

2022- 2023 ANNUAL REPORT



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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 2022-23 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 a momentous year as our team has been working effortlessly to prepare for the launch of some major province-wide services.

In 2022-23, NLCHI continued to focus 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. I am extremely pleased with the commitment and diligence of the team across the entire organization.

I extend appreciation to our Board of Directors, executive team, employees and health system stakeholders. Our accomplishments and advancements in 2022-23 were made possible with their leadership and commitment to advancing digital health in Newfoundland and Labrador.

This 2022-23 Annual Report was developed inclusive of supporting the healthcare needs of all people in Newfoundland and Labrador.

Sincerely,



Dr. Kris Aubrey-Bassler
Chairperson, Board of Directors

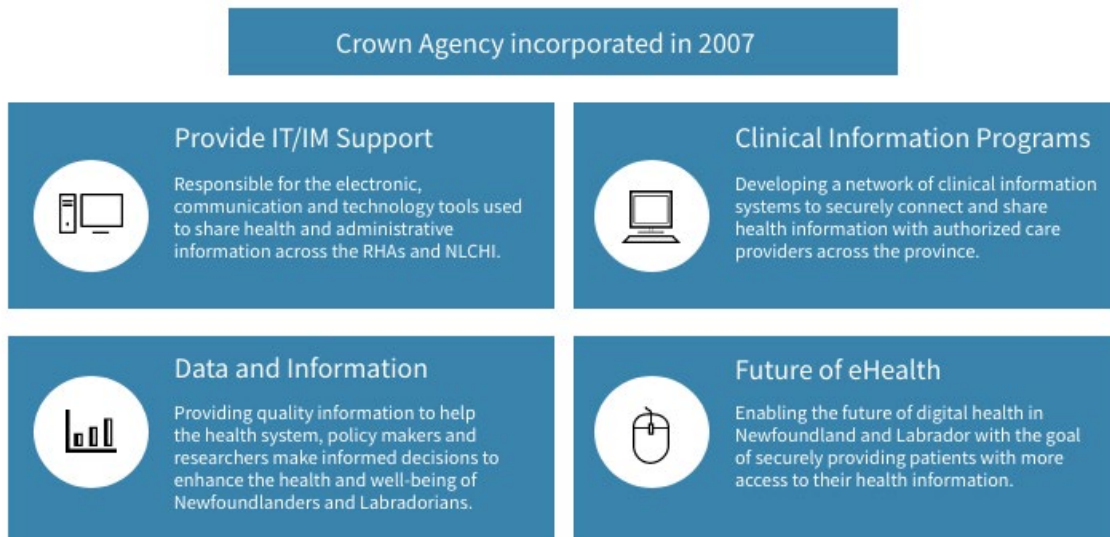
About the Centre for Health Information

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 visit 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, 2023, NLCHI had 395 employees; three are members of our Executive Team. Employees are based at NLCHI's head office at 70 O'Leary Avenue in St. John's, working remotely from home, and at Regional Health Authority facilities across the province. Effective April 1, 2023, NLCHI was dissolved as its own entity and became part of the province-wide Newfoundland and Labrador Health Services (NL Health Services), alongside the four regional health authorities (RHAs).

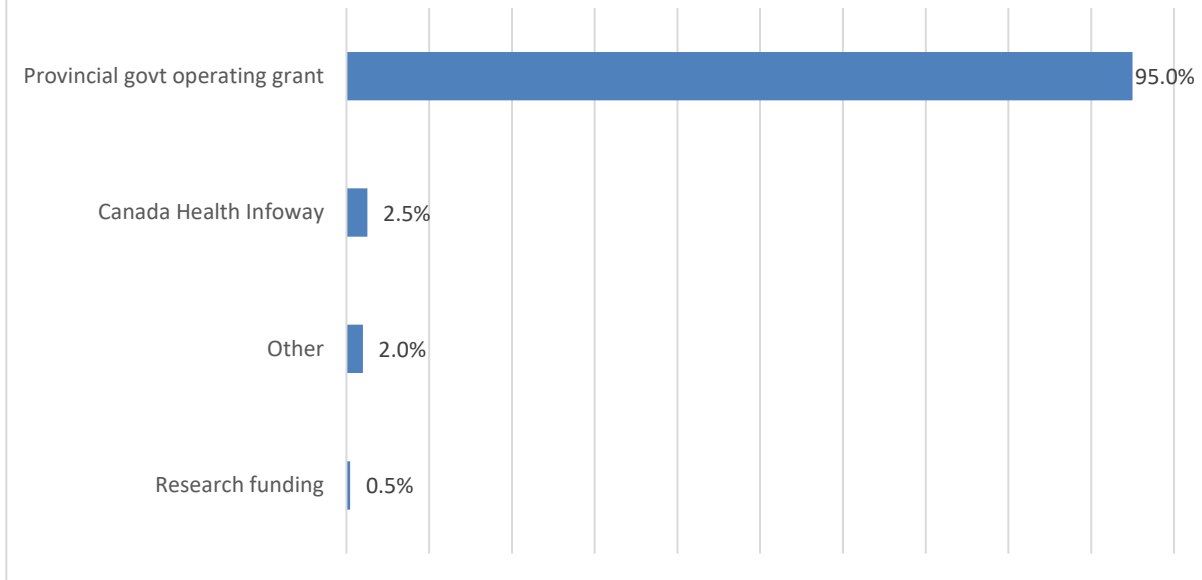
Financial Statements

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 2022- 2023, the Centre's total revenue was \$107.95 million of which approximately 93 percent was a provincial operating grant, with the remaining 7 percent coming from external research funding, Canada Health Infoway, and other external sources.

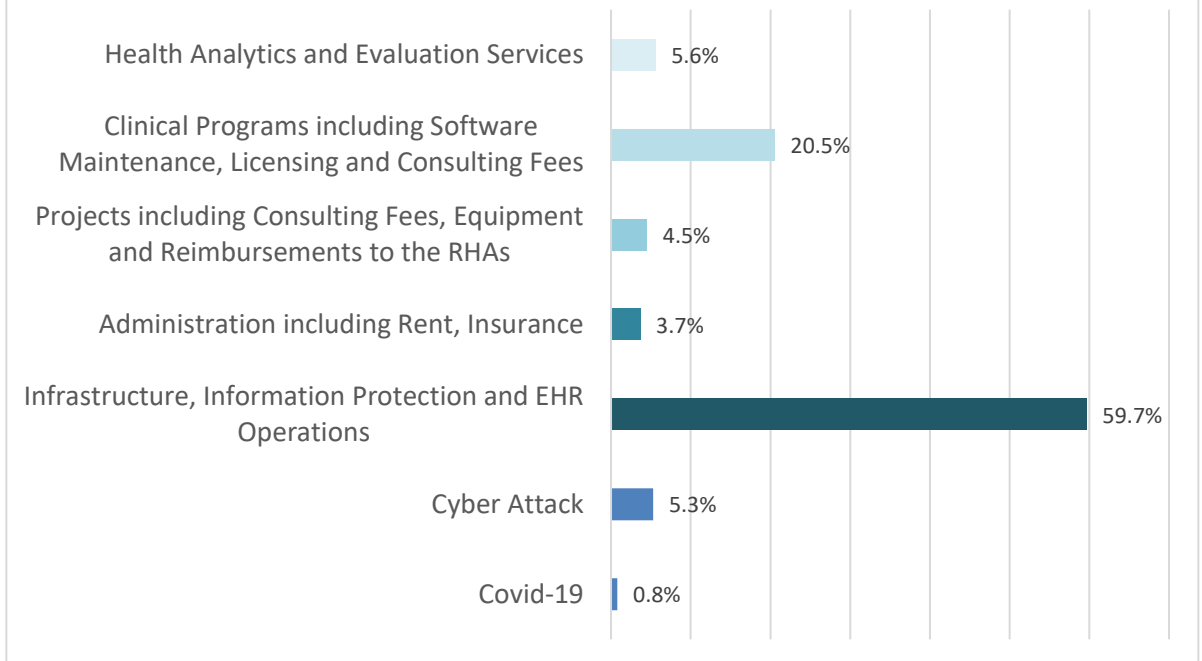
Expenses for the fiscal year totaled \$107.60 million. Included in these expenses is \$2.55 million for the cyber-attack on the province's health care system; \$1.5 million of which was funded by the Department of Health and Community Services and \$1.05 million from insurance proceeds. In addition, \$290.68 thousand in incurred COVID costs with \$151.28 thousand funded by the Federal government under the Safe Restart agreement and \$139.4 thousand funded by the Department of Health and Community Services.

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

Revenue by Category



Expenses by Category



Highlights and Partnerships

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.

Highlights

MyHealthNL

MyHealthNL is a personal health record (PHR) for the citizens of Newfoundland and Labrador. The initial PHR implementation will provide citizens with access to key health information including laboratory results and medical imaging reports, as well as dispensed medications from community pharmacies. In partnership with the Government of Newfoundland and Labrador, NLCHI is leveraging the MyGovNL platform to ensure positive citizen identification and to provide secure access to the personal health record. The project is scheduled to go live in June with a limited availability increasing to approximately 5000 citizens across the province. Following an evaluation and continued engagement with citizens, health care providers, and stakeholders, availability to the broader public will occur later this year. A provincial personal health record that is integrated into the health system across the continuum of care strongly supports key primary care priorities, and the health system transformation needed to bring about efficient and sustained improvements in health and health outcomes for all Newfoundlanders and Labradorians as per the strategic objectives of the NL Health Accord.

Health Information System (HIS) Replacement

Our province will be implementing a state-of-the-art HIS in accordance with the recommendations identified in Health Accord NL. NLCHI, in collaboration with the Department of Health and Community Services (HCS), initiated the procurement of a new HIS in 2022. The initial planning phase for the HIS Project is complete. A top vendor was selected, and negotiations were in the final stages as of March 31, 2023.

A modernized HIS will allow for increased access to health information, coordination of patient care, opportunity for collaboration, and enhanced healthcare delivery. Overall, these benefits will prioritize patient safety and translate into better health outcomes across Newfoundland and Labrador.

The HIS planning phase is now complete. The following workstreams have been established to meet project deliverables and timelines:

- Governance & Strategic Framework;
- Transformation Management Office (TMO);
- Change Readiness & Adoption Strategy;
- Preliminary Discovery & Content Harmonization; and
- System & Application Readiness;

This monumental change and significant long-term investment will serve as the foundation for digital health transformation, enhancing the overall delivery of patient care in our province.

Virtual Care Expansion

As the health care system shifted from pandemic-mode and response back to normal operations, many pre-pandemic initiatives were able to resume. As such, some key areas of virtual care expansion that have been underway within this province include:

- **Virtual Preadmission:** provides the opportunity for patients who do not live in the St. John's area to attend a preadmission appointment and complete any related testing in the healthcare facility in their community. This initiative has been introduced within several sites across Labrador and will be further expanded upon.
- **Virtual Services for St. Pierre and Miquelon:** Eastern Health physicians have been able to offer virtual care follow-up appointments for patients residing in St. Pierre and Miquelon. This will help reduce the time and cost associated with travel for St. Pierre residents who require follow-up visits with Eastern Health physicians.
- **Virtual Pediatric Intensive Care Unit (PICU) Consultation:** provide an opportunity for pediatric patients to be assessed in an emergency room (ER) or ICU in or near their community by a pediatric intensivist who is located at the Janeway. This makes health care accessible for patients when a pediatric intensivist cannot be physically present in their local emergency room. Virtual PICU consultations are available in the emergency rooms of Carbonear, Burin, Clarenville and Corner Brook, as well as Burin ICU.
- **Neonatal Intensive Care Unit (NICU) "Eyes on Baby":** a virtual care initiative that provides an opportunity for neonates who are born outside of St. John's to be assessed virtually by a neonatologist in the Janeway NICU. The goal of NICU Eyes on Baby is to provide accessible, informed care to these infants when a neonatologist is not available at the site where they are born. This service has commenced in the nurseries of Burin, Carbonear, Clarenville, Corner Brook and Goose Bay.

Breakwater

Breakwater is a coordinated cyber security effort to mitigate cyber threats and increase digital health resiliency against future attacks. Throughout the year, Breakwater activities have resulted in a successful cyber security training campaign for all staff, enhancement of previous account controls, and consolidation and centralization of security technologies, increasing the security posture for eHealth in the province. Completion of an external audit has helped develop a multi-year plan. Breakwater continues to establish open and collaborative communications with all operational zones, as well as internal cyber security governance lead by an NLCHI Board Sub-Committee for cyber security. Breakwater continues to focus on improving the provincial security posture, including provincially scoped architectures and security tools as well as provincial asset management security information and event management capabilities.

Service Now

ServiceNow is NLCHI's IT Service Management solution providing one common portal and workflow for users to submit requests for assistance. This solution provides IT staff with a single place of operation to prioritize and resolve any support requests. Currently, there are a number of systems servicing each of the four RHAs, making it difficult to coordinate workloads and other logistics amongst teams. During the past fiscal year, the NLCHI team has been learning and configuring this solution to support a provincial deployment and it has now begun using this for the former NLCHI employees. This will be expanded upon and will become a provincial tool built on industry best practice that will help coordinate and improve resolution times for support requests once it has become live across the province.

Patient Connect NL

Recognizing the importance of identifying unattached patients with no or inconsistent access to primary care services and working in collaboration with HCS and RHAs, NLCHI has provided the Patient Connect NL solution. This novel solution allows patients to identify themselves as unattached so that they can be prioritized for service delivery at the new Collaborative Team Clinics (now known as Family Care Teams). This solution has also been used to assist Family Physicians in the community with identifying underserved patients in their geographic area and adding them to their clinic rosters.

eDOCSNL Practice 360 Guidelines-based Clinical Decision Support and Documentation Solutions

Building on the success of the tools delivered to primary care providers to support Chronic Obstructive Pulmonary Disease (COPD) care through collaboration with the Family Practice Renewal Program (FPRP) fee code program, eDOCSNL has worked with national guidelines groups such as Diabetes Canada and the Canadian Cardiovascular Society to produce

electronic tools for documentation and clinical decision support for the delivery of guidelines-based care. This initiative has been recognized as groundbreaking nationally and will enable the evaluation of the efficacy of guidelines-based care in the primary care setting, furthering the strategic goals of both eDOCSNL and NLCHI.

Data and Information Services

During 2022-23, NLCHI responded to more than 200 requests for decision support services and carried out significant pieces of work as part of a multi-year project to consolidate data and infrastructure utilized in the provisioning of decision support services provincially. NLCHI has continued to build its data lab data acquisitions to support the data and information needs of the RHAs, Health and Community Services and other stakeholders and partners. The data lab has also expanded its analytical tool set available for use by both internal and external data users. A significant milestone towards access and use of the broad range of data collected throughout the health system by the RHAs was the establishment of an Information Sharing Agreement (ISA) between the RHAs and NLCHI that facilitates data sharing across the five entities. Progress has also been made towards the establishment of self-serve data access capability in Cognos, with early users accessing data within each RHA. This also includes the development of an Access Management Plan and procedures that will facilitate centralized, consistent management of data access within the Cognos environment.

A significant milestone in 2022-23 was the completion of the onboarding of RHA users onto the newly procured provincial online survey platform, Alchemer. This application, with its integration capabilities, sets the stage for the implementation of a provincial experience of care program for NL Health Services.

In 2022-23 the Analytics team supported a number of new initiatives with cardiac care, public health, and the surgical task force. Tools such as Microsoft Power BI and ArcGIS were leveraged to provide information to stakeholders, including the public, in new ways.

Through NLCHI's partnership with Health Data Research Network (HDRN), a data sharing agreement was signed with the Canadian Longitudinal Study on Aging (CLSA) to enable easier access for local researchers who want to use CLSA data and link it with other data held by NLCHI.

Partnerships

NLCHI works with 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 Electronic Health Record (EHR) and Electronic Medical Record (EMR). NLCHI also regularly provides quality health information to support them in meeting their respective mandates, goals and objectives. NLCHI continues to support the whole health system through

collaboration with and the provision of solutions and services to community partners such as private fee-for-service physician clinics and community pharmacies.

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 (CIHI), 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 2022/2023 include:

Regional Health Authorities

In 2022-23, NLCHI provided considerable support to the RHAs for regular IT & IM operations and data and information services. 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 onboarding of Regional Health Authority users onto a single shared technical platform for the administration of electronic surveys. This platform will eliminate the need for the RHA 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 patient experience into program improvement and health system transformation initiatives.

There was continued progress of the Cognos Consolidation Project which will establish a foundational provincial Cognos solution that will improve data and information access by RHAs. Provincial working groups have been established with finance and human resources representatives from each RHA who work with Decision Support and the project team towards consolidating data from four disparate environments and standardizing reporting provincially. Meaningful collaboration between RHA finance departments and NLCHI has been critical towards the development of budget and financial reports to support the establishment of the new provincial health authority.

EDOCSNL continued to deploy EMR to appropriate services and programs and supported the development of Collaborative Team Clinics/Collaborative Community Teams throughout the province (these are now known as Family Care Teams). This expansion of EMR services has allowed effective collaboration between primary care teams and other services, such as Diabetes Collaboratives. In addition, EMR has provided front-end data for effective clinical

management and health care decision making for the RHAs. Continued support for documentation and data for COVID and flu vaccine campaigns through EMR has also been a service provided through eDOCSNL and Community/Public Health to the health authorities.

Family Practice Renewal Program (FPRP)

The FPRP is a key provincial and Newfoundland and Labrador Medical Association (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.

In 2022-23, 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, and Practice Improvement Program, including the MyQ Quality Improvement Program. NLCHI provided the necessary information to enable physicians to understand the impact of the new Blended Capitation Model for physician remuneration on their practice and make decisions as to whether to participate in the Model. eDOCSNL continued to provide clinic support for quality improvement initiatives through MyQ in collaboration with FPRP Practice Facilitators and continued to support the FPRP peer support network through the delivery of EMR super user training for clinical super users.

Research Partners

NLCHI provides a robust data and analytics platform for accessing and using provincial health data through its Provincial Data Lab. This includes a rich data repository that is securely accessed by internal and external data users (e.g. researchers) 24/7 from anywhere in Canada. It enables users to interact with data and information using a range of tools including SPSS, SAS, R, Python, Tableau, Oracle SQL Developer and the Microsoft Office suite of tools. To date, there has been 32 projects carried out in the Data Lab by a total of 82 authorized external users.

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 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 Data Research 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 early/mid 2023.

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

- Citizen Access: Citizens will be provided patient-centred care by empowering them with access to their own health information through an online portal; and
- 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 in 2020-21, 2M in 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;
- Financial Standards and Information (FSI) Technical Working Group;
- Inter-Jurisdictional Patient Centred Measurement Advisory Group and
- Expert Advisory Group for the Commonwealth Fund's 2021 International Health Policy Survey of Older Adults.

This past year NLCHI partnered with CIHI to participate in the Canadian Patient Experiences Survey – Inpatient Care (CPES-IC) Modernization Project. This pilot project also included partnership with Labrador-Grenfell Health, Western Health and Eastern Health. A total of seven acute care facilities across the province pilot tested the CPES-IC tools. The learnings from this project will inform decisions around formal adoption of the CPES-IC as a standardized tool to capture patient experience with inpatient care services in Newfoundland and Labrador and submission to the Canadian Patient Experiences Reporting System.

Health and Community Services (HCS)

During 2022-23, 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 third year.

NLCHI continued to work closely with its partners at HCS and the RHAs to maintain 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. NLCHI developed a bi-weekly report for HCS and the RHAs to provide information on the number of individuals registering with Patient Connect NL as well as the number of patient attachments at the newly established Family Care Teams across the province.

In 2022-23, NLCHI completed evaluations of the **Mental Health Care and Treatment Act** on behalf of HCS as well as an evaluation of **Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador**.

Acute Care

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. Since that initial vER there are now 15 Category B facilities can offer vER services, while the remaining five sites have equipment or alternative plans established to address shortages and increased demand. In addition to the vERs, fast track and ER diversion has been established at a number of sites to balance acuity of patients and clinical resources. The Virtual Care Program 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. These virtual ER services 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. In collaboration with the provincial approach to vERs there is ongoing work for a Virtual Care request for proposal (RFP) that will incorporate a third party vendor to increase access to emergency, urgent and primary health care services through their solution and health care providers. New regional and provincial workflows and models of care are being developed collaboratively with primary health care. This collaborative effect will allow time, safe and effective care to be available for emergency and primary health care.

Provincial Health Information Management (HIM) Leadership Committee

The Provincial HIM Leadership Committee sets provincial standards for demographic and clinical data collection, interpretation/definition, facilitates implementation, and gives direction on other health information management issues such as record retention, records management, interoperability, etc. It is the Advisory Committee for the Provincial Client Registry and the Provincial Provider Registry. Membership includes representatives from health information departments from each of the regional health authorities, Meditech subject matter experts, EMR subject matter experts, Pharmacy Network subject matter experts, technical representatives, MCP representatives, HCS representatives, and data quality/standards subject matter experts. Current standards included Provincial Registration Standard, Records Management Guidelines for the Records of Adopted Children and Provincial Coding and Abstracting Standards; work continues on the development of a Provincial Policy for Retention and Destruction of Health Records.

Fee-For-Service Community Physicians

NLCHI continues to provide support for the entire health system by the provision of electronic solutions to community private practice clinics such as documentation, clinical support and the direct delivery of clinical data through eDOCSNL as well as access to other critical patient health information through HEALTHeNL, including immunization and pharmacy data.

Report on Performance

The following section of the annual report focuses on progress in 2022-23 on the goals and objectives related to the four strategic issues identified in the 2020-23 Business Plan. This supports the strategic priorities of the HCS.

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 the Client and Referral Management System (CRMS) and Meditech.

NLCHI's plan between 2020 – 2023 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 priorities of healthier people, better living and a brighter future. It also aligns with the Minister's mandate.

Goal 2020-2023	Indicators 2020-2023
<p>By March 31, 2023 NLCHI will have enhanced and modernized digital health solutions.</p>	<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.

Planned for 2020/2023	Actual for 2020/2023
<p>Enabled electronic documentation for select priority front line clinical settings.</p>	<ul style="list-style-type: none"> • Flu and COVID Vaccinations captured in EMR and the DIS. • Introduction of electronic nursing documentation in the LG zone. • The pending HIS replacement will expand electronic documentation to numerous healthcare settings.
<p>Enabled electronic patient chart sharing among select healthcare providers in the circle of care.</p>	<ul style="list-style-type: none"> • 811 encounter records being added to HealtheNL.
<p>Enabled mobile access to electronic patient charts to select providers.</p>	<ul style="list-style-type: none"> • eDOCSNL continues to deploy EMR across the province, both in FFS and HA settings and to multidisciplinary teams. • EMR is the documentation and collaborative information system of choice in the province's Family Care Teams. • EMR is an information sharing tool across all users in a given instance, enabling smooth communication and sharing of patient information across those in the circle of care operating out of the same instance. • EMR enables the sharing of patient records across instances through the use of the Med

	<p>Dialog functionality, which is now funded for all existing users.</p> <ul style="list-style-type: none"> EMR is a web application which is portable via an internet connection or cell service and a mobile app, to use a subset of software functionality directly from a mobile device.
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Year Three Objective

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

Planned for 2022/2023	Actual for 2022/2023
Acquired, built and begun to implement a new HIS to replace Clinical Information systems.	<ul style="list-style-type: none"> A provincial-level procurement for a single provincial Hospital Information System to replace the separate, legacy Meditech Systems was successfully executed with a preferred vendor identified. GNL provided approval to proceed with contract negotiations and detailed planning. A Project Plan, Business Case, Workforce Plan, and a detailed budget have been developed for submission to GNL along with the contract when negotiations are complete.
Identified and begun implementation of a complete solution set for community-based programs.	<ul style="list-style-type: none"> A Project team and Steering Committee have been implemented to support the procured vendor in the development of a provincial Home Support Solution across Home Support Agencies and Self-Managed Care home support delivery channels. A suite of five new InterRAI Assessment tools were purchased and evaluated. Resources have now been acquired to assist with the provincial roll out of these new tools in three different program areas, e.g., Community Supports, Mental Health Addictions Services, Child/Youth Community Health & Disabilities. Developed technical solution to support legislative changes in community-based programs (e.g., Adult Protection Act). EMR was identified as a possible partial solution for some community providers. However, the current product and integration with existing system workflows was a challenge. The Collaborative Health Records (CHR) was intended to be investigated as a possible replacement for the EMR; however, with the anticipated new HIS, these groups

	<p>will now be considered for the new platform. This remains under consideration until the new system is identified.</p>
<p>Consolidated common clinical systems in use among the regions into provincial platforms.</p>	<ul style="list-style-type: none"> • The scope of the HIS RFP evaluation included functionality currently provided by many varied ancillary solutions used to supplement the Meditech systems as well as the Meditech systems themselves. Additionally, some community-based requirements were also included with a view to consolidating a solution beyond the hospital setting into a single provincial platform. • Initial investigations into a single provincial EMR instance began during this fiscal . Indications are that performance limitations in the current product will present challenges but eDOCSNL will continue to work with the vendor towards addressing these challenges and moving forward with the single instance approach for the Health Authority. Patient Connect NL was deployed as provincial solution, enabling patients to identify themselves as unattached to primary care services and be flagged to receive care at Family Care Teams and other services.
<p>Continued to extend on provincial assets such as HealthNL and eDOCSNL to enhance communication and access to clinical information.</p>	<ul style="list-style-type: none"> • Integration of 811 HealthLine documentation into HEALTHeNL. Final testing completed March 2023 with go live pending finalization of Information Sharing Agreement. • Through consultation with the HCS and the NLMA, finalization of policies and governance to support the continued growth of eConsult Program remained a priority over the past year. 3730 eConsults were submitted via HEALTHeNL, and 124 additional primary eProviders gained access to the service. • Providers can now document whether a patient has an Advance Health Care Directive (AHCD) in HEALTHeNL and indicate where the document is located. This work is part of the broader AHCD priorities associated with the Palliative Care Action Plan. • eDOCSNL continues to deploy and support both the FFS and Health Authority user groups. • eDOCSNL has been instrumental in supporting the work of Family Care Teams in 2022-23 and will continue to be the system of choice for these teams in 2023-24.

Completed necessary upgrades to infrastructure underpinning digital health solutions to ensure continued availability, stability, and security of these systems and the data they hold.

- An extensive data centre renewal project is underway with successful completion of a comprehensive procurement and award.
- A network redesign project launched to consolidate and standardize the current infrastructure including security enhancements.
- Several key security initiatives are underway or were completed under Breakwater.

Discussion of Results

NLCHI continues to build on provincial eHealth assets. For example, the electronic health record platform, HealthNL, has been extended to incorporate encounter documentation from 811, improve timely access to Advanced Healthcare Directives, and expansion of the eConsult service to facilitate more efficient communication among providers to for coordination of patient care. The completion of the HIS procurement process represents a tremendous opportunity to support care teams, providers, and patients and contribute to improved outcomes through the introduction of modern tools and a comprehensive digital health platform spanning multiple care settings. Finally the multiple initiatives, planned and underway, under the banner of Breakwater, will strengthen the technical and organizational underpinnings of our clinical systems in terms of improved security, reliability, and manageability that will serve the NL Health System for many years to come.

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.

We are committed 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. With continued development of our provincial Cognos solution and data lab we will expand our analytical tools and services to foster better use of data and information.

This priority 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.

Planned for 2020/2023	Actual for 2020/2023
Enabled timely access to quality data and information products and services.	<ul style="list-style-type: none"> • Decision Support was established as a new provincial service that grew from a previously Eastern Health function. The Decision Support team collaborates with health system stakeholders to provide insight from administrative and clinical data by using Cognos, a business intelligence (BI) tool, to present data and information from a wide range of RHA source systems. Data and information is typically made available as automated reports and dashboards in relative real-time that are integrated with daily workflows and service delivery. • The Data & Information Services Department worked with other NLCHI program areas, HCS, as well as Public Health (regional and provincial), to understand and respond to rapidly evolving data and information requirements to support the management of the COVID-19 pandemic. It was because of the establishment of the Data Lab, and the incorporation of Decision Support services

	<p>into NLCHI, prior to the COVID-19 pandemic, that much of this could be achieved.</p> <ul style="list-style-type: none"> • Data has been consolidated from RHA source systems in key topic areas including but not limited to finance, human resources, employee leave and patient flow with standard, provincial reports developed or under development in collaboration with program areas and accessible in Cognos. Data acquisitions from various new provincial solutions were also completed or initiated to meet reporting needs such as the HR Retention Bonus System, Provincial Home Support Solution (AlayaCare), Electronic Patient Care Reporting (ePCR) System, COVID-19 and flu vaccine data as well as a wide range of other COVID-19 specific applications and systems. • As there was a lot of focus on availability and accessibility of primary in the province, DaIS worked with Primary Health Care teams at the Department of Health and Community Services and Regional Health Authorities to provide information on Patient Connect NL registrations and Family Care Teams.
<p>Coordinated data and information services in response to health system needs.</p>	<ul style="list-style-type: none"> • Provincial Health Analytics Council was formed and met regularly to coordinate delivery of data and information services including health information standards and quality, analytics and data access, evaluation and performance improvement, and decision support services. • A central intake and prioritization process was established for Decision Support services to facilitate a provincial approach to addressing information needs and effective use of limited capacity.
<p>Leveraged and implemented tools and support for decision making.</p>	<ul style="list-style-type: none"> • Procured shared online survey platform for administration of electronic surveys across the health care system with users on-boarded from NLCHI and the four Regional Health Authorities. This provides the technical infrastructure to support a provincial experience of care program. • The Provincial Data Lab, a robust data and analytics platform for accessing and using provincial health data, transitioned from project to operations. It includes a rich data

	<p>repository that is securely accessed by internal and external data users (e.g. researchers) 24/7 from anywhere in Canada. It enables users to interact with data and information using a range of analytical tools. As the Data Lab consolidates data from multiple source systems in a registry-like capacity, it has evolved to also provision data to front-line (i.e., HEALTHe NL) and public-facing (e.g., vaccine portal/NLVaxPass) systems.</p> <ul style="list-style-type: none"> • The migration of data and reports from RHA-specific Cognos environments to a consolidated, provincial environment is underway with some components completed. Self-serve access to provincial data in Cognos has also been established in key program and business areas with a plan to expand the capability to other strategic areas. • In an effort to make data and information products available to stakeholders, including the public, in an efficient way the Analytics team began producing dashboards using Microsoft BI and ArcGIS. These dashboards are available via web links.
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Year Three Objective

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

Planned for 2022/2023	Actual for 2022/2023
Development of a data standards and quality framework for use across NLCHI.	<ul style="list-style-type: none"> • Redeveloping as a Data Management Framework and a Data Quality Framework for application in the NL Health Services environment. • Supporting the Frameworks, implemented a Metadata Tool to consolidate and streamline Metadata Management for the Data and Information Services Department information assets.
Delivered core set of decision support services across the regional health authorities.	<ul style="list-style-type: none"> • Established an information sharing agreement that enables sharing of data between the RHAs and NLCHI to fulfill NLCHI's mandate including the delivery of data and information services to the provincial health system.

	<ul style="list-style-type: none"> • Developed and implemented a central intake and prioritization process for decision support services to facilitate a provincial approach to addressing information needs and effective use of limited capacity. • Implemented a data auditing tool to facilitate validation of data between Meditech and the Meditech data repositories in each RHA used for reporting. • Consolidated provincial finance data to develop and deliver standard RHA-specific and consolidated financial reporting for the new provincial health authority. • Utilized consolidated human resources data to develop a standard, on-demand report summarizing employee counts and turnover for each Regional Health Authority and provincially. • Consolidated and compiled payroll data on behalf of each RHA to fulfill an annual request for submission of payroll data to the Department of Finance, and other uses. • Established a self-serve data environment with early users accessing finance data from each Regional Health Authority. • Continued the migration of data and reports from RHA-specific Cognos environments to the provincial environment.
<p>Development of a governance model for a provincial survey program which would include patient-reported experience measures and patient-reported outcome measures.</p>	<ul style="list-style-type: none"> • Developed a proposed governance model for a provincial experience of care survey program. Operationalization of the model will require additional consultation with the Executive of Newfoundland and Labrador Health Services. • Participated in the Canadian Patient Experiences Survey – Inpatient Care Modernization Project in partnership with the CIHI, Labrador-Grenfell Health, Western Health and Eastern Health. • Completed onboarding of users in the RHAs onto the provincial online survey platform.
<p>Initiated the development of provincial data governance framework to support primary and secondary use of data.</p>	<ul style="list-style-type: none"> • With the creation of NL Health Services, the Data Governance NL Framework can be leveraged to build and implement a Provincial Data Governance program within the health authority. • NLCHI received a total of 154 specific requests for aggregate and/or record-level data, further highlighting the need for a data

	governance framework that supports the primary and secondary use of data.
<p>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.</p>	<ul style="list-style-type: none"> • Responded to more than 200 requests for decision support services and provided data and information on a range of topics such as surgical backlogs, patient flow, mobile crisis response and stroke. • Completed the evaluation report of Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador. • Completion of the statutory review of the Mental Health Care and Treatment Act. • Provision of bi-weekly reports to monitor registrations of unattached patients on Patient Connect NL and attachment of these individuals to Family Care Teams and fee-for-service physicians. • Provided data and information services to support the quality review of mammograms undertaken by the Regional Health Authorities. • Provided on-going data quality reports to the RHAs for resolution to improve covid vaccination data flowing to HEALTHeNL and NLVaxPass. • Established on-going flow of influenza vaccination data, consolidated in the data lab from multiple sources, to HEALTHeNL. • Developed a report that enabled Supply Chain to report provincial data on purchase orders to the Public Procurement Agency. • Acquired or initiated efforts to acquire data from various new provincial solutions to meet reporting needs such as the HR Retention Bonus System, Provincial Home Support Solution (AlayaCare) and Electronic Patient Care Reporting (ePCR) System. • Provided data and support to multiple large-scale provincial solution projects including Integrated Capacity Management (ICM), Provincial Integrated Workload Management and Reporting system and the new provincial HIS procurement initiative.

Discussion of Results

NLCHI continued to work with members of the Provincial Health Analytics Council, comprised of senior level executives from HCS and RHAs, to implement a strategic and coordinated approach to the delivery of a comprehensive suite of data and information services to the health system of Newfoundland and Labrador. These services included, but were not limited to, analytics and data access, evaluation and performance improvement, health information standards and quality, and decision support services.

Work continued on data governance, data management and data quality mechanisms to ensure optimum data and information is available for decision making. Through various intake processes, NLCHI responded to over 350 total requests for access to data for primary and secondary use which further highlights the need for a provincial data governance framework.

Efforts continue to streamline and enhance data and information services provincially. Data and information are made available to stakeholders through a variety of tools such as Cognos, Microsoft Power BI, and ArcGIS allowing the Data and Information Services functions of NLCHI to be responsive to the unique needs of each stakeholder and project. Building on the consolidation of data and provincial reporting achieved through supporting the COVID-19 pandemic, there has been significant effort and a collaborative approach between NLCHI and the RHAs to further consolidate data in high priority areas, bringing together data from disparate systems and varying processes.

The evaluation and performance improvement division completed the statutory review of the **Mental Health Care and Treatment Act** and completed the evaluation of **Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador**. Additionally, the team had another 18 evaluation and performance monitoring initiatives in progress including, but not limited to: FACT Teams; ODT Hub and Spoke Model; IVF Subsidy Program; Midwifery Services; Diabetes 360; and Family Practice Renewal Program. The division continues to balance requests for evaluation services from HCS and the RHAs.

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.

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.

Planned for 2020/2023	Actual for 2020/2023
Implemented a personal health record platform that gives citizens access to their personal health information.	<ul style="list-style-type: none"> Initial launch of PHR complete. Expanded implementation will continue through 2023-24.
Increased citizen's access to digital health services including virtual care visits from home.	<ul style="list-style-type: none"> Strong fiscal controls are a hallmark of Digital Health including pressures for unfunded or unbudgeted operational needs arising in a mission-critical clinical environment. In addition to best practice financial controls an improvement committee has operated within Digital for several years ensuring efficient and effective processes. One such example is an enhanced budgeting module in the Reqlogic financial suite.

Year Three Objective

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

Planned for 2022/2023	Actual for 2022/2023
Completed development of the initial release of the Personal Health Record and launch access for an initial segment NL Citizens.	<ul style="list-style-type: none"> Development and testing completed by the end of March, 2023. Initial launch scheduled for June 2023. Initial limited release will target up to 5,000 citizens selected from Person-Family-Centred Care Committees, Patient Connect NL, Family Care Team sites, and the provincial Cancer Care Program.
Completed implementation of the Identity Management framework in partnership with the Office of the Chief Information Officer.	<ul style="list-style-type: none"> Personal Health Record (PHR) integration with MyGovNL platform implemented successfully in test environment pending go live in June.

	<ul style="list-style-type: none"> • PHR will be available as an additional service card offering on the MyGovNL platform leveraging citizens' existing MyGovNL identity credentials along with required enhanced security via multifactor authentication.
<p>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.</p>	<ul style="list-style-type: none"> • Initial implementation of the PHR will include laboratory results and medical imaging reports from all regional zone Meditech systems, and medications dispensed from community pharmacies via the provincial Pharmacy Network. • Policy frameworks and associated documentation including PHR Terms of Use, Privacy, and Security Statements have been finalized for the initial deployment. • The initial implementation will include the ability for a PHR user to share their PHR health record with another PHR user. Access to the PHR is available to citizens aged 16 years or older. Policies and processes related to parent or guardian access to a minor's record will be implemented with broader public availability later this year.
<p>Continued expansion and standardization of self-scheduling solutions.</p>	<ul style="list-style-type: none"> • Expansion of self-scheduling solutions has been paused based on the expectation that the new HIS will provide comprehensive, integrated functionality that will replace most of the current systems.
<p>Standardized and optimized virtual care technologies and workflows across priority areas such as virtual emergency rooms.</p>	<ul style="list-style-type: none"> • A comprehensive procurement for Virtual ER and primary care services was completed to provide additional reach and provider capacity in priority facilities and clinics. Implementation work is ongoing.

Discussion of Results

Originally scheduled for completion by March 31, 2023, the PHR project has faced some technical challenges in the integration of the PHR solution and the MyGovNL platform. Through diligent work across NLCHI and OCIO teams, these hurdles have been overcome and the PHR is scheduled to achieve the important milestone of onboarding its first citizen in June. Engagement with citizens, health care providers, and the HCS will continue through the limited deployment phase, positioning the personal health record for a successful full launch later in 2023.

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.

NLCHI is currently 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 the 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.

Planned for 2020/2023	Actual for 2020/2023
Delivered consistently reliable services to our stakeholders.	<ul style="list-style-type: none"> • Initial implementation of ServiceNow for IT requests completed in the former NLCHI. Expansion to the former RHAs to take place in 2023-24
Implemented the eHealth shared services model.	<ul style="list-style-type: none"> • Many aspects of the model have been successfully implemented such as a provincial leadership and governance and the shift to delivering provincial vs. regional solutions.
Established feedback loops for stakeholders.	<ul style="list-style-type: none"> • Utilized provincial eHealth Executive Committee.

	<ul style="list-style-type: none"> Continued engagement with eHealth Engagement Committees in each Regional Health Authority. Provincial Health Analytics Council was formed and met regularly to coordinate delivery of data and information services. Administered employee engagement, client, and provider experience surveys.
Established the role of digital health professional in healthcare.	<ul style="list-style-type: none"> Vast promotion of digital health within the healthcare section, positioning the digital health professional as a strategic current and future role.
Defined and communicated nimble and responsive stakeholder engagement processes.	<ul style="list-style-type: none"> A central intake and prioritization process was established for Decision Support services to facilitate a provincial approach to addressing information needs and effective use of limited capacity.
Improved efficiency through sound fiscal stewardship and streamlined processes.	<ul style="list-style-type: none"> Best practice fiscal controls in place to address pressures for unfunded or unbudgeted operational needs arising in a mission-critical clinical environment. An improvement committee has operated for several years ensuring efficient and effective processes.

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.

Planned for 2022/2023	Actual for 2022/2023
Established a Provincial service desk.	<ul style="list-style-type: none"> A successful procurement of ServiceNow was completed and an implementation of the IT Service Management module is underway. This will replace the existing separate work order systems and will be a key enabler to establishing a provincial service desk as it is rolled out provincially.
Creates an awareness of and promoted the digital health profession.	<ul style="list-style-type: none"> Continued advancement of Digital Health solutions throughout the year such as personal health care record, and the procurement of a new health information system.
Ensured NLCHI gained a reputation of excellence in both operational service and innovative delivery.	<ul style="list-style-type: none"> With reference to achievements listed above, NLCHI was able to identify itself as a leader in the digital health industry.

Discussion of Results

NLCHI continues to build on provincial eHealth assets. For example, the personal health record (PHR) project is about to be launched in June 2023, as well as continued advancement toward the procurement of a new Health Information System (HIS). Progress in some areas, such as establishing a Service Now solution for the provincial help desk is another exciting accomplishment in the Digital Health portfolio.

Opportunities and Challenges

Some of the opportunities and challenges the Centre encountered during 2022-23 and into 2023-24 in pursuit of its mandate include:

Opportunities

- Amalgamating with the four RHAs within NL Health Services to create a streamlined ability to support the health system.
- Continued development and implementation of an experience of care survey program for NL Health Services.
- Development of a Provincial Data Governance program.
- Implementation of a modern Health Information System (HIS) to replace Meditech.
- Integration into the new NL Health Services opens opportunities for conversations on standardized use and configuration of applications.
- Continued deployment of eDOCSNL to serve the FFS and Health Authority user communities.
- Expansion of approved data elements from back end EMR data extract to support the International Patient Summary standard.
- Patient Connect NL enabled unattached patients in the province to identify themselves as unattached and be queued for services at Family Care Team clinics and other services.
- Expansion of Practice 360 EMR Initiative enabled guidelines-based electronic tools for

care in the areas of Diabetes, screening and preventive care.

Challenges

- Stakeholder demands in the face of limited resourcing, particularly as it relates to other NLCHI programs and services
- Challenges with vendor and proposed transition to new EMR solution introduces delays and uncertainty into community providers documentation strategy and causes some EMR strategic objectives to be indefinitely delayed
- Transition to NL Health Services leads to staffing challenges and introduces uncertainty at complex multilateral governance tables

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, 2023:

Dr. Kris Aubrey-Bassler,
Chairperson

Allan Bradley

Allan Kendall

Pat Coish-Snow,
Vice Chairperson

Elyse Bruce

David Thornhill

Pamela Anstey

Tom Bursey

Cynthia Holden

Dr. Margaret Mary Steele

NLCHI thanks the entire board for their unwavering dedication to our mandate during the year leading to the board being dissolved April 1, 2023 as part of the integration into NL Health Services the Board in 2023. 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, 2023**

Newfoundland and Labrador Centre for Health Information

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For the Year Ended March 31, 2023

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Statement of Responsibility

The accompanying financial statements are the responsibility of the management of the Newfoundland and Labrador Centre for Health Information (the "Centre") and have been prepared in compliance with legislation, and in accordance with 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.



Chair



Director



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BDO Canada LLP
300 Kenmount Road, Suite 100
St. John's, NL A1B 3R2 Canada

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, 2023, the statements of operations and accumulated deficit, 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, 2023, 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 of the financial statements which describes the Centre's ability to continue as a going concern as a result of the amalgamation of the Centre into the Newfoundland and Labrador Health Authority by the Government of Newfoundland subsequent to year end. Our opinion is not modified 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
July 19, 2023


Newfoundland and Labrador Centre for Health Information
Statement of Financial Position
March 31, 2023

	<u>2023</u>	<u>2022</u>
Financial Assets		
Cash and cash equivalents	\$ 16,073,407	\$ 9,056,792
Accounts receivable (Note 3)	<u>4,061,835</u>	<u>6,441,913</u>
	<u>20,135,242</u>	<u>15,498,705</u>
Liabilities		
Accounts payable and accrued liabilities (Note 4)	11,139,844	10,681,291
Deferred revenue	23,735,063	19,240,432
Accrued paid leave (Note 5)	4,824,118	4,784,586
Accrued severance pay (Note 6)	13,718	20,328
Accrued sick leave (Note 7)	<u>565,800</u>	<u>578,500</u>
	<u>40,278,543</u>	<u>35,305,137</u>
Net Debt	<u>(20,143,301)</u>	<u>(19,806,432)</u>
Non-Financial Assets		
Tangible capital assets (Schedule 1)	4,850,661	6,871,524
Inventory	30,209	53,816
Prepays (Note 8)	<u>9,857,769</u>	<u>9,601,869</u>
	<u>14,738,639</u>	<u>16,527,209</u>
Accumulated Deficit	<u>\$ (5,404,662)</u>	<u>\$ (3,279,223)</u>

Going Concern (Note 2)

Cyber Attack (Note 13)

Approved on behalf of the Centre:



 Chair



 Director

**Newfoundland and Labrador Centre for Health Information
Statement of Operations and Accumulated Deficit
For the Year Ended March 31, 2023**

	2023 Budget (Note 11)	2023 Actual	2022 Actual
Revenue			
Grants			
Government of Newfoundland and Labrador	\$ 98,489,094	\$ 100,080,784	\$ 90,654,760
Canada Health Infoway	4,139,666	3,616,803	2,421,847
Capital	706,000	451,196	-
Research	908,200	992,321	442,678
Interest	130,000	720,270	102,019
Other Projects	1,340,153	2,084,341	1,791,220
	<u>105,713,113</u>	<u>107,945,715</u>	<u>95,412,524</u>
Expenses (Schedule 2)			
Administration	6,425,884	3,555,504	3,558,795
Clinical Programs	24,598,863	23,706,459	19,861,573
Infrastructure, Information Protection and EHR Operations	56,506,221	57,243,741	57,742,608
Projects	6,549,697	13,947,601	4,359,509
Health Analytics and Evaluation Services	5,905,448	6,297,921	5,396,060
Cyber Attack (Note 13)	4,662,000	2,557,197	5,101,034
COVID-19	862,700	290,682	753,419
	<u>105,510,813</u>	<u>107,599,105</u>	<u>96,772,998</u>
Annual Surplus (Deficit) Before Other Expenses	202,300	346,610	(1,360,474)
Other Expenses			
Amortization of tangible capital assets (Schedule 1)	2,523,592	2,472,049	2,761,397
Annual Deficit	(2,321,292)	(2,125,439)	(4,121,871)
Accumulated (Deficit) Surplus, Beginning of Year	(3,279,223)	(3,279,223)	842,648
Accumulated Deficit, End of Year	<u>\$ (5,600,515)</u>	<u>\$ (5,404,662)</u>	<u>\$ (3,279,223)</u>

Newfoundland and Labrador Centre for Health Information
Statement of Net Debt
For the Year Ended March 31, 2023

	2023 Budget (Note 11)	2023 Actual	2022 Actual
Annual Deficit	<u>\$ (2,321,292)</u>	<u>\$ (2,125,439)</u>	<u>\$ (4,121,871)</u>
Acquisition of tangible capital assets	-	(451,186)	-
Amortization of tangible capital assets	2,523,592	2,472,049	2,761,397
Decrease in inventory	-	23,607	239,032
Increase in prepaids	-	(255,900)	(3,983,940)
	<u>2,523,592</u>	<u>1,788,570</u>	<u>(983,511)</u>
Change in Net Debt	202,300	(336,869)	(5,105,382)
Net Debt, Beginning of Year	<u>(19,806,432)</u>	<u>(19,806,432)</u>	<u>(14,701,050)</u>
Net Debt, End of Year	<u>\$ (19,604,132)</u>	<u>\$ (20,143,301)</u>	<u>\$ (19,806,432)</u>

**Newfoundland and Labrador Centre for Health Information
Statement of Cash Flows
For the Year Ended March 31, 2023**

	<u>2023</u>	<u>2022</u>
Operating Transactions		
Annual deficit	\$ (2,125,439)	\$ (4,121,871)
Items not affecting cash:		
Amortization of tangible capital assets	2,472,049	2,761,397
Changes in non-cash items:		
Decrease (increase) in accounts receivable	2,380,078	(3,753,143)
Increase in accounts payables and accrued liabilities	458,553	2,260,993
Increase in deferred revenue	4,494,631	3,029,872
Increase in accrued paid leave	39,532	209,075
Decrease in accrued severance pay	(6,610)	(24,152)
Increase (decrease) in accrued sick leave	(12,700)	12,000
Decrease in inventory	23,607	239,032
Increase in prepaids	(255,900)	(3,983,941)
	<u>7,467,801</u>	<u>(3,370,738)</u>
Capital Transactions		
Acquisition of tangible capital assets (Schedule 1)	<u>(451,186)</u>	<u>-</u>
Increase (decrease) in Cash and Cash Equivalents	7,016,615	(3,370,738)
Cash and Cash Equivalents, Beginning of Year	<u>9,056,792</u>	<u>12,427,530</u>
Cash and Cash Equivalents, End of Year	<u>\$ 16,073,407</u>	<u>\$ 9,056,792</u>

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. Subsequent to year end, on April 1, 2023, the four RHAs and the Centre were amalgamated into the Newfoundland and Labrador Health Authority ("NLHS").

(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 deferred when restrictions are placed on their use by the external contributor, and are recognized as revenue when used for the purpose specified.

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.

The severance pay benefits plan was discontinued in fiscal year 2019 and the remaining liability is for employees who deferred their settlements for a short period (Note 6).

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, 2023

2. Going concern

Subsequent to year-end, on April 1, 2023, the Centre was amalgamated with four Regional Health Authorities to form NLHS and continues to carry out its operations and fulfill its mandate as part of core government.

These financial statements are prepared on a going concern basis in accordance with Canada Public Sector Accounting Standards, which assumes that NLHS 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>2023</u>	<u>2022</u>
Trade accounts receivable	\$ 1,649,037	\$ 4,538,041
Government remittances receivable	2,166,301	1,011,088
Regional Health Authorities	<u>246,497</u>	<u>892,784</u>
	<u>\$ 4,061,835</u>	<u>\$ 6,441,913</u>

4. Accounts payable and accrued liabilities

	<u>2023</u>	<u>2022</u>
Trade accounts payable	\$ 10,799,792	\$ 10,201,444
Vacation and compensatory pay	164,040	205,574
Government remittances payable	<u>176,012</u>	<u>274,273</u>
	<u>\$ 11,139,844</u>	<u>\$ 10,681,291</u>

Newfoundland and Labrador Centre for Health Information
Notes to the Financial Statements
March 31, 2023

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>2023</u>	<u>2022</u>
Balance, beginning of year	\$ 4,784,586	\$ 4,575,511
Accrued during the period	2,146,786	1,955,423
Benefits payments	<u>(2,107,254)</u>	<u>(1,746,348)</u>
Balance, end of year	<u>\$ 4,824,118</u>	<u>\$ 4,784,586</u>

Net benefit expense for the year:	<u>2023</u>	<u>2022</u>
Paid leave included in salaries and benefits expense	<u>\$ 2,146,786</u>	<u>\$ 1,955,423</u>

Accrued paid leave has been calculated based on the guidance provided by actuary and was completed effective March 31, 2023. The significant assumptions shown below are based on future events.

	<u>2023</u>	<u>2022</u>
Discount rate	4.5%	2.8%
Average remaining service period of active employees	12 years	13 years
Wage and salary escalation	3.0%	2.9%

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.

Accrued Benefit Obligation:	<u>2023</u>	<u>2022</u>
Balance, beginning of the year	\$ 20,328	\$ 44,480
Benefits payments	<u>(6,610)</u>	<u>(24,152)</u>
Balance, end of year	<u>\$ 13,718</u>	<u>\$ 20,328</u>

Newfoundland and Labrador Centre for Health Information
Notes to the Financial Statements
March 31, 2023

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:	2023	2022
Balance, beginning of year	\$ 578,500	\$ 566,500
Current period benefit cost	29,400	12,000
Benefits payments	(42,100)	-
Balance, end of year	\$ 565,800	\$ 578,500
Net benefit expense for the year:	2023	2022
Interest cost	\$ 29,400	\$ 12,000

Accrued sick leave has been actuarially determined effective March 31, 2023. The significant assumptions shown below are based on future events.

	2023	2022
Discount rate	4.5%	2.8%
Average remaining service period of active employees	12 years	13 years
Wage and salary escalation	3.0%	2.9%

8. Prepaids

Prepaid expenses are made up of the following:

	2023	2022
Software licenses and maintenance	\$ 9,157,769	\$ 8,901,869
Eastern Regional Health Authority advances	700,000	700,000
	\$ 9,857,769	\$ 9,601,869

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).

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

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

- (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 \$1,769,885 (2022 - \$1,792,882). 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:

2024	\$ 4,216,401
2025	\$ 2,879,139
2026	\$ 932,099
2027	\$ 120,000
2028	\$ 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. Economic Dependence

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

13. Cyber Attack

During the prior 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 \$2,557,197 (2022 - \$5,101,034). The Centre received funding towards these expenses from the Government of Newfoundland and Labrador, Department of Health and Community Services of \$nil (2022 - \$3,772,900).

Newfoundland and Labrador Centre for Health Information
 Schedule of Tangible Capital Assets
 Year Ended March 31, 2023

Schedule 1

	Computer equipment	Office furniture	Computer software	Leasehold improvements	Pharmacy network	Electronic Health Records - Labs (EHR Labs)	Health Information Access Layer (HIAL)	2023	2022
Cost									
Opening costs	\$ 17,587,001	\$ 428,230	\$ 8,390,916	\$ 300,481	\$ 10,334,829	\$ 8,332,003	\$ 8,291,888	\$ 53,665,347	\$ 53,665,347
Additions during the year	304,965	-	146,221	-	-	-	-	451,186	-
Disposals and write downs	-	-	-	-	-	-	-	-	-
Closing costs	17,891,966	428,230	8,537,137	300,481	10,334,829	8,332,003	8,291,888	54,116,533	53,665,347
Accumulated Amortization									
Opening accumulated amortization	15,186,889	411,714	8,344,277	276,473	10,097,602	5,504,614	6,972,254	46,793,823	44,032,425
Amortization	1,079,305	6,192	46,637	3,606	74,915	633,408	427,986	2,472,049	2,761,397
Disposals and write downs	-	-	-	-	-	-	-	-	-
Closing accumulated amortization	16,266,194	417,906	8,390,914	280,079	10,172,517	6,338,022	7,400,240	49,265,872	46,793,822
Net Book Value of Tangible Capital Assets	\$ 1,625,772	\$ 10,324	\$ 146,223	\$ 20,402	\$ 162,312	\$ 1,993,981	\$ 891,648	\$ 4,850,661	\$ 6,871,525

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

Newfoundland and Labrador Centre for Health Information
 Schedule of Expenses
 For the Year Ended March 31, 2023

Schedule 2

	2023	2022
Administration		
Audit fees	\$ 40,850	\$ 32,850
Bank and payroll fees	69,161	61,876
Consulting fees	106,764	39,581
Insurance	72,614	43,115
License fees	37,244	39,925
Other	52,229	50,009
Professional fees	15,127	26,973
Rent	1,141,472	1,141,473
Salaries and benefits	1,853,101	2,011,773
Software maintenance	30,936	48,492
Telecommunications	39,297	29,019
Training	96,709	33,709
	<u>3,555,504</u>	<u>3,558,795</u>
Clinical Programs		
Consulting fees	744,073	951,121
License fees	4,378,908	4,092,839
Minor equipment	26,316	137,005
Other	825,983	22,274
Rent	-	11,300
Salaries and benefits	11,079,477	10,684,475
Software maintenance	6,554,162	3,854,778
Telecommunications	17,319	13,773
Travel	80,221	94,008
	<u>23,706,459</u>	<u>19,861,573</u>
Infrastructure, Information Protection and EHR Operations		
Computer supplies	3,692	111,716
Consulting fees	3,203,690	793,898
Data storage and backup charges	1,794,055	4,930,447
Leased equipment	1,818,945	1,507,092
License fees	9,361,058	7,437,694
Minor equipment	1,415,858	2,652,945
Office supplies	1,151	34,611
Other	67,130	33,589
Rent	166,655	422,063
Salaries and benefits	19,669,206	18,521,198
Software maintenance	11,823,325	12,673,338
Telecommunications	7,810,256	8,579,670
Travel	108,720	44,347
	<u>57,243,741</u>	<u>57,742,608</u>

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

Schedule of Expenses
For the Year Ended March 31, 2023

	2023	2022
Projects		
Consulting fees	2,503,722	902,505
License fees	4,232,073	1,022,613
Minor equipment	3,635,341	415,273
Other	316,199	41,860
Salaries and benefits	1,599,635	1,904,248
Software maintenance	1,660,631	73,010
	<u>13,947,601</u>	<u>4,359,509</u>
Health Analytics and Evaluation Services		
Consulting fees	147,786	13,250
License fees	233,342	84,471
Other	19,362	11,095
Salaries and benefits	5,593,844	4,972,407
Software maintenance	303,587	314,837
	<u>6,297,921</u>	<u>5,396,060</u>
Cyber Attack		
Consulting fees	97,637	3,389,085
License fees	1,612,048	541,850
Minor equipment	228	25,981
Professional fees	512,666	490,617
Salaries and benefits	-	382,038
Software maintenance	334,618	144,446
Telecommunications	-	127,017
	<u>2,557,197</u>	<u>5,101,034</u>
COVID-19		
Consulting fees	193,149	230,824
License fees	88,190	408,864
Minor equipment	-	22,076
Other	-	15,302
Salaries and benefits	-	66,466
Telecommunications	9,343	9,887
	<u>290,682</u>	<u>753,419</u>
Total expenses	<u>\$ 107,599,105</u>	<u>\$ 96,772,998</u>