need for face-to-face specialist referrals. For the same period, 2,072 eOrders were submitted to the Vascular Lab at St. Clare’s Mercy Hospital via HEALTHe NL, reducing inappropriate ordering of tests and in turn, increasing access to timely testing for those individuals for whom testing is appropriate.

eHealth Privacy and Security Improvements and Vigilance

NLCHI, in partnership with the RHA’s have launched “Breakwater”, a comprehensive, system-wide campaign to protect critical systems and data from future attacks through increased awareness and enhanced security measures. The Centre has implemented new technical safeguards such as detection and response solutions, all-inclusive multi-factor authentication, and strong password standards. As well, number of other initiatives are planned or underway under the umbrella of Breakwater. These include a cyber security training and awareness campaign to create a culture of security throughout the health system. A joint effort has been launched among the five organizations to provide mandatory cyber security training for the entire workforce with the goal of 100% completion by October 30, 2022.

Partnerships

NLCHI works with the Department of Health and Community Services (HCS) and the four Regional Health Authorities (RHAs) to develop, implement and manage health information standards and provincial health information systems such as the provincial EHR and EMR. NLCHI also regularly provides quality health information to support them in meeting their respective mandates, goals and objectives.

NLCHI partners with several stakeholders to achieve its strategic and operational goals within its mandate. These partnerships are essential to NLCHI's success and includes, among others, Canada Health Infoway, Canadian Institute for Health Information, Atlantic Canada Opportunities Agency, Digital Health Canada, 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 (OIPC).

Some of the partners NLCHI collaborated with during 2021/2022 include:

Regional Health Authorities

In 2021-22, NLCHI provided considerable support to the RHAs for regular IT & IM operations and data and information services as well as COVID-19 response.

Throughout the COVID-19 pandemic, NLCHI has played a critical role in supporting a number of RHA priorities, including: mapping COVID-19 cases by RHA, RHA-specific daily occupancy dashboards; PPE inventory dashboard and electronic ordering form; COVID-19 Employee Management Tool, tracking employees who tested positive/self-isolating; information to facilitate COVID-19 vaccine distribution and administration; and virtual care, allowing clinicians to safely host virtual appointments with patients.

As part of the eHealth shared services model, NLCHI has established an Engagement Committee with each of the four RHAs to discuss operational issues. An eHealth Executive Governance Committee has also been created, along with a Strategic Steering Committee which includes the RHA CEOs and HCS.

A significant milestone in the provision of a shared services model for the health care system was the procurement of a single shared technical platform for the administration of electronic surveys. This platform will eliminate the need for the Regional Health Authorities to hold individual licenses for online survey platforms, will enable the sharing of experience of care and other survey tools across the province's health care organizations and support the standardization of patient-centred measurement and reporting. This work is an important step in the establishment of a shared approach to health system surveys in Newfoundland and Labrador and will enable health system leadership to embed 'voice of the customer' into program improvement and health system transformation initiatives. Another significant step towards a shared service model was the initiation of the Cognos Consolidation Project which

will establish a foundational provincial Cognos solution that will improve data and information access by RHAs. This requires working in close partnership with senior leadership, management and front line staff in the respective business areas of each RHA. The project will result in standardized finance and human resources reporting across RHAs, self-serve access to data to enable reporting within business areas and a robust, consolidated provincial Cognos solution that will facilitate Decision Support services provincially. It builds on the interim provincial Cognos environment that was established to support reporting and service delivery during the COVID-19 pandemic, representing the first time that data from all RHAs was consolidated to provide provincial information in relative real-time.

Family Practice Renewal Program (FPRP)

The FPRP is a key provincial and NLMA priority to facilitate family physician participation and integration with other primary health care initiatives.

This program is governed by the Family Practice Renewal Committee (FPRC) with membership from NL Medical Association, HCS, and the RHAs. Working in conjunction with this program team and in direct and active support of their Quality Improvement initiative (MyQ Program), NLCHI was able to advance internal quality initiatives that improve the use, adoption and value of the EMR in the family practice setting. By adapting clinic workflows to EMR-based practice, and supporting professional development in electronic documentation, we continue to optimize patient care and increase physician engagement and satisfaction.

We have also worked with the FPRP on supporting its Chronic Obstructive Pulmonary Disease (COPD) fee code with the co-development of a provincially standardized COPD visit template. The eDOCSNL team developed and deployed tools provincially to support the use of the code but also to support guidelines-based care and practice level panel management of patients with COPD through the Practice 360 initiative. We are working with the Family Practice Networks (FPNs) to support the development of a peer support network and have participated in FPN technology support events. eDOCSNL has facilitated EMR super user training for physicians in the community through our collaboration with the FPNs. We have also assisted in the administration and application of the FPRP technology fund initiative.

In 2021-22, NLCHI continued to provide the FPRP with analytical and evaluation support services with key accomplishments including the provision of MyQ Proxy Panel reports to physicians and the evaluation of several program components including Family Practice Networks, Fee Code Program, and Practice Improvement Program, including the MyQ Quality Improvement Program.

Research Partners

NLCHI has been leading efforts to advance the availability, quality, and use of health system data for decision-making, research, and innovation purposes through its Provincial Data Lab and Data Governance Framework. The Provincial Data Lab includes a data repository and secure, virtual environments that allow users to interact with data and information in a privacy protective manner. There are 18 active projects and 29 authorized users accessing the external Research and Evaluation area of the Provincial Data Lab as part of a pilot across multiple stakeholder groups. The Research and Evaluation service is being prepared to transition to full operations.

NLCHI is part of the Janssen and Newfoundland and Labrador Health Innovation Partnership (JANL-HIP). This innovative partnership involves the Government of Newfoundland and Labrador, Eastern Health, NLCHI, Janssen Inc., and Memorial University of Newfoundland (MUN). Once all required approvals were obtained, NLCHI provided access to the required data to enable a real-world study of psoriasis in the Provincial Data Lab.

NLCHI continues to support research within the province. Data extraction, linkage and analytical services were provided to Memorial University researchers for various initiatives. This included researchers affiliated with the Translational and Personalized Medicine Initiative and its Quality of Care NL/Choosing Wisely NL initiative, the Primary Healthcare Research Unit, Janeway Pediatric Research Unit as well as other faculties and departments.

NLCHI, in collaboration with the Health Research Ethics Authority and the RHAs, continues to provide a data navigation service for researchers that will improve efficiency and mitigate risks to privacy.

NLCHI continues to be part of the Health Research Data Network which works to improve health and well-being by making data accessible to researchers, institutions and government agencies across Canada for research that will foster improved health outcomes for all Canadians.

NLCHI continues to work with Memorial University, Eastern Health, IBM, and the University of Toronto to produce information to inform the Provincial Government, Public Health, and the RHAs response to COVID-19 management, health system planning, and the health care services available.

Canada Health Infoway (Infoway)

Canada Health Infoway is a federally-funded, independent, not-for-profit organization that invests with public sector partners to accelerate EHR development across Canada. Infoway provides funding for provincial EHR projects, facilitates knowledge transfer with other jurisdictions and supports project planning. It was also a key partner in developing the provincial EMR program and has supported the shift to virtual care provisioning stemming from

the COVID-19 pandemic.

At the end of fiscal 2020-21, Infoway provided project funding of \$4.2 million to NLCHI toward the ACCESS Atlantic initiatives designed to improve access to health care. ACCESS Atlantic is a collaboration between New Brunswick, Newfoundland and Labrador, Nova Scotia, Prince Edward Island and Infoway, with the goal of leveraging resources in the region to deploy and scale technological solutions in health care delivery. Current work is scheduled to be completed late 2022/early 2023.

Specifically, ACCESS Atlantic projects in NL will support two areas:

1. Citizen Access: Citizens will be provided patient-centered care by empowering them with access to their own health information through an online portal.
2. Bridge the Gapp (BTG): Enhancing NL's BTG and implementing it in other Atlantic provinces. BTG plays an important part in the day to day dissemination of information regarding the resources citizens can use to combat mental health and addictions issues. Of note: BTG is being expanded past the Atlantic provinces to other jurisdictions in Canada.

In the past 2 years Infoway has also provided \$3 million (1M 2020-21, 2M 2021-22) in funding to support Virtual Care needs resulting from COVID-19 shutdown of doctor offices and hospital clinics. These initiatives have had a broader effect in boosting the provinces ability to provide basic healthcare to a widely dispersed and sometimes isolated population.

Canadian Institute for Health Information (CIHI)

NLCHI, along with the Department of HCS, entered a joint project with CIHI to evaluate the data quality of the EMR data housed in the Eastern Health instance of the MedAccess platform. The first phase of the project was completed in 2020-21, and the second phase is underway, with the plan to evaluate the quality of a larger set of data from all MedAccess EMR instances in the province.

NLCHI collaborates with CIHI with provincial representation at the following national committees, which are responsible for developing, implementing, and maintaining national data standards for key data holdings:

- National Clinical Administrative Databases (NCAD) Advisory Committee
- National Coding Advisory Committee (NCAC)
- Case Mix Advisory Group (CMAG)
- Health System Inputs and Characteristics (HSIC) Reference Group
- Primary Health Care EMR Standards and Data Working Group

Additionally, NLCHI is now representing the province on CIHI's Inter-Jurisdictional Patient Centred Measurement Advisory Group and CIHI's Expert Advisory Group for the Commonwealth Fund's 2021 International Health Policy Survey of Older Adults.

Canadian Centre on Substance Use and Addiction (CCSA)

NLCHI works with the CCSA to provide Addiction Treatment Indicator data from Newfoundland and Labrador through the National Treatment Indicator (NTI) Working Group. This data is released publicly in national reports.

Health and Community Services (HCS)

In 2021-22, NLCHI continued to play a pivotal role in supporting all three strategic issues of the Department of Health and Community Services: supporting public and population health; improving quality and access; and, enhancing health innovation and efficiency. NLCHI remained at the forefront of COVID-19 response efforts by continuing to develop, adapt, and support digital health tools and applications as well as data and information products and services for use by front line health providers, health system decision makers, and members of the public. Examples include the development and maintenance of the NLVaxPass; COVID-19 Patients Results site; COVID-19 Assessment and Test Reporting Tool; and the COVID-19 Dashboard. During 2021-22, NLCHI supported the ongoing maintenance of the COVID-19 Tracker used for case management reporting; provided COVID-19 data and information to the public health division daily following linkage of laboratory, acute care and COVID-19 Tracker data; and provided vaccine information daily for public reporting, internal decision making and program planning. These resources helped our health system, residents and communities at large navigate the pandemic during its second year.

NLCHI worked closely with its partners at HCS and Eastern Health to develop and launch Patient Connect NL, a provincial list of individuals who identify as being without a Primary Care Provider (Family Doctor or Nurse Practitioner) in Newfoundland and Labrador. Individuals may register online or by telephone to be placed on the list, with the goal of becoming a patient of a Collaborative Team Clinic and attached to a Primary Care Provider.

The cyber incident that occurred in quarter three 2021-22 was an unprecedented event and required an extraordinary response to return our province's IT systems to full operations and maintain health care services for the people of the province. NLCHI worked closely with HCS, the RHAs, and other partners to restore systems at a remarkable rate. This could not have been achieved without close partnerships and the tireless dedication of our staff to whom we owe a debt of gratitude.

Acute Care

Traditional models of ER services has proven to be burdensome for physicians, ER staff and patients as waiting rooms are often congested and wait-times very lengthy. This has been exacerbated with a shortage of primary care physicians. Additionally, rural communities face barriers to health care services as demand for healthcare services outweigh the supply of physicians and other healthcare professionals. In the past several years RHAs have been experiencing a continuous decline in the availability of primary care physicians, especially in rural areas, thus resulting in an alarming number of citizens having no access to primary care providers and considerations being given to alternate approach to provision of care. This trend led to a point where the physician shortage impacted emergency departments across the province. Hardest hit were emergency departments in more rural and remote areas: Category B sites.

In July 2021, NLCHI was approached to set up a Virtual Emergency Room (vER) in a Category B rural hospital. Within a week another area of the province reached out for the same set up. Within a short few months, twelve vERs were set up throughout the province to support the local emergency departments as they addressed the physician shortage. These newly implemented vERs have proven to be an effective mechanism to provide urgent care. There is a safe, timely and effective option for patients and RHAs delivering emergency services in areas experiencing physician shortage. New regional workflows and models of care were developed, and this new approach has proven agile, adjusting to when onsite physician coverage is available. The deployment team armed local nursing, advanced care paramedics, support staff and covering physicians with the tools and skills to continue offering emergency services in their local area. Utilization of clinical carts, iPads, eStethoscope, and digital examination cameras supported urgent care between sites and ensured clients could be seen virtually in their communities.

Report on Performance

The following section of the annual report focuses on progress in 2021-22 on the goals and objectives related to the four strategic issues identified in the 2020/2023 Business Plan.

Strategic Issue 1: Digital Health Solutions

NLCHI has established a solid foundation for centralizing information to enable the coordination of care, but gaps still exist. These gaps require continued reliance on manual intervention and paper based processes, and are barriers to getting the right information at the right time to make the best decisions. Information gaps occur when solutions are not fully integrated to communicate with one another, when this occurs it creates challenges in the health system. As well, the health system is struggling with antiquated electronic systems in the fields of clinical and referral management, and clinical charting, such as the modernization of CRMS and Meditech.

NLCHI's plan over the next three years is to deliver digital health solutions that will close these gaps.

Furthermore, by upgrading or replacing outdated systems, NLCHI will enable better, faster, and more efficient care delivery. Solutions are available that can meet providers' demands for convenience, mobility, and automation, thereby enabling them to be more focused on their citizens and less on searching for information and trying to contact colleagues and other members of the care team.

Moreover, the advent of technologies such as artificial intelligence and machine learning presents opportunities to drive best practice and to gain new insight into individual citizens' needs as well as the needs of entire populations. NLCHI's ambition to realize the full benefits of digital health supports Government's strategic direction and priorities of healthier people, better living and brighter future. It also aligns with the Minister's mandate.

Goal 2020-2023	By March 31, 2023 NLCHI will have enhanced and modernized digital health solutions.
Indicators 2020-2023	<ul style="list-style-type: none">• Enabled electronic documentation for select priority front line clinical settings.• Enabled electronic patient chart sharing among select healthcare providers in the circle of care.• Enabled mobile access to electronic patient charts to select providers.

Year Two Objective

By March 31, 2022 NLCHI will have developed, expanded, or redeveloped digital health solutions.

Planned for 2021/2022	Actual for 2021/2022
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<p>Developed procurement plan and request for proposals initiated for a single, consolidated Hospital Information System solution</p>	<ul style="list-style-type: none"> • A Provincial procurement plan was completed and approved. • Government approval was provided to commence the procurement of a new Hospital Information System for the new Corner Brook Acute Care Hospital. • An RFP and processes for bid evaluation and selection have been developed. The RFP will be issued in early 2022-23.
<p>Developed and deployed a complete and consistent solution set for community based programs, including Mental Health and Addictions, Community Support, Public Health, and Primary Care</p>	<ul style="list-style-type: none"> • Additional electronic clinical assessment tools, based on the InterRAI standard, have been acquired for implementation in community-based programs in 2022-23. • Otherwise, progress has been limited as the vendor of the software that had been identified as the consistent platform for community-based programs has informed NLCHI that the current product will be discontinued. • The team is in the process of evaluating the vendor’s proposed new platform as well as other options for the community programs with selection to be made in 2022-23.
<p>Continued development and expansion of existing digital health solutions to provide a comprehensive provincial view of clinical data spanning all care settings to optimize information flow and continuity of care</p>	<ul style="list-style-type: none"> • A number of projects and activities, completed in 2021-22 or ongoing, that contribute to this goal. These include: <ul style="list-style-type: none"> o Remote Patient Monitoring Program integration to HEALTHe NL. o Initiated ePCR project to integrate paramedic documentation in HEALTHe NL. o Completed initial analysis, scope, and approval of project to make MHA (Mental Health and Addictions) community encounters available in HEALTHe NL. This work will help bridge gaps existing between MHA community program areas and make the data available to clinicians via the HEALTHe NL Encounters tab. o Completed initial analysis and key stakeholder engagement regarding the addition of an Electronic Medical Record Patient Summary to HEALTHe NL from eDOCsNL, making key clinical data from primary care encounters available in HEALTHe NL. o COVID-19 immunizations from Meditech and the Electronic Medical Record (eDOCsNL) were added to the Immunization tab in the

	<p>Provincial Electronic Health Record (HEALTHe NL).</p> <ul style="list-style-type: none"> o Remote Patient Monitoring Program integration to HEALTHe NL to send a monthly Vital Summary Report, replacing current paper distribution process. System ready to turn on pending final production test. o Electronic Death Notification (eDN) project in final testing phase. This work will facilitate the entry of death notifications to the Medical Examiners Office and Vital Statistics via HEALTHe NL. o Initiated ePCR project to integrate paramedic documentation from Siren ePCR software to HEALTHe NL. o Continued growth and expansion of eConsult services in HEALTHe NL to improve patients' access to specialist.
<p>Expanded digital health solutions to support the public and providers, particularly as it relates to public health</p>	<ul style="list-style-type: none"> • There are a number of projects and activities, completed in 2021-22 or ongoing, that contribute to this goal. These include: <ul style="list-style-type: none"> o COVID-19 immunizations captured in source systems were added to the Provincial Electronic Health Record (HEALTHe NL). o Development of an online COVID vaccine portal to allow citizens to access their vaccination records which they can import into NLVaxPass and ArriveCAN. o Implementation of several online tools for COVID self-assessment, testing and vaccination appointment booking, and travel management.
<p>Explored initial applications of Artificial Intelligence for frontline care</p>	<ul style="list-style-type: none"> • The work towards implementing an Integrated Capacity Management Project includes the implementation of a Capacity Planner module that uses AI and Machine Learning to project demand for hospital services for use in planning staffing levels and to optimize patient flow.

Discussion of Results

NLCHI continues to build on provincial eHealth assets. For example, the electronic health record platform, Healthe NL, has been extended to support the pandemic response through online access to test results and vaccination records, as well as general expansion in the eConsult programs and the addition of the death notification functionality. Progress in some areas, such as establishing a consistent solution for community-based programs, has been delayed due to competing priorities for NLCHI and its stakeholder arising from the pandemic and the cyber incident. The launch of the procurement of a new HIS marks a significant step forward.

Year Three Objective

By March 31, 2023 NLCHI will have completed new or enhanced digital health solutions for select clinical settings.

Year Three Indicators

1. Acquired, built and begun to implement a new HIS to replace Clinical Information systems.
2. Identified and begun implementation of a complete solution set for community based programs.
3. Consolidated common clinical systems in use among the regions into provincial platforms.
4. Continued to extend on provincial assets such as Healthe NL and eDOCSNL to enhance communication and access to clinical information.
5. Completed necessary upgrades to infrastructure underpinning digital health solutions to ensure continued availability, stability, and security of these systems and the data they hold.

Strategic Issue 2: Data and Information Services

Maintaining provincial health data and providing quality information to support the planning and delivery of health and community services has always been core to NLCHI’s mandate. In this time of renewal, we reaffirm our commitment to working collaboratively with our stakeholders to ensure they have the data and information needed to make better decisions, and in turn, improve the health of our population.

An expanded mandate including accountability for eHealth services delivered in the four RHAs has afforded NLCHI new opportunities to strengthen the provincial information infrastructure in support of improved healthcare, health system performance and population health.

As a new offering, we look forward to delivering decision support services (e.g., operational and strategic dashboards and reports) across each of the province’s four RHAs.

Implementation of standardized citizen-reported measures across our health system will support health system decision-making that is citizen-centered. Building upon our work as a national leader in information services and data governance we will further improve data governance and coordination of data access to optimize the use of health system resources for research, innovation, and health system management. We will enhance our efforts in exploring partnerships with the private sector to maximize the use of our significant data holdings to realize economic development opportunities for the benefit of Newfoundland and Labrador. With continued development of our data lab we will expand our analytical tools and services to foster better use of data and information.

This priority aligns with the provincial strategic directions of better economy, healthier people, better living and brighter future. It also supports the Health-in-All Policies approach, to “enable our Government to make all decisions in a manner that strengthens focus on measurable improvements in our health status.”

Goal 2020-2023	By March 31, 2023 NLCHI will have enhanced coordination and appropriate use of health data, information and analytical capacity in the province.
Indicators 2020-2023	<ul style="list-style-type: none"> • Enabled timely access to quality data and information products and services. • Coordinated data and information services in response to health system needs. • Leveraged and implemented tools and support for decision making.

Year Two Objective

By March 31, 2022 NLCHI will have supported the enhanced use of data and information.

Planned for 2021/2022	Actual for 2021/2022
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<p>Supported health system performance and outcomes indicators for public reporting</p>	<ul style="list-style-type: none"> • Provided HCS with daily reporting on COVID-19 case counts, outcomes, and patient status to support public reporting • Supported public reporting related to Towards Recovery, including monitoring of indicators identified in the accountability and performance monitoring framework • Provided HCS with bi-weekly reports on individuals who have identified as being without a Primary Care Provider using information collected via Patient Connect NL
<p>Acquired additional relevant data holdings to expand value in key areas</p>	<ul style="list-style-type: none"> • Acquired NL Prescription Drug Program data for 2019-20 • Acquired data from the Youth Smoking Survey and Canadian Student Tobacco Alcohol and Drug Surveys for all available years • Working toward acquisition of data from the Canadian Organ Replacement Registry (CORR) from the Canadian Institute for Health Information • Incorporated acquisition of Client & Referral Management System data into the Provincial Cognos Consolidation Project • Acquired data from Patient Connect NL in data warehouse • Acquired numerous data sets to facilitate public health response efforts to COVID-19 including, but not limited to: immunization data from EMR and Meditech; long term care and personal care home data; travel declaration data; COVID self-assessment and testing portal data; testing data from private labs, travel clinics and accredited RHA testing sites • Acquired flu vaccination data from RHAs, physician clinics, pharmacies province wide • Acquired HPV data from the Client & Referral Management System for provisioning to the Provincial Cancer Screening Program • Acquired general ledger data, provincial Integrated Employee Record data, and payroll data from each RHA to develop standardized reporting across the regions and support requests for information
<p>Released new data and information products, tools and services</p>	<ul style="list-style-type: none"> • Expanded Provincial Mental Health and Addictions System Indicators dashboard to include information on wait times for psychiatry and community counselling as well as information on e-mental health services • Provisioned COVID-19 vaccine information to front-line systems (i.e. HEALTHe NL) for

	<p>access by providers and public (i.e. public vaccine portal/Vaxpass). Data quality reports developed and made available to program areas to support continuous data quality improvement efforts</p> <ul style="list-style-type: none"> Released COVID-19 Dashboard on Gov.nl.ca containing information on new COVID-19 cases, outcomes and vaccination status. The dashboard is updated weekly Facilitated access to and analysis of COVID-19 testing data from multiple private and public testing locations for multiple purposes Developed and released numerous other COVID-19 information products, including, but not limited to, Paxlovid candidate list report, NLVaxPass download report, vaccine distribution report Developed new bed board and visualizations for Western Health Operations Centre Migrated Labrador-Grenfell Health Cognos data and reports into Provincial Cognos platform, facilitating more efficient access to data and enhanced functionality Developed standardized human resources reports for each RHA including employee counts, turnover rates and management ratios Upgraded Data Lab infrastructure and applications to provide internal and external users additional tools, functionality and security
<p>Standardized select health system surveys across the regional health authorities</p>	<ul style="list-style-type: none"> Virtual care survey for health providers developed and administered to all health providers in the province Standardized Opioid Dependence Therapy Hub and Spoke provider and client surveys Procured shared online survey platform on behalf of the RHAs and NLCHI for administration of electronic surveys across the health care system
<p>Leveraged legislative change opportunities to acquire social determinants of health data</p>	<ul style="list-style-type: none"> Presented to Health Accord NL on considerations related to collection and use of social determinants of health data
<p>Built data quality and standards considerations into the Project and Initiative intake process</p>	<ul style="list-style-type: none"> Developed consideration checklist and met with Project Management Office to ensure considerations are built into the project process

Discussion of Results

Data and Information Services diverted a significant amount of capacity and resources towards public health reporting (i.e., COVID), as well as supporting restoration efforts resulting from the IT outage in the fall of 2021. A new business line evolved this fiscal year that directly integrates the functions of the Data Lab into the patient care environment, as well as supporting various reporting tools for both public and provider users. Work continues to further advance the integration of the clinical, technology and information programs within NLCHI. The Provincial Cognos Consolidation project commenced with an initial focus on standard finance and human resource reporting across the province.

Year Three Objective

By March 31, 2023 NLCHI will have enhanced analytical capacity in the Province.

Year Three Indicators

1. Development of a data standards and quality framework for use across NLCHI.
2. Delivered core set of decision support services across the regional health authorities.
3. Development of a governance model for a provincial survey program which would include patient-reported experience measures and patient-reported outcome measures.
4. Initiated the development of provincial data governance framework to support primary and secondary use of data.
5. Continued to be responsive to the information needs of the Regional Health Authorities and government to support health care delivery and health system planning and management.

Strategic Issue 3: Digitally Enabled Citizens

The increasing burden of chronic illnesses and an aging population, combined with the current fiscal situation in the province create challenges for Government to find the best value while continuing to provide quality and sustainable healthcare services to the citizens of this province. Digital solutions are an important enabler of the transformations required to address the challenges in the healthcare system. These solutions have the power to improve health, transform quality and reduce health system costs.

Over the next three years, NLCHI has committed to support and enable healthier living for residents of Newfoundland and Labrador, through digital engagement. This includes introducing a personal health record (PHR) that gives citizens access to their personal health information. The PHR is the foundation to provide citizens with access to key clinical information, improve access to communications between citizens and their healthcare provider team and to enable citizens with access to digital tools to enhance their overall health system experience. The PHR is a key component of NLCHI’s business plan and will be achieved through strong citizen and provider engagement as we begin implementation of this foundational program.

Goal 2020-2023	By March 31, 2023 NLCHI will have digitally enabled citizens to be active partners in their healthcare.
Indicators 2020-2023	<ul style="list-style-type: none"> Implemented a personal health record platform that gives citizens access to their personal health information. Increased citizen’s access to digital health services including virtual care visits from home.

Year Two Objective

By March 31, 2022 NLCHI will have evaluated the PHR program and enhanced functionality based upon health system priorities.

Planned for 2021/2022	Actual for 2021/2022
Recommended next step support for development of a personal health record strategy	<ul style="list-style-type: none"> The PHR project was paused during much of 2021-22 due to COVID-19 priorities and the cyber incident. The federal funding timeframe has been extended by 12 months to allow for this delay. The PHR will be built on the same platform used for Health NL. The online vaccine portal mentioned above was an early application of this software
Implemented Identity and Consent Management Framework	<ul style="list-style-type: none"> The PHR will be accessed through MyGovNL, GNL’s citizen portal for all online government services. Under this partnership, the PHR will

	<p>leverage the Identity Management technology being implemented by the Office of the Chief Information Officer.</p> <ul style="list-style-type: none"> ● Discussions are ongoing with Provider and Patient representatives to finalize the Consent Management framework.
<p>Enabled citizens to digitally manage their health system interactions through self-scheduling functionality</p>	<ul style="list-style-type: none"> ● There have been a number of projects and activities, completed in 2021-22 and ongoing, that contribute to this goal. These include: <ul style="list-style-type: none"> ○ The implementation of online self-scheduling for specimen collection sites in the St. John’s metro region. Plans are underway to provide this functionality in the other regions of the province. ○ The use of the Pomelo platform for self-scheduling of COVID-19 vaccination appointments and for travel-related testing. ○ Self-scheduling requirements for hospital-based services has been included in the HIS RFP.
<p>Enabled increased number of health care providers to provide virtual visits</p>	<ul style="list-style-type: none"> ● Due to the urgent need for virtual care services in the acute care settings, the Virtual care program deployed Telehealth and virtual solutions into the Emergency Departments, Intensive Care Units, Quarantine Units, Long term Care and Personal Care Homes. <ul style="list-style-type: none"> ○ Due to physician shortage in some category B emergency departments, virtual care was introduced offering virtual ER services to patients of CTAS 4 and 5, and diverting higher acuity patients to Category A sites. 15 vER sites have been built. ○ NICU “eyes on Baby” was piloted in WH and now being deployed in all birthing sites provincially. This allows neonatologists to see a baby and support stabilizing the baby for transport or help unnecessary transport to our provincial pediatric hospital. ○ Psychiatry on call allows urgent intervention to support clients in mental health crisis provincially. ○ Devices were provided to LTC and PCH’s to allow social interaction with family members during times of COVID restriction. ○ In-person health care and consults within the emergency rooms were completed using virtual assessment tools thus limiting the number of “provider to

	<p>citizen” and “provider to provider” contacts.</p> <ul style="list-style-type: none"> ○ Allowed physicians and other health care providers who were self- isolating and unable to provide traditional in person care to their patients, to provide virtual care. ○ Preadmission clinics were piloted in LGH. Now expanding to other sites.
<p>Enabled Virtual care delivery via a suite of products throughout the province</p>	<ul style="list-style-type: none"> • Introduced a new video platform as pilot in anticipation that these solutions will be part of the core infrastructure of the virtual care program, thus adding options to the current offerings. This technology will be rolled out across the province in the coming months and will have an accompanying change management plan. • New contracts were awarded for peripheral devices and supporting VC units to allow for expanded virtual health care services such as eStethoscopes.
<p>Identified efficiencies and savings within the health system</p>	<ul style="list-style-type: none"> • The COVID-19 results portal saved significant time and effort for Public Health staff previously following up directly each individual test result. • Introduction of at home virtual visits allowed physicians and other health care providers who were self- isolating and unable to provide traditional in person care to their patients, to provide virtual care. • Virtual Care services helped reduce the use of PPE required for Health Care Providers. • Use of virtual care reduced the travel requirements for both patient and provider in order to attend clinic. • Virtual Care services in LTC and PHC increased physician access to patients in the homes covered by that physician. • Diversion to online and virtual learning reduced the number of in-person training sessions for staff utilizing solutions such as EMR (PH clinic requirements), CRMS, Rai HC tool. • Introduction of the COVID tracker for OHS in RHAs allowed for more efficient tracking of COVID employees ensuring a timely response to a positive test result and a return to work plan.

Discussion of Results

Although progress on the Personal Health Record (PHR) citizen access project has slowed due to pandemic-related priorities and the cyber incident, important steps were taken including the analysis and decision to build the PHR on the Health NL platform, leveraging of the MyGovNL portal for authentication, and policy key direction developed in consultation with patient and

provider representatives. 2021-22 saw the continued growth in the adoption of various modes of Virtual Care. Due to urgent operational demands some solutions were selected and implemented for expedience while others have been delayed (i.e. Consent Management Framework). Standardization and optimization of virtual care platforms will be priorities for 2022-23.

Year Three Objective

By March 31, 2023 NLCHI will have enhanced adoption and functionality of PHR platform.

Year Three Indicators

1. Completed development of the initial release of the Personal Health Record and launch access for an initial segment NL Citizens.
2. Completed implementation of the Identity Management framework in partnership with the Office of the Chief Information Officer.
3. Finalized the initial policy framework for PHR to address issues such as consent, access for minors, and the data source to be included in the initial version of PHR.
4. Continued expansion and standardization of self-scheduling solutions.
5. Standardized and optimized virtual care technologies and workflows across priority areas such as virtual emergency rooms.

Strategic Issue 4: Exceptional Service, Exceptional Workplace

In 2018, the **Centre for Health Information Act** was changed to include an expanded mandate that established the framework for a shared services eHealth delivery model. This shared services model for digital health will ultimately bring together staff from the five different health organizations under one umbrella. This transition process brings significant change to employees and the stakeholders NLCHI serves, and needs to be managed correctly. While daunting, the transition will enable the transformation of digital health in Newfoundland and Labrador. People are at the core of our service delivery model. While technology may enable healthcare, it is the dedication, drive and commitment of our workforce that will ultimately determine our success.

Over the next three years, NLCHI will be focused on revolutionizing digital health service delivery that enables a high-performing health system. As well, we are committed to fostering a workplace and culture that promotes creativity and innovation, and supports a healthy and respectful work environment. This ambition supports Government's strategic direction and priorities of healthier people, better living, brighter future and a more efficient public sector. It also speaks to the mandate outlined to the Minister that we need to drive innovation, efficiency and citizen care.

Goal 2020-2023	By March 31, 2023 NLCHI will be a dynamic organization that improves health service delivery in Newfoundland and Labrador.
Indicators 2020-2023	<ul style="list-style-type: none"> • Delivered consistently reliable services to our stakeholders. • Implemented the eHealth shared services model. • Established feedback loops for stakeholders. • Established the role of digital health professional in healthcare. • Defined and communicated nimble and responsive stakeholder engagement processes. • Improved efficiency through sound fiscal stewardship and streamlined processes.

Year Two Objective

By March 31, 2022 NLCHI will have enhanced organizational best practices and strengthened NLCHI's corporate identity.

Planned for 2021/2022	Actual for 2021/2022
<ul style="list-style-type: none"> • Developed and adopted a standardized provincial model for IT Service 	<ul style="list-style-type: none"> • Work is ongoing to consolidate all software maintenance contracts provincially, rather than by individual health authority.

<ul style="list-style-type: none"> management based on industry best practice 	<ul style="list-style-type: none"> A strong working relationship continues to build between NLCHI, DHCS and the regional health authorities which is facilitating a standardized provincial model.
<ul style="list-style-type: none"> Fostered an organizational culture with a customer first focus 	<ul style="list-style-type: none"> eHealth staff survey completed with immediate actions taken to improve organizational culture and inclusion of all staff. NLCHI named one of Atlantic Canada's Top 100 Employers for 2022.
<ul style="list-style-type: none"> Developed NLCHI awareness and branding strategy, and key components implemented, to elevate our profile and reputation in the province and the country 	<ul style="list-style-type: none"> Delayed due to COVID-19 pandemic projects, Cyber Incident/Project Breakwater, and Budget 2021 announcement that NLCHI will fold into core government; this will be re-evaluated in Summer/Fall 2022.
<ul style="list-style-type: none"> Launched a public engagement program 	<ul style="list-style-type: none"> Delayed due to COVID-19 pandemic projects, Cyber Incident/Project Breakwater, and Budget 2021 announcement that NLCHI will fold into core government; this will be re-evaluated in Summer/Fall 2022.
<ul style="list-style-type: none"> Developed electronic tools to enable leadership to manage business operations 	<ul style="list-style-type: none"> Implementation of budget module in ReqLogic procurement/invoicing software to assist leadership with managing operations.
<ul style="list-style-type: none"> Continued key elements of organizational maturity from the transition 	<ul style="list-style-type: none"> Delayed due to COVID-19 pandemic projects, Cyber Incident/Project Breakwater, and Budget 2021 announcement that NLCHI will fold into core government. Final budget transfers have occurred from the regional health authorities, with the new organization having completed its first full budget cycle in fiscal 2022. Numerous software maintenance contracts have been consolidated provincially, rather than by individual regional health authority; work ongoing to continue this consolidation.
<ul style="list-style-type: none"> Established Service Level Agreement targets as identified in MOU 	<ul style="list-style-type: none"> Delayed due to Budget 2021 announcement that NLCHI will fold into core government; this process will continue in Summer/Fall 2022.

Discussion of Results

21-22 was focused on the response to the COVID-19 pandemic as well as the response to the Cyber Incident affecting the four regional health authorities. While NLCHI deployed significant resources to support and respond to both COVID-19 priorities and restoration/remediation after the Cyber Incident, there was continued progress in continuing to improve organizational best practices.

Year Three Objective

By March 31, 2023 NLCHI will have established the future of NLCHI using digital health to lead innovation and deliver quality and value to stakeholders.

Year Three Indicators

1. Established a Provincial service desk.
2. Creates an awareness of and promoted the digital health profession.
3. Ensured NLCHI gained a reputation of excellence in both operational service and innovative delivery.

Opportunities and Challenges

Some of the opportunities and challenges the Centre encountered during 2021-22 in pursuit of its mandate include:

Opportunities

- Provincial eHealth Model and our expanded mandate enables NLCHI to meet the requirements of the health system in Newfoundland and Labrador to move the digital side of health care ahead. This enables decision-makers at the front line, and at the policy level, to have access to expanded and real-time information for decision-making.
- Enabled the citizens of the province with digital access to the healthcare system. NLCHI continues to offer digital tools to the citizens of Newfoundland and Labrador.
- Enabled digital tools for mental health, primary care reform, and existing paper processes.
- Enabled public health leadership with front line digital clinical tools for pandemic management.
- eHealth Shared Services model allowed us to immediately realize efficiencies in the reduction of redundant processes and services.
- COVID-19 pandemic continues to give us an opportunity to demonstrate our leadership and problem-solving skills, by providing applications, information dashboards and reports to Public Health.
- NLCHI continued to enable clinicians to provide services to citizens remotely and healthcare administrative staff to work from home.
- Increased adoption and expanded active use of HEALTHe NL and eDOCSNL resulting from the addition of data sources and system functionality.
- Consolidated data from all RHAs to support pandemic management at the RHA and provincial level, representing the first time RHA data was consolidated to enable relative real-time provincial reporting. A project has been initiated to leverage this work and develop a robust, provincial consolidated Cognos environment that will facilitate broader decision support provincially.
- Expanded the Data Lab external access pilot to include new tools, users and use cases from private and public entities. Efforts will continue to transition from pilot to full operations for external users.

- Access to provincial back end EMR data for secondary use purposes and for direct clinical care decision making by making patient summaries generated from EMR data visible in HealthNL.

Challenges

- Achieving timely implementation of projects and programs while balancing resource requirements, stakeholder expectations, contractual and partnership obligations and the integrity of existing services continue to challenge NLCHI.
- The establishment of governance, custodianship and operational structures to ensure NLCHI meets the required eHealth needs of stakeholders: the four RHAs, HCS, and other sectors of health care, such as retail pharmacies and private physician practices.
- Ensuring private, secure and confidential information management processes are maintained in an ever-evolving environment focused on data analytics expansion, while cybersecurity risks increase.
- Ensuring fiduciary responsibilities while NLCHI meets the requirements of new eHealth solution development.
- COVID-19 impacted our resources and priorities. Various projects were put on hold so resources could be re-deployed to support our stakeholders.
- Developing, implementing and operating the Provincial eHealth Model, PMPNL and provincial health information systems, including the EHR and EMR, requires active involvement and partnership with various stakeholders, all of whom have individual organizational priorities and limited resources. NLCHI must work to maintain positive relationships and identify opportunities for collaboration, particularly on shared provincial priorities.
- The four regional health authorities were victims of a cyber incident which resulted in significant disruptions to the health care system in Newfoundland and Labrador. The Centre deployed significant resources to support and respond to the cyber incident.

Appendix A: The Board of Directors

In keeping with the **Centre for Health Information Act, 2018**, NLCHI 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 comprise NLCHI's Board of Directors as of March 31, 2022:

Dr. Kris Aubrey-Bassler,
Chairperson

Allan Bradley

Allan Kendall

Pat Coish-Snow,
Vice Chairperson

Elyse Bruce

Dr. Shawn Bugden

Pamela Anstey

Tom Bursey

Ted Howell

David Thornhill

David Heffernan

NLCHI thanks Dr. Margaret Steele and Cynthia Holden who stepped down from the Board in 2022. Sincerest appreciation is extended to both for their contribution to NLCHI and its mandate.

Appendix B: Financial Statements

Newfoundland and Labrador Centre for Health Information

**Financial Statements
For the Year Ended March 31, 2022**

Newfoundland and Labrador Centre for Health Information

Table of Contents

For the Year Ended March 31, 2022

Statement of Responsibility	1
Independent Auditor's Report	2-3
Statement of Financial Position	4
Statement of Operations and Accumulated Surplus	5
Statement of Net Debt	6
Statement of Cash Flows	7
Notes to the Financial Statements	8-15
Schedule 1 - Schedule of Tangible Capital Assets	16
Schedule 2 - Schedule of Expenses	17-18

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 Canadian public sector accounting standards.

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 the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

BDO Canada LLP, as the Centre's appointed external auditors, have audited the financial statements. The independent auditor's report is addressed to the Directors of the Centre and appears on the following pages. 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.

Kris Aubrey-
Bassler Digitally signed by
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Chair

Tom
Bursey Digitally signed by
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Director

Independent Auditor's Report

To the Directors of Newfoundland and Labrador Centre for Health Information

Opinion

We have audited the financial statements of Newfoundland and Labrador Centre for Health Information (the "Centre"), which comprise the statement of financial position as at March 31, 2022, the statements of operations and accumulated surplus, changes in net debt and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Centre as at March 31, 2022, and the result of its operations, change in net debt and cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Emphasis of Matter

We draw attention to Note 2 to the financial statements that describes the uncertainty of the Centre's ability to continue as a going concern as a result of the announcement by the Government of Newfoundland and Labrador that the Centre will undergo a change in structure. Our opinion is not qualified in respect of this matter.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Centre in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian 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.

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

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



Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

BDO Canada LLP

Chartered Professional Accountants

St. John's, Newfoundland and Labrador
June 22, 2022

Newfoundland and Labrador Centre for Health Information
Statement of Financial Position
March 31, 2022

	<u>2022</u>	<u>2021</u>
Financial Assets		
Cash and cash equivalents	\$ 9,056,792	\$ 12,427,530
Accounts receivable (Note 3)	<u>6,441,913</u>	<u>2,688,770</u>
	<u>15,498,705</u>	<u>15,116,300</u>
Liabilities		
Accounts payable and accrued liabilities (Note 4)	10,681,290	8,420,299
Deferred revenue	19,240,432	16,210,560
Accrued paid leave (Note 5)	4,784,586	4,575,511
Accrued severance pay (Note 6)	20,328	44,480
Accrued sick leave (Note 7)	<u>578,500</u>	<u>566,500</u>
	<u>35,305,136</u>	<u>29,817,350</u>
Net Debt	<u>(19,806,432)</u>	<u>(14,701,050)</u>
Non-Financial Assets		
Tangible capital assets (Schedule 1)	6,871,524	9,632,922
Inventory	53,816	292,848
Prepays (Note 8)	<u>9,601,869</u>	<u>5,617,928</u>
	<u>16,527,209</u>	<u>15,543,698</u>
Accumulated Surplus (Deficit)	<u>\$ (3,279,223)</u>	<u>\$ 842,648</u>

COVID-19 (Note 12)

Cyber Attack (Note 14)

Approved on behalf of the Centre:

Kris Aubrey-
Bassler

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Chair

Tom Bursey

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Director

**Newfoundland and Labrador Centre for Health Information
Statement of Operations and Accumulated Surplus
For the Year Ended March 31, 2022**

	2022 Budget (Note 11)	2022 Actual	2021 Actual
Revenue			
Grants			
Government of Newfoundland and Labrador	\$ 84,626,939	\$ 90,654,760	\$ 84,078,700
Canada Health Infoway	4,164,928	2,421,847	1,858,601
Atlantic Canada Opportunities Agency	-	-	489,816
Research	599,600	442,678	935,261
Interest	130,000	102,019	87,244
Other Projects	1,264,961	1,791,220	2,389,460
	<u>90,786,428</u>	<u>95,412,524</u>	<u>89,839,082</u>
Expenses (Schedule 2)			
Administration	6,425,884	3,558,795	4,463,300
Clinical Programs	18,684,142	19,861,573	21,230,734
Infrastructure, Information Protection and EHR Operations	56,500,256	57,742,608	56,698,968
Projects	6,549,697	4,359,509	2,237,212
Health Analytics and Evaluation Services	5,905,449	5,396,060	5,462,576
Cyber Attack (Note 14)	-	5,101,034	-
COVID-19 (Note 12)	862,700	753,419	3,098,709
	<u>94,928,128</u>	<u>96,772,998</u>	<u>93,191,499</u>
Annual Deficit Before Other Expenses	(4,141,700)	(1,360,474)	(3,352,417)
Other Expenses			
Amortization of tangible capital assets (Schedule 1)	2,763,969	2,761,397	3,391,951
Annual Deficit	(6,905,669)	(4,121,871)	(6,744,367)
Accumulated Surplus, Beginning of Year	842,648	842,648	7,587,015
Accumulated Surplus (Deficit), End of Year	<u>\$ (6,063,021)</u>	<u>\$ (3,279,223)</u>	<u>\$ 842,648</u>

Newfoundland and Labrador Centre for Health Information
Statement of Net Debt
For the Year Ended March 31, 2022

	2022 Budget (Note 11)	2022 Actual	2021 Actual
Annual Deficit	\$ (6,905,669)	\$ (4,121,871)	\$ (6,744,367)
Acquisition of tangible capital assets	-	-	(1,793,258)
Amortization of tangible capital assets	2,763,969	2,761,397	3,391,951
Decrease in inventory	-	239,032	293,819
(Increase) decrease in prepaids	-	(3,983,940)	697,191
	<u>2,763,969</u>	<u>(983,511)</u>	<u>2,589,703</u>
Change in Net Debt	(4,141,700)	(5,105,382)	(4,154,665)
Net Debt, Beginning of Year	<u>(14,701,050)</u>	<u>(14,701,050)</u>	<u>(10,546,385)</u>
Net Debt, End of Year	<u>\$ (18,842,750)</u>	<u>\$ (19,806,432)</u>	<u>\$ (14,701,050)</u>

**Newfoundland and Labrador Centre for Health Information
Statement of Cash Flows
For the Year Ended March 31, 2022**

	<u>2022</u>	<u>2021</u>
Operating Transactions		
Annual deficit	\$ (4,121,871)	\$ (6,744,367)
Items not affecting cash:		
Amortization of tangible capital assets	2,761,397	3,391,951
Changes in non-cash items:		
Increase in accounts receivable	(3,753,143)	(533,018)
Increase (decrease) in accounts payables and accrued liabilities	2,260,993	(3,392,411)
Increase in deferred revenue	3,029,872	552,020
Increase in accrued paid leave	209,075	926,835
(Decrease) increase in accrued severance pay	(24,152)	2,441
Increase (decrease) in accrued sick leave	12,000	(14,200)
Decrease in inventory	239,032	293,819
(Increase) decrease in prepaids	(3,983,941)	697,191
	<u>(3,370,738)</u>	<u>(4,819,739)</u>
Capital Transactions		
Acquisition of tangible capital assets (Schedule 1)	-	(1,793,258)
Decrease in Cash and Cash Equivalents	(3,370,738)	(6,612,998)
Cash and Cash Equivalents, Beginning of Year	12,427,530	19,040,528
Cash and Cash Equivalents, End of Year	\$ 9,056,792	\$ 12,427,530

1. Significant accounting policies

(a) Purpose of the organization and nature of operations

The Newfoundland and Labrador Centre for Health Information (the "Centre") was established by the Government of Newfoundland and Labrador in 1996, following the recommendation of the Health System Information Task Force (1995). The Newfoundland and Labrador Centre for Health Information Act was proclaimed April 27, 2007 and repealed March 12, 2018. The new Centre for Health Information Act, 2018 received Royal Assent March 12, 2018, and the Centre was continued 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, Canada Health Infoway Inc. and the Atlantic Canada Opportunities Agency, the Centre has been recognized for its contributions 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.

As part of the Provincial Government's approach to developing a province-wide shared services eHealth model of the health care system, the Centre, through the new Act, was mandated to develop and implement a Provincial eHealth Model. This model coordinated the information technology and information management functions of the four regional health authorities (the "RHAs") and the Centre into one provincial solution. Effective April 1, 2019, the information technology and information management functions of Central Regional Health Authority, Eastern Regional Health Authority, Labrador-Grenfell Regional Health Authority, Western Regional Health Authority, and the Newfoundland and Labrador Centre for Health Information have amalgamated into one organization.

(b) Basis of presentation

The financial statements are prepared using Canadian public sector accounting standards (PSAS).

(c) Revenue recognition

When the Centre is a recipient, government transfers are recognized as revenue in the financial statements when the transfer is authorized and any eligibility criteria are met, except to the extent that transfer stipulations give rise to an obligation that meets the definition of a liability. Transfers are recognized as deferred revenue when amounts have been received but not all eligibility criteria and/or stipulations have been met.

When the Centre is the transferor, government transfers are recognized as an expense in the statement of operations when they are authorized and all eligibility criteria have been met by the recipient.

Revenues from research and other projects are recognized when the related expenditures are incurred. Interest income is recognized as it is earned.

1. Significant accounting policies (continued)

(d) Employee benefits

Paid leave

Employees of the Centre are entitled to paid leave benefits as stipulated in their conditions of employment. The right to be paid these benefits vests immediately for employees. Paid leave is used as employees take time off, however balances accumulate and are paid out when employees cease employment with the Centre or another public sector employer, upon retirement, resignation or termination without cause. In accordance with PSAS for post-employment benefits and compensated absences, the Centre recognizes the liability in the period in which the employee renders service. The liability is reported at the gross amount by using the number of hours accrued at the employee's current rate of pay. The paid leave obligation has been calculated by management based on consultation with an actuary using assumptions based on management's best estimates of leave usage, future salary and wages changes, the probability of departure, the discount rate and other factors. The result was not materially different from the face value. Adjustments to the liability arising from plan amendments are recognized immediately.

Severance pay

Employees of the Centre are entitled to severance pay benefits as stipulated in their conditions of employment. The right to be paid severance pay vests for employees with nine years of continuous service with the Authority or another Newfoundland and Labrador Government employer. Severance pay is payable when the employee ceases employment with the Authority or the public sector employer, upon retirement, resignation or termination without cause. In accordance with PSAS for post-employment benefits and compensated absences, the Centre recognizes the liability in the period in which the employee renders service. The severance benefit obligation has been calculated by management based on consultation with an actuary using assumptions based on management's best estimates of future salary and wage changes, employee age, years of service, the probability of voluntary departure due to resignation or retirement, the discount rate and other factors. Discount rates are based on the Government's long-term borrowing rate. Actuarial gains and losses are deferred and amortized over the average remaining service life of employees, which is 15 years. Adjustments to the liability arising from plan amendments are recognized immediately.

Sick leave

Employees of the Centre are entitled to sick leave benefits that accumulate but do not vest. In accordance with PSAS for post-employment benefits and compensated balances, the Centre recognizes the liability in the period in which the employee renders service. The obligation is calculated by management based on consultation with an actuary determined using assumptions based on management's best estimate of the probability of use of accrued sick leave, future salary and wages changes, employee age, the probability of departure, retirement age, the discount rate and other factors. Discount rates are based on the Government's long-term borrowing rate. Actuarial gains and losses are deferred and amortized over the average remaining service life of employees, which is 15 years. Adjustments to the liability arising from plan amendments are recognized immediately.

1. Significant accounting policies (continued)

(e) 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 extending beyond the current year and are not intended for sale in the normal course of operations. The change in non-financial assets during the year, together with the excess of revenues over expenses, provides the change in net debt for the year.

(f) 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.

(g) Prepaids

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.

(h) Tangible capital assets

Tangible capital assets are recorded at cost less accumulated amortization. Amortization is provided for on a straight-line basis over the estimated useful lives of the tangible capital assets as follows:

Computer equipment	20%
Computer software	33%
Electronic Health Records - Labs	10%
Health Information Access Layer	10%
Leasehold improvements	10%
Office furniture	15%
Pharmacy Network	10%

(i) Use of estimates

The preparation of financial statements in accordance with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from management's best estimates. Estimates include the useful lives of tangible capital assets, rates of amortization of tangible capital assets, the assumptions used in determining accrued sick leave payable, and paid leave.

Newfoundland and Labrador Centre for Health Information
Notes to the Financial Statements
March 31, 2022

2. Going concern

On May 31, 2021, the Government of Newfoundland and Labrador announced that as part of their fiscal 2022 budget mandate to streamline business and corporate services, the Centre will undergo a change in structure that will result in operations moving from a separate Crown agency to part of government. Subsequent to year-end, the Centre was provided its 2023 budget and was advised by the Department of Health and Community Services to carry out operations and fulfill its mandate. As of the report date, there was no set timeline for the structural change.

The Centre's ability to continue as a going concern is dependent upon the continued financial support of the Government of Newfoundland and Labrador and their decision on whether the Centre will continue to provide services.

These financial statements are prepared on a going concern basis in accordance with Canada Public Sector Accounting Standards, which assumes that the Centre or core government will continue operations of the Centre, realize on its assets, and discharge its liabilities in the normal course of operations. If the going concern assumption were not appropriate for these financial statements then adjustments may be necessary to the carrying value of the assets and liabilities.

3. Accounts receivable

	<u>2022</u>	<u>2021</u>
Trade accounts receivable	\$ 4,538,041	\$ 1,110,758
Government remittances receivable	1,011,088	660,127
Regional Health Authorities	892,784	917,885
	<u>\$ 6,441,913</u>	<u>\$ 2,688,770</u>

4. Accounts payable and accrued liabilities

	<u>2022</u>	<u>2021</u>
Trade accounts payable	\$ 10,201,443	\$ 8,164,037
Vacation and compensatory pay	205,574	244,734
Government remittances payable	274,273	11,528
	<u>\$ 10,681,290</u>	<u>\$ 8,420,299</u>

5. Accrued paid leave

The Centre provides paid leave benefits to employees to be used for vacation, sick leave, personal leave and other absences. Employees receive between six and eight weeks of paid time off per year, depending on years of service with the Centre. Employees must use a minimum of three weeks paid leave time per year, and may carry forward excess balances. The paid leave benefits can be used at any time, however the accumulated balances are only paid out upon termination, resignation or retirement. Below is the accrued paid leave obligation:

	<u>2022</u>	<u>2021</u>
Balance, beginning of year	\$ 4,575,511	\$ 3,648,676
Accrued during the period	1,955,423	2,325,980
Benefits payments	<u>(1,746,348)</u>	<u>(1,399,145)</u>
Balance, end of year	<u>\$ 4,784,586</u>	<u>\$ 4,575,511</u>

	<u>2022</u>	<u>2021</u>
Net benefit expense for the year:		
Paid leave included in salaries and benefits expense	<u>\$ 1,955,423</u>	<u>\$ 2,325,980</u>

Accrued paid leave has been calculated based on the guidance provided by actuary and was completed effective March 31, 2022. The significant assumptions shown below are based on future events.

	<u>2022</u>	<u>2021</u>
Discount rate	2.8%	3.0%
Average remaining service period of active employees	13 years	14 years
Wage and salary escalation	2.9%	3.0%

6. Accrued severance pay

In 2019, the severance plan was terminated and a plan settlement of severance benefits for executives, managers, and other non-union employees was negotiated. As a part of this plan settlement, employees with at least one year of eligible service received a lump sum payout of their accrued severance benefit based on pay and service as at May 31, 2018. Individuals either took payment by March 31, 2019, or elected to defer payment for a short period.

In 2019 the Centre recognized a loss on plan the settlement of \$541,096, and received funding from the Government of Newfoundland and Labrador in the amount of \$1,852,389 towards funding the payouts.

Accrued Benefit Obligation:	<u>2022</u>	<u>2021</u>
Balance, beginning of the year	\$ 44,480	\$ 42,039
Benefits payments	(24,152)	(45,486)
Severance adjustment	-	47,927
Balance, end of year	<u>\$ 20,328</u>	<u>\$ 44,480</u>

**Newfoundland and Labrador Centre for Health Information
Notes to the Financial Statements
March 31, 2022**

7. Accrued sick leave

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 of agency with accumulated sick leave days. The following accrued benefit obligation has been determined internally, based on consultation with an actuary:

Accrued benefit obligation:	2022	2021
Balance, beginning of year	\$ 566,500	\$ 580,700
Current period benefit cost	12,000	29,900
Benefits payments	-	(44,100)
Balance, end of year	\$ 578,500	\$ 566,500

Net benefit expense for the year:	2022	2021
Interest cost	\$ 12,000	\$ 34,400

8. Prepaids

Prepaid expenses are made up of the following:

	2022	2021
Software licenses and maintenance	\$ 8,901,869	\$ 4,724,797
Rent	-	109,313
RHA advances and other	700,000	783,818
	\$ 9,601,869	\$ 5,617,928

9. Public Service Pension Plan and Government Money-Purchase Pension 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 contributions Government Money-Purchase Pension Plan (GMPP) for part-time employees. The assets of the plan 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 and benefits as follows:

9. Public Service Pension Plan and Government Money-Purchase Pension Plan (continued)

- (i) 1.75% 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 \$1,792,882 (2021 - \$2,929,670). Additional information about the plan surplus or deficit is not available.

10. Lease commitments

The Centre has long-term contracts relating to the rental of office space, equipment lease and software fees. The Centre has committed to make the approximate payments for the next five years as follows:

2023	\$ 8,199,636
2024	\$ 4,216,401
2025	\$ 2,879,139
2026	\$ 932,099
2027	\$ 120,000

11. Budget

The financial plan presented in the statement of operations and statement of net debt is in accordance with PSAS, and agrees to the budget as approved by the Finance and Audit Committee.

12. COVID-19

The Centre has played an important role in assessing the impacts of COVID-19 as its mandate is to assist and support the general public, regional health authorities and health service providers. As such, the Centre incurred costs related to the operation of COVID-19 vaccination clinics and work related to communicating information related to the pandemic to healthcare practitioners and the general public. During fiscal 2021, the Centre received one-time funding of \$2,677,000 from the Federal Government under the Safe Restart Agreement, as well as \$1,000,000 from Canada Health Infoway Inc., which were used to offset these expenses. As the pandemic is ongoing, future impact on the Centre is uncertain, however the Centre actively monitors its financial position through its budgeting process and communicates this to the provincial government regularly to ensure adequate funding is available to fulfill its mandate. In addition, during fiscal 2021, the Centre received one-time funding of \$855,100 related to the provincial fall flu vaccination clinics.

13. Economic Dependence

The Centre is dependent on transfers from the Province of Newfoundland and Labrador to fund ongoing operations.

14. Cyber Attack

During the year, the four regional health authorities were victims of a cyber attack which resulted in significant disruptions to the health care system in Newfoundland and Labrador. While there was no direct impact on the Centre's IT systems or infrastructure, the Centre deployed significant resources to support and respond to the cyber attack, which resulted in expenses of \$5,101,034. The Centre received funding towards these expenses from the Government of Newfoundland and Labrador, Department of Health and Community Services totalling \$3,772,900.

Newfoundland and Labrador Centre for Health Information
Schedule of Tangible Capital Assets
Year Ended March 31, 2022

Schedule 1

Cost	Computer equipment	Office furniture	Computer software	Leasehold improvements	Pharmacy network	Electronic Health Records - Labs (iEHR Labs)	Health Information Access Layer (HIAL)	2021	
								2021	2022
Opening costs	\$ 17,587,001	\$ 428,230	\$ 8,390,916	\$ 300,481	\$ 10,334,829	\$ 8,332,003	\$ 8,291,888	\$ 53,665,347	\$ 51,872,091
Additions during the year	-	-	-	-	-	-	-	-	1,793,258
Disposals and write downs	-	-	-	-	-	-	-	-	-
Closing costs	17,587,001	428,230	8,390,916	300,481	10,334,829	8,332,003	8,291,888	53,665,347	53,665,349
Accumulated Amortization									
Opening accumulated amortization	13,985,841	402,534	8,137,526	272,867	10,017,337	4,672,055	6,544,266	44,032,425	40,640,476
Amortization	1,201,048	9,180	206,751	3,606	80,265	832,559	427,989	2,761,397	3,391,951
Disposals and write downs	-	-	-	-	-	-	-	-	-
Closing accumulated amortization	15,186,889	411,714	8,344,277	276,473	10,097,602	5,504,614	6,972,254	46,793,823	44,032,427
Net Book Value of Tangible Capital Assets	\$ 2,400,112	\$ 16,515	\$ 46,639	\$ 24,008	\$ 237,228	\$ 2,827,389	\$ 1,319,634	\$ 6,871,524	\$ 9,632,922

The accompanying notes are an integral part of these financial statements.

Schedule of Expenses

For the Year Ended March 31, 2022

	2022	2021
Administration		
Audit fees	\$ 32,850	\$ 37,700
Bank and payroll fees	61,876	59,180
Consulting fees	39,581	116,814
Insurance	43,115	71,572
License fees	39,925	25,988
Other	50,009	302,321
Professional fees	26,973	34,083
Rent	1,141,473	1,141,473
Salaries and benefits	2,011,773	2,488,884
Software maintenance	48,492	31,472
Telecommunications	29,019	128,996
Training	33,709	24,817
	3,558,795	4,463,300
Clinical Programs		
Consulting fees	951,121	1,619,675
License fees	4,092,839	2,302,600
Minor equipment	137,005	107,625
Other	22,274	4,459
Rent	11,300	33,900
Salaries and benefits	10,684,475	10,538,727
Software maintenance	3,854,778	6,580,059
Telecommunications	13,773	12,964
Travel	94,008	30,725
	19,861,573	21,230,734
Infrastructure, Information Protection and EHR Operations		
Computer supplies	111,716	144,777
Consulting fees	793,898	446,125
Data storage and backup charges	4,930,447	3,602,603
Leased equipment	1,507,092	529,797
License fees	7,437,694	6,877,596
Minor equipment	2,652,945	1,700,083
Office supplies	34,611	66,085
Other	33,589	188,339
Rent	422,063	166,587
Salaries and benefits	18,521,198	18,755,846
Software maintenance	12,673,338	15,538,092
Telecommunications	8,579,670	8,656,032
Travel	44,347	27,006
	57,742,608	56,698,968

Newfoundland and Labrador Centre for Health Information
 Schedule of Expenses
 For the Year Ended March 31, 2022

Schedule 2

	<u>2022</u>	<u>2021</u>
Projects		
Consulting fees	902,505	661,807
Equipment and RHA reimbursements	-	586,400
License fees	1,022,613	409,850
Minor equipment	415,273	-
Other	41,860	794
Salaries and benefits	1,904,248	541,022
Software maintenance	73,010	37,339
	<u>4,359,509</u>	<u>2,237,212</u>
Health Analytics and Evaluation Services		
Consulting fees	13,250	26,748
License fees	84,471	21,265
Other	11,095	11,132
Salaries and benefits	4,972,407	5,137,447
Software maintenance	314,837	265,984
	<u>5,396,060</u>	<u>5,462,576</u>
Cyber Attack		
Consulting fees	3,389,085	-
License fees	541,850	-
Minor equipment	25,981	-
Professional fees	490,617	-
Salaries and benefits	382,038	-
Software maintenance	144,446	-
Telecommunications	127,017	-
	<u>5,101,034</u>	<u>-</u>
COVID-19		
Consulting fees	230,824	423,000
License fees	408,864	1,075,302
Minor equipment	22,076	600,535
Other	15,302	42,552
Salaries and benefits	66,466	938,394
Telecommunications	9,887	18,926
	<u>753,419</u>	<u>3,098,709</u>
Total expenses	<u>\$ 96,772,998</u>	<u>\$ 93,191,499</u>