

Taking health information further

Information Gaps

Population Health

Health Care Management

Public Awareness

Information Standards

Research and Analysis

People

Annual Report for 2004–2005



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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ISBN 1-55392-651-X (PDF)

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Cette publication est aussi disponible en français sous le titre :
Institut canadien d'information sur la santé — Rapport annuel pour 2004-2005
ISBN 1-55392-652-8 (PDF)

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Message From the Board Chair

The world of health information is evolving rapidly, and so is CIHI. Working with partners across Canada since its inception in 1994, CIHI has made important progress in improving both the reach and the quality of its data and analysis. But to keep pace with the growing demand for quality health information, CIHI must take on an even greater leadership role.

In March 2004, I assumed my role as Board Chair, and several months later Glenda Yeates joined CIHI as President and CEO. We felt that the 10th anniversary of the organization was a good moment to look forward to the future.

Through a year-long strategic planning exercise, we engaged CIHI's Board, staff members and external stakeholders in critical discussions to confirm that our strategic directions over the coming three to five years are the right ones, while seeking opportunities to further enhance the extent to which CIHI can respond to the information needs of governments, managers of the health system and Canadians at large.

CIHI has worked hard to develop a solid reputation for continually expanding the availability of quality, comparable health information. This solid reputation begins with leadership, and CIHI has been fortunate to have a strong board with regional, federal and pan-Canadian representation. Our Board recognizes the enormous value of reliable and timely information in supporting decision-making at both the policy and management levels of Canada's health system.

As CIHI moves forward in its second decade, it will continue to play an increasingly important role in the development of health information in Canada. But as we go forward, we are very much aware of the challenges before us. Clearly, the development of better health information needs to be an ongoing priority in a renewed health system. To this end, we at CIHI look forward to continuous fruitful collaboration with our many partners throughout the country in the years to come.



Graham W. S. Scott, Q.C.
Chair of the CIHI Board



Message From the President and CEO

This past year, my first as President and CEO, marked the transition from one decade to another for CIHI. It was also a year of expansion—more data holdings, more analysis, more staff and more opportunities to deliver on a vision of shedding light on health and health delivery in Canada through strong and reliable health information.

In 2004–2005, CIHI became a truly pan-Canadian organization with the signing of a bilateral agreement with Quebec. CIHI also received a strong vote of confidence when the First Ministers agreed that CIHI should take the lead on reporting progress on wait times across jurisdictions.

We continue to work towards developing more and better health information. It is why we are broadening the reach of our analytical reporting to ensure that we provide policy- and decision-makers, researchers and Canadians the analysis behind the data. Getting the information to the people who can use it is a priority for CIHI.

As CIHI has evolved, we have also made important strides in the breadth of our databases and reporting systems—moving beyond acute care into the areas of continuing care and home care, as well as working to expand the scope of our health human resource databases beyond physicians and nurses. CIHI also has made good progress in the important area of prescription drugs, with much work having been completed in the development of the National Prescription Drug Utilization Information System (NPDUIS). This is a significant investment in enhancing knowledge of the health care system. Finally, CIHI has greatly expanded its expertise and reporting in the area of population health. Understanding what makes Canadians and their communities healthy is as important as providing information about those who are sick.

Producing comprehensive, high-quality and timely Canadian health information is truly a cooperative effort. We benefit greatly from the cooperation and support of data providers throughout the country and work closely with our many data users to ensure that we respond effectively to their needs. As part of our external strategic planning exercise for CIHI, we also travelled across the country to meet with decision-makers and stakeholders so that CIHI can make its work even more relevant to the health care system and the health of Canadians.

One of our proudest moments this past year was when CIHI made the list of top 100 Employers in Canada. We will continue to work hard to be an organization that not only produces quality information, but also respects the contributions of the people behind that information.



Glenda Yeates
President and CEO



Board of Directors and Senior Management

CIHI's Board of Directors

Chair

Graham W. S. Scott, Q.C.
Managing Partner, McMillan Binch
Mendelsohn LLP

Glenda Yeates (ex officio),
CIHI President and CEO

Canada-at-Large

Roberta Ellis
Vice-President, Prevention Division, Workers'
Compensation Board of British Columbia

Dr. Peter Barrett
Physician and Faculty, University of Saskatchewan
Medical School

Chair, CPHI Council

Dr. Richard Lessard
Director of Prevention and Public Health,
Agence de développement de réseaux
locaux de services de santé et de services
sociaux de Montréal

Health Canada

Morris Rosenberg
Deputy Minister

Statistics Canada

Dr. Ivan Fellegi
Chief Statistician of Canada

REGION 1 British Columbia and Yukon Territory

Dr. Penny Ballem
Deputy Minister, British Columbia
Ministry of Health Services

Malcom Maxwell
CEO, Northern Health Authority

REGION 2 The Prairies, the Northwest Territories and Nunavut

Dr. Brian Postl
CEO, Winnipeg Regional Health Authority

Sheila Weatherill,
Vice Chair of CIHI Board and
President and CEO, Capital Health Authority

REGION 3 Ontario

Ron Sapsford
Deputy Minister,
Ontario Ministry of Health and Long-Term Care

Kevin Empey
Vice-President, Finance and Corporate Services,
University Health Network

REGION 4 Quebec

Jocelyne Dagenais
Assistant Deputy Minister of Strategic Planning,
Evaluation and Information Management
Ministère de la Santé et des Services sociaux

David Levine
President and Director General, Agence de
développement de réseaux locaux de services
de santé et de services sociaux de Montréal

REGION 5 Atlantic

Nora Kelly
Deputy Minister, New Brunswick Ministry
of Health and Wellness

Alice Kennedy
Vice-President, Resident Care St. John's Nursing
Home Board, Newfoundland and Labrador

Senior Management

Glenda Yeates
President and Chief Executive Officer

Bruce Petrie
Vice-President and Chief Operating Officer

Jennifer Zelmer
Vice-President, Research and Analysis

Jack Bingham
Director, Health Reports and Analysis

Brent Diverty
Director, Health Services Information (Ottawa)

Mark Fuller
Director, Architecture, Planning and Standards

Elizabeth Gyorf-Dyke
Director, Canadian Population Health Initiative

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Caroline Heick
Director, Data Quality and Classifications

Nizar Ladak
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André Lalonde
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Anne McFarlane
Executive Director, Western Office

Scott Murray
Chief Technology Officer

Andrea Neill
Chief Privacy Officer

Karl Neremberg
Director, Communications and Outreach

Louise Ogilvie
Director, Health Resources Information

Sylvain Rocque
Chief Financial Officer

Serge Taillon
Executive Director, Quebec

Greg Webster
Director, Research and Indicator Development

CIHI has a 16-member board of directors constituted to create a balance among health sectors and regions of Canada. It links federal, provincial and territorial governments with non-government health-related groups. The Board provides oversight and strategic guidance to CIHI, as well as advice to the Conference of Deputy Ministers of Health and to the Chief Statistician of Canada on health information matters.

Taking Health Information Further

More and more, Canadians are turning to CIHI for information they can trust—information that will guide their decisions.

The key to CIHI's achievements is collaboration. CIHI is a focal point for cooperation among major health players—from the provincial and territorial governments, the regional health authorities and the hospitals, to the federal government, the researchers and the associations representing health care professionals.

What We Do

CIHI provides Canadians with essential statistics and analysis about their health and their health care system. Over the past decade, we have worked hard to become an indispensable source of information for health care managers, policy-makers, researchers and members of the public seeking answers to critical questions around the delivery of health care: Is the health system training enough health care professionals and is it making optimal use of their skills? Are Canadians getting reasonable access to the health services they need? Are we investing in the right resources and equipment?



- **Informing public policy:** CIHI supports the development of key data and information to inform policies that impact the health of Canadians.
- **Supporting health care management:** CIHI generates information that helps governments, regional health authorities, health system managers and various organizations within and outside the health sector make decisions to ensure optimal use of resources and improve health outcomes.
- **Building public awareness:** CIHI informs Canadians about their health system and the factors that affect their health.

Our Vision

- To improve the health of Canadians and strengthen their health system by
 - developing, integrating and disseminating timely and relevant health and health services information
 - facilitating informed discussion and evidence-based decision-making

- To coordinate the development and maintenance of a comprehensive and integrated approach to health information for Canada
- To provide and coordinate the provision of accurate and timely data and information required for
 - establishing sound health policy
 - effectively managing the Canadian health system
 - generating public awareness about factors affecting good health

Through the work carried out by the Canadian Population Health Initiative (CPHI), CIHI aims to

- foster a better understanding of factors that affect the health of individuals and communities
- contribute to developing policies that reduce inequities and improve the health and well-being of Canadians

Our Mandate



CIHI in Focus: 2004–2005

This year was one of transition for CIHI—to its second decade, to new leadership and to new strategic directions. After 10 years, CIHI has evolved into a mature organization that is delivering high-quality, reliable and timely information that is needed to establish sound health policies, manage the Canadian health system effectively and create public awareness of factors affecting good health. It was also a year of expansion—through the enhancement and development of data holdings and analysis, more staff and more offices to better serve the needs of our stakeholders and clients across Canada.

CIHI Coast to Coast

CIHI is a premier source of unbiased, credible and comparable health information. Now, with the signing of a bilateral agreement with Quebec, CIHI is closer than ever to the goal of providing comparable data across all the health systems in Canada.

Each region in Canada faces its particular health challenges, and has its unique ways of delivering care. To improve our regional knowledge, as well as to enhance our services to our clients, CIHI is establishing more offices across Canada.

In the West, we have opened an office in Edmonton—in addition to our office in Victoria—and have also established advisory committees to provide guidance on the particular needs of the western provinces. Two new initiatives, the End of Life Project and the Cardiac Registry Project, are designed to respond to information priorities identified by health practitioners and decision-makers in Western Canada.



WWW.CIHI.CA

“Understanding health care in Canada means understanding the performance of one region compared to another.”

Research and Indicator Development

TAKING HEALTH INFORMATION FURTHER.

Responding Where Health Information Is Needed

CIHI has key working relationships with Health Canada, Statistics Canada, provincial and territorial governments, service providers, researchers, the media and others involved in the health sector. Collaboration is essential to CIHI's success in delivering accurate, objective and rigorous health information. As well, we take care to understand the emerging health information needs of our partners. In doing so, we can respond with information that they can apply to improving the health system and the health of Canadians.

- In response to a growing interest in patient safety, CIHI and the Canadian Institutes of Health Research (CIHR) released in 2004–2005, the findings from the jointly funded CIHI/CIHR study, *The Canadian Adverse Events Study*. This groundbreaking patient safety study provided the first national information on adverse events in Canadian hospitals.
- CIHI also hosted several very successful conferences and symposiums, including *e-Health 2004* in Victoria (British Columbia), the HL7 Canada and Partnership Conferences in Calgary and Montréal, and the *2004 Data User's Conference* in Ottawa. These conferences help information providers and users identify gaps in health information, as well as learn the latest innovations in information delivery.
- CIHI collaborated with the College of Family Physicians of Canada (CFPC), the Canadian Medical Association (CMA), and the Royal College of Physicians and Surgeons of Canada (RCPSC) in a National Physician Survey of Canadian physicians, residents and medical students. The survey produced an assessment of what physicians are currently doing, as well as the perspectives of the physicians of tomorrow, in responding to societal health care needs
- Health information needs have also expanded with the addition of new agencies such as the Health Council of Canada, the Canadian Patient Safety Institute, and the Public Health Agency of Canada. CIHI has worked and will continue to work with these organizations in supporting their specific information requirements.

Enhancing and Developing Data Holdings

Answering fundamental questions about Canadians' health and the health system requires a systematic approach to data collection, sharing and analysis. CIHI strives to reach a balance between addressing its stakeholders' emerging information needs and maintaining and improving existing data holdings, both in the areas of health and health care. CIHI works closely with Statistics Canada to identify priorities for data development, and to ensure there is no duplication of effort. Over the past year

- CIHI led the development of a pan-Canadian pharmaceutical information system. The National Prescription Drug Utilization Information System (NPDUIS) will serve Canadians by providing access to comprehensive and comparative information on the use of publicly funded prescribed drugs across the country. Already, CIHI is initiating expansion of this system to include data from privately funded drug programs.
- In the important area of patient safety, CIHI worked with Health Canada and the Institute for Safe Medication Practices Canada (ISMP Canada) on the development of the Canadian Medication Incident Reporting and Prevention System (CMIRPS), a national tool designed to further enhance the safety of medication use in Canada.

Data from CIHI's National Trauma Registry were featured in Safe Kids Canada's report, *Booster Seat Use in Canada: A National Challenge*. The data showed a substantial decrease in car crash hospitalizations for children under 5 and aged 10 to 14, but a much smaller drop in hospitalizations for children aged 5 to 9—the booster seat target population. As a result of Safe Kids Canada's push for stronger booster seat legislation, the Ontario government introduced new legislation making booster seats mandatory for children weighing 40 to 80 pounds.

- With the support from the British Columbia Ministry of Health, CIHI has moved rapidly forward with the development of the Home Care Reporting System (HCRS). This system will contain demographic, administrative and clinical data for clients receiving home care services in Canada. In 2004–2005 CIHI held educational sessions focused on the HCRS in British Columbia—the first province to implement the system.
- With the support of the Ontario Ministry of Health and Long-Term Care, CIHI has also moved forward on the development of the Ontario Mental Health Reporting System (OMHRS), which will contain demographic, administrative and clinical data for clients receiving inpatient mental health care in Ontario.
- CIHI worked hard to expand knowledge of health care professionals beyond nurses and physicians, launching in 2005 the development of new databases for physiotherapists, occupational therapists and pharmacists.

More Analysis

Data users increasingly turn to CIHI for analysis of the latest health statistics and data. Over the years, CIHI has expanded and strengthened its data holdings substantially, enabling the development of many new reports that help increase overall understanding of the weaknesses and strengths of the health system. The new knowledge generated in these reports also increases understanding of the health of Canadians.

- **Health Care in Canada, 2004**—CIHI's fifth annual report on the performance of the health care system was released on June 9, 2004, along with *Health Indicators, 2004*, which provided new and updated regional- and provincial-level health indicators. The 2004–2005 report, which received significant media attention, showcased advances in patient safety and presented new patient safety indicators such as in-hospital hip fracture rates.
- **Giving Birth in Canada**—The first of a series, focusing on providers of maternal and infant care, was released in April 2004. Among other findings, the report showed that while most family physicians still provide some maternity care, fewer are delivering babies than in the past. The second report of this series, focusing on regional profiles of selected indicators on the health and health status of Canadian mothers and babies, was released in September 2004.
- **Inpatient Rehabilitation in Canada, 2003–2004**—This report focused on access to rehabilitation care across Canada. Among other findings, it showed that nearly 70% of hospital patients who were deemed ready for physical rehabilitation waited, on average, no longer than one day to be admitted to a rehabilitation hospital or unit in 2003–2004.

Each year, CIHI and Statistics Canada jointly release *Health Indicators*, a set of comparable information at the provincial/territorial and health region levels. As a follow-up to the project, CIHI worked with the University of Ottawa Heart Institute to better understand regional indicator results on post-heart attack deaths. Based on the analysis, all hospitals in the region are working on a common care plan for heart attack patients. A second project has been implemented by Ottawa-area hospitals, focused on new ways of caring for a sub-group of patients that benefit significantly from aggressive, timely treatment.

- **The Evolving Role of Canada's Family Physicians**—Based on CIHI's National Physician Database, this report examined how family doctors' billing practices changed over the 10-year period from 1992 to 2001. It also described changes in the family practice environment, including medical training trends, and regulatory and policy developments, as well as societal changes.
- **Medical Imaging Technology in Canada**—CIHI released its second annual comprehensive report on the imaging field in Canada. It incorporated the results of the National Survey of Selected Medical Imaging Equipment, as well as new data from Statistics Canada, provincial and territorial ministries of health, professional associations and other sources.
- **Media releases and special bulletins**—During this past year, CIHI also issued a number of media releases and special bulletins that focused on key findings relating to organ donation, end-stage renal diseases, heart transplantations, playground injuries, obesity and bullying behaviours, access to care and participation in preventive health programs and sport and recreational injuries. These releases and special bulletins drew from CIHI's databases and CPHI-funded research to provide new information on health topics of interest to Canadians.

Creating New Population Health Knowledge

Patterns of health and disease are largely a consequence of how we learn, live and work. CIHI's Canadian Population Health Initiative (CPHI) seeks to link population health researchers and policy-makers so that the latest knowledge in population health can be translated into policies that improve the health of Canadians. CPHI disseminates the latest national and international findings and research in the area of population health through reports, education workshops and outreach to a broad cross-section of health stakeholders and policy developers across Canada.

- **CPHI released *Women's Health Surveillance Report—Supplementary Chapters***, which featured some of the latest research on women's health in Canada, written by experts from across the country. These new chapters focused on three issues: ethnicity and immigration, health care utilization and the relationship between income and health.

- **Select Highlights on Public Views of the Determinants of Health** examined the public’s understanding of health and the factors that influence health. The report synthesized the findings from the Secondary Analysis of the Citizens’ Dialogue on the Future of Health Care in Canada, media monitoring, review of public opinion surveys and CPHI’s Public Opinion Survey.
- **Overweight and Obesity in Canada: A Population Health Perspective**, also CPHI-funded research, applied a population health lens to the problem of obesity. The paper identified priorities for future policy-relevant research and presented options for promising interventions for reducing population obesity levels.
- CPHI also delivered education workshops on population health across the country, and actively disseminated the results of some of the latest population health research through research summaries, reports and its **Health of the Nation** newsletter.



WWW.CIHI.CA

*“We are answering the question:
What makes Canadians healthy?”*

TAKING HEALTH INFORMATION FURTHER.

Improving Access to Data While Respecting Privacy

CIHI puts a high priority on making data available to its key stakeholders in easily accessible ways. Equally important, CIHI is committed to protecting privacy and ensuring the confidentiality of the patient-level data entrusted to it. To this end, CIHI maintains an active privacy and confidentiality program, seeking out and incorporating the emerging best practices consistent with privacy legislation across the country.

- **CIHI Portal:** development work continued on the health information portal, including implementation of a new user interface. Plans for a large-scale test starting in the fall of 2005 were also developed.
- **Education:** A new e-learning software solution (Force Ten) was installed and integrated, and several new training modules were developed. CIHI actively promoted and delivered over 300 education sessions (including workshops and Web conferences) for its clients.
- **Privacy:** CIHI became one of four organizations designated a “prescribed entity” in Ontario when, on November 1, 2004, Ontario passed the *Personal Health Information Protection Act* and accompanying regulations. The “prescribed entity” designation acknowledges the special role that CIHI and the other three organizations play in collecting, using and disclosing health information in Ontario for the purpose of analysis and management of the health system.

Enhancing Information Quality

CIHI is taking a leadership role in improving data and information quality. In doing so, it works closely with its data providers across Canada—as well as with Statistics Canada and other users of health information—to identify and strengthen quality assurance processes that will ensure maximum quality in both data collection and data analysis.

- In 2004–2005, CIHI was involved in carrying out a number of reabstraction studies, including data collection and analysis for a national study of first-year implementers of ICD-10-CA/CCI. In addition, CIHI worked with the Ontario Ministry of Health and Long-Term Care and the Canadian Health Information Management Association on a large-scale reabstraction study involving Ontario case-costing facilities.
- CIHI provided field support to facilities across Canada implementing ICD-10-CA and CCI. This support included delivery of numerous education and training sessions to users, development and dissemination of various education and learning materials, as well as provision of answers to queries received through CIHI's Web-based coding query service.
- CIHI and Statistics Canada worked together in providing to the provincial and territorial deputy ministers of health data quality progress reports on several databases. These reports were intended to help jurisdictions better understand the level of data quality for their submissions.
- On the international front, CIHI assumed formal responsibility for the Secretariat function of the international WHO Update Reference Committee for ICD-10.

The Canadian Mental Health Association (CMHA) recently applied the much-stated notion: if you want to live in a state of “positive mental health,” don’t be poor. In materials published for their Citizens for Mental Health project, the Association concluded that “income security” is a key determinant of mental health in every community in Canada. Canadians living at higher social and economic levels are more likely to experience more positive states of mental health and well-being than those at lower levels. To reach this conclusion, the Association tapped into findings from CIHI’s Canadian Population Health Initiative showing that over the past 25 years, both life expectancy and average income in Canada have increased, but health status differences between income groups persist.

Our People

CIHI has expanded rapidly to meet the growing demand for reliable and timely health information.

- As of 2004–2005, CIHI employed over 400 highly educated and skilled people—spread out among the Ottawa, Toronto, and Victoria and Edmonton offices. All this growth has only strengthened CIHI’s commitment to being a good place to work. In fact, in fall 2004, *Maclean’s* magazine named CIHI as one of Canada’s top 100 employers.
- In Ottawa, CIHI has consolidated operations and relocated existing staff to new office space.
- CIHI is actively working to recruit new staff to add to its complement of highly educated and professional employees.
- As well, with the signing of the bilateral agreement with Quebec, work continues on enhancing CIHI’s bilingual capacity among its employees and ensuring that products and services are made available in both languages.



Looking Ahead

CIHI's priorities for the next several years are outlined in *Strategic Directions 2005–2006 to 2007–2008*, a companion document to this annual report. This document is the result of a year-long strategic planning process, under the direction of CIHI's Board of Directors. This process was informed by consultations with governments, regional health authorities, health system managers, researchers and various organizations across the health sector.

The consultation process clearly reaffirmed CIHI's overall vision and mandate, while identifying a number of common messages and emerging themes for future directions and priorities. Here is some of what we heard:

- Stakeholders value CIHI's diverse data holdings and analytical expertise—and expect CIHI to continue developing increasingly insightful and innovative analysis and reports. They regard CIHI as an objective, unbiased and trusted source of health information, one that presents the facts—"what is"—rather than policy recommendations about "what should be."
- Stakeholders want CIHI to focus, in the coming years, on action-oriented information that our partners can use to help Canadians live longer, healthier lives and to improve health policy and health services.
- We also heard that policy-makers and managers look to CIHI to help them better understand and use our products—and that increased access to data and other relevant tools were key elements to this strategy.
- Stakeholders emphasized the importance of data quality and supported CIHI's data quality efforts.
- Finally, stakeholders reaffirmed CIHI's continued role in addressing information gaps, and urged CIHI to take a strong leadership role in developing and maintaining comparable data content standards and data definitions that are key to producing nationally and internationally comparable health information, both today and in the future.

Turning Vision Into Action—2005–2006

CIHI will work hard to turn vision into action, so that the strategic priorities we've identified inform the work we do in the years ahead.

CIHI will continue to expand its data holdings, and to sustain its emphasis on improving the overall quality of its data holdings. It will also continue to invest more resources in producing insightful and innovative analysis and reports that add to our knowledge of Canadians' health and Canada's health system. Through media releases, bulletins and other useful tools, we will work hard to deliver action-oriented information and improve access to our data. Finally, we will provide leadership in ensuring that future information needs are met.

Some specific goals for the year ahead include the following:

- In the important area of primary health care, CIHI is leading the development of pan-Canadian primary health care indicators. The resulting indicators will help Canadians measure the effectiveness of changes to the delivery of primary health care.
- Improving access to care, including wait times, has consistently been identified as a priority for Canadians from coast to coast. In the first ministers' *Ten-Year Plan to Strengthen Health Care*, CIHI was given the role of reporting progress on wait times; through developmental work on wait time indicators, some light will be shed on this important issue.
- CIHI will respond to emerging provincial, regional and local needs. Expanding our presence and activities in the province of Quebec, including opening a new regional office, will be a top priority. The focus in the regions will be on identifying opportunities to align existing CIHI products and services to address specific needs and projects in these regions.
- CIHI will support the information needs of its major stakeholders—including provincial and territorial governments, regional health authorities, health system managers and researchers.
- In cooperation with its partner, Statistics Canada, CIHI will support the information needs of new agencies such as the Health Council of Canada, the Canadian Patient Safety Institute, Canada Health Infoway, the Public Health Agency of Canada and other national health organizations.

- CIHI will continue to refine quality assurance programs for CIHI data holdings. Specific initiatives in data quality include the development of a corporate data dictionary, as well as the exploration of mechanisms for working with stakeholders—including data suppliers and researchers—to increase awareness and enhance the quality of CIHI data holdings.
- CIHI will continue work on the redevelopment of its acute care inpatient grouping methodology (and related resource indicators) using ICD-10-CA and CCI activity and patient-specific cost data, and will release new ICD-10-CA/CCI-based grouping methodologies for day surgery (such as DPG) and ambulatory care (such as CACS) patients.
- Strengthening CIHI's capacity to sustain the momentum of rapid growth is a key priority for the coming year. Emphasis will be placed on the active recruitment and retention of human resources. As well, greater attention will be devoted to developing the organization's capacity to provide products and services in both official languages.

www.cihi.ca

“Our health data contributes to bringing improvement to Canadians’ lives.”

Canadian Joint Replacement Registry (CJRR)

TAKING HEALTH INFORMATION FURTHER.



Auditors' Report on Summarized
Financial Statements

Auditors' Report on Summarized Financial Statements

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

The accompanying summarized balance sheet, statements of revenue and expenses and cash flows are derived from the complete financial statements of the Canadian Institute for Health Information as at March 31, 2005 and for the year then ended on which we expressed an opinion without reservation in our report dated May 6, 2005. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

Ottawa, Canada,

May 6, 2005.



Ernst & Young

Chartered Accountants

Balance Sheet

As at March 31

	2005	2004
	\$	\$
ASSETS		
Current		
Cash	673,048	984,494
Accrued interest	1,124,252	1,149,389
Accounts receivable	3,079,410	4,062,096
Prepaid expenses	1,636,202	1,161,170
Note receivable	—	58,334
	6,512,912	7,415,483
Investments—Roadmap	100,558,166	125,313,978
Capital assets	5,532,691	4,799,408
	112,603,769	137,528,869
LIABILITIES		
Current		
Accounts payable and accrued liabilities	3,991,624	3,055,993
Unearned revenue	4,140,885	1,010,595
Current portion of lease inducements	70,154	53,895
	8,202,663	4,120,483
Accrued pension benefits	332,500	14,700
Deferred contributions—Roadmap	96,413,749	126,362,543
Deferred contributions—capital assets	3,173,317	2,668,076
Lease inducements	197,931	187,720
	108,320,160	133,353,522
NET ASSETS		
Invested in capital assets	2,091,289	1,889,717
Unrestricted	2,192,320	2,285,630
	4,283,609	4,175,347
	112,603,769	137,528,869

Statement of Revenue and Expenses

Year ended March 31

	2005	2004
	\$	\$
REVENUE		
Core plan	11,314,477	9,190,849
Sales	3,002,996	2,659,029
Funding—core	7,623,972	6,148,010
Funding—Roadmap	33,370,697	40,047,057
Interest	57,359	37,750
Miscellaneous	57,348	68,650
	55,426,849	58,151,345
EXPENSES		
Compensation	32,593,370	23,929,148
External and professional services	5,477,122	4,558,386
Travel and advisory committee expenses	3,051,314	2,905,555
Office—supply and services	5,276,678	4,486,164
Computers/telecommunications	3,723,872	3,245,269
Research grants and contributions	5,107,831	18,819,620
Miscellaneous	88,400	59,452
	55,318,587	58,003,594
Excess of revenue over expenses	108,262	147,751

Statement of Cash Flows

Year ended March 31

	2005	2004
	\$	\$
OPERATING ACTIVITIES		
Excess of revenue over expenses	108,262	147,751
Items not affecting cash:		
Amortization of capital assets	1,902,750	1,810,663
Amortization of lease inducements	(65,680)	(53,895)
Pension benefits	317,800	297,302
Amortization of deferred contributions—capital assets	(1,189,120)	(1,135,587)
Loss on disposal of capital assets	3,322	1,269
	1,077,334	1,067,503
Changes in non-cash operating working capital items	4,598,712	419,218
Net decrease in deferred contributions	(28,254,433)	(34,678,772)
Roadmap initiative	—	70,000,000
Cash (used in) provided by operating activities	(22,578,387)	36,807,949
INVESTING ACTIVITIES		
Acquisition of capital assets	(2,641,972)	(1,592,097)
Proceeds on disposal of capital assets	2,617	17
Note receivable	58,334	8,333
Acquisition of investments—Roadmap	(87,279,274)	(196,750,149)
Proceeds on disposal of investments—Roadmap	110,073,310	159,735,360
Amortization of investments—Roadmap premiums	2,048,142	1,819,132
Gain on sale of investments—Roadmap	(86,366)	—
Cash provided by (used in) investing activities	22,174,791	(36,779,404)
FINANCING ACTIVITIES		
Lease inducements	92,150	—
Cash provided by financing activities	92,150	—
Net cash inflow (outflow)	(311,446)	28,545
Cash, beginning of year	984,494	955,949
Cash, end of year	673,048	984,494

Complete financial statements of the Canadian Institute for Health Information for the year ended March 31, 2005, are available upon request.



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