



Newfoundland & Labrador

**Centre for
Health Information**

ANNUAL REPORT

2020-21



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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 2020-21 Annual Performance Report. This report has been prepared according to the guidelines for Category 2 Government Entities per the **Transparency and Accountability Act**. The Board accepts accountability for the results outlined within the document.

The Newfoundland and Labrador Centre for Health Information'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 an unprecedented year.

In 2020-21, NLCHI's focus was on enhancing and modernizing digital health solutions; enhancing coordination and appropriate use of health data, information and the analytical capacity of the province; digitally enabling citizens to be active partners in their healthcare; and being a dynamic organization that improves health service delivery in Newfoundland and Labrador. However, like many organizations, NLCHI pivoted to address the pandemic and in particular, the needs of public health, offering stakeholders and clients solutions that were not thought possible mere months earlier.

I am proud of NLCHI's role to support our provincial public health leadership through data management, application development, frontline clinical tools and many other digital solutions for the citizens of Newfoundland and Labrador. This includes supporting predictive analytics and reporting for public health; development of the COVID-19 Negative Test Results Portal, which has been accessed by more than 90,700 users; the creation of the COVID-19 Tracker; the development of the COVID-19 Swab Assessment Clinic Referrals solution; setting up remote work connections for health system employees; providing virtual care technology to connect clinicians with patients; and development of the electronic travel declaration form. NLCHI's response has truly been a team effort and I am extremely pleased with how the entire organization worked together to deliver innovative technologies and quality information.

As part of its efforts, NLCHI also implemented key components of its eHealth shared services mandate including consolidating budgets, establishing governance, defining operational support services and identifying efficiencies. It was the collective expertise of our provincial team that truly allowed us to quickly respond to COVID-19 health system requirements.

I extend appreciation to our Board of Directors, executive team, employees and health system stakeholders. Our accomplishments and advancements in 2020/2021 were made possible with their leadership and commitment to advancing digital health in Newfoundland and Labrador.

I look forward to fiscal year 2021-22 and providing support for NLCHI's smooth transition to the Department of Health and Community Services as announced in the 2021-22 provincial budget.

Sincerely,



Dr. Kris Aubrey-Bassler
Chairperson, Board of Directors

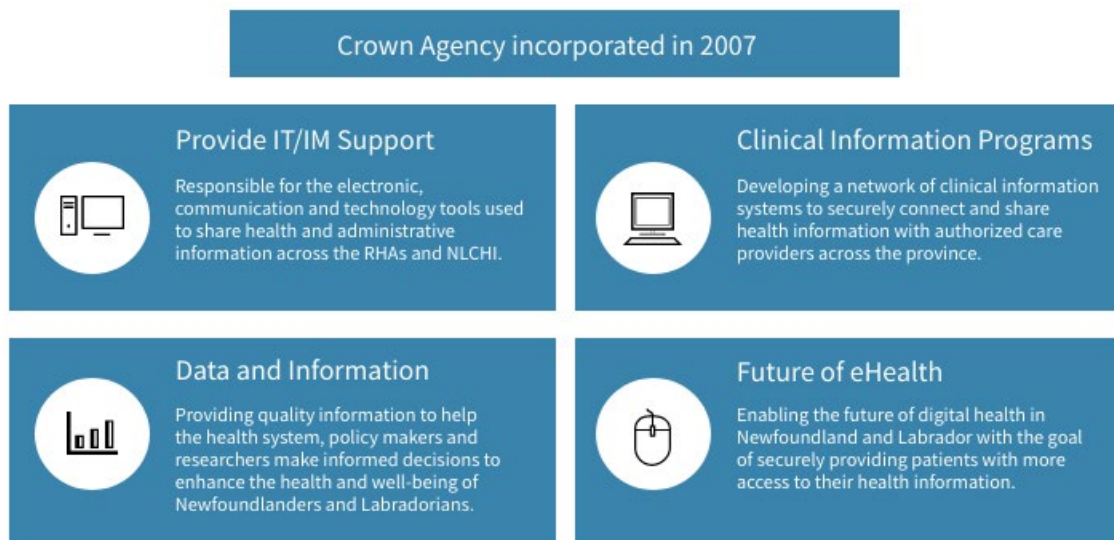
About the Centre for Health Information

The Newfoundland and Labrador Centre for Health Information (NLCHI) provides quality information to health professionals, the public, researchers and health system decision-makers.

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

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

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



Number of Employees and Physical Location

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

As of March 31, 2021, NLCHI had 388 employees; 5 are members of our Executive Team. Most employees are based in NLCHI's head office at 70 O'Leary Avenue in St. John's and at satellite offices across the province. This year, due to COVID-19, many NLCHI employees transitioned to work remotely, with many continuing to do so for the time being.

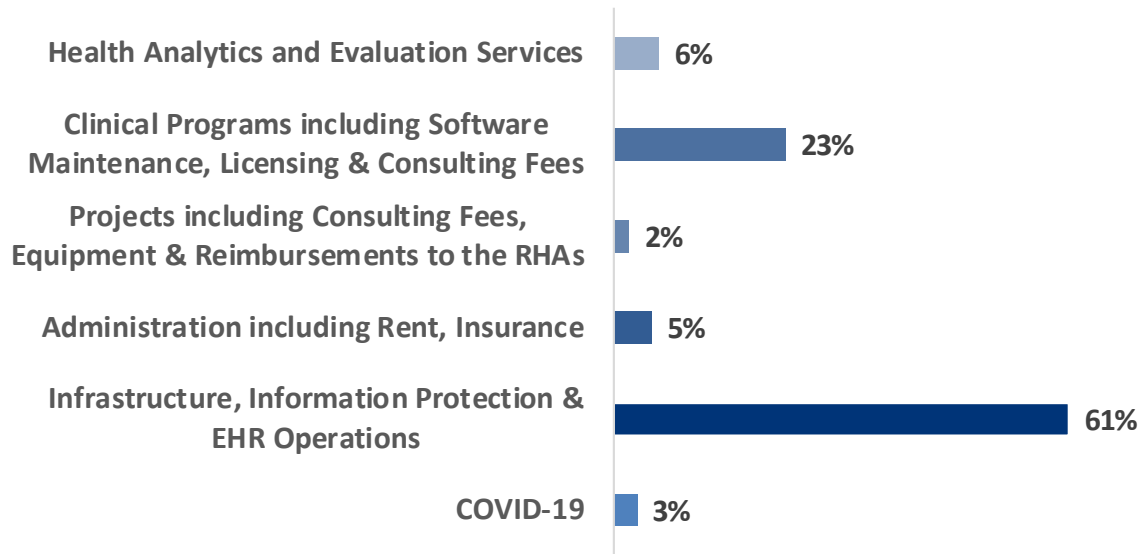


Financial Statements

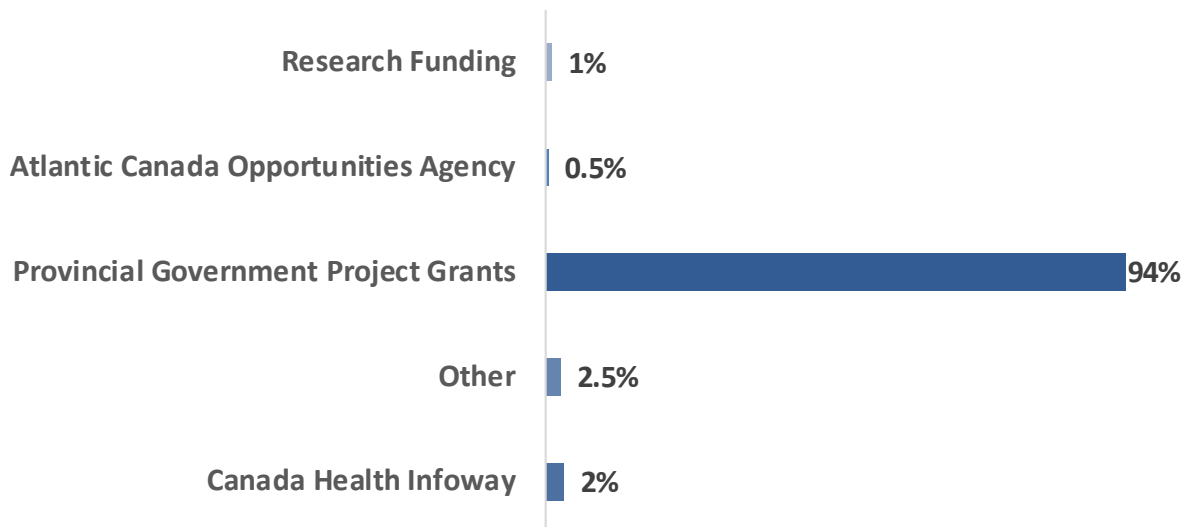
The Centre's revenues and expenses experience annual fluctuations due to project start and end dates, and according to the placement and achievement of funding for project milestones. In fiscal year 2020-2021, the Centre's total revenue was \$89.84 million of which 94 per cent was a provincial operating grant, with the remaining 6 per cent coming from external research funding, capital funding from the Government of Newfoundland and Labrador and Canada Health Infoway for electronic health record (EHR) development, and from Atlantic Canada Opportunities Agency (ACOA) for various initiatives. Expenses for the fiscal year totaled \$93.19 million. Included in these expenses is \$3.1 million in COVID costs which were fully funded by the Federal government under the Safe Restart agreement.

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

Expenses by Category



Revenue by Category



Highlights and Partnerships

Improved Health Through Innovative Technologies and Quality Information.

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


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

Highlights

eDOCSNL - Provincial EMR Program

eDOCSNL is Newfoundland and Labrador's Electronic Medical Record (EMR) Program which is jointly governed by NLCHI, the Department of Health and Community Services (HCS) and the Newfoundland and Labrador Medical Association (NLMA). As of March 31, 2021, there were over 550 providers (80%) enrolled in eDOCSNL. A number of key milestones were reached by the eDOCSNL team in fiscal year 2020-21 including the discontinuation of the distribution of paper diagnostic imaging (DI) results, a process which began with turning off the paper distribution of lab results in 2019. The team also continued to focus on implementing the EMR in public health clinics, with intense deployment underway in Labrador-Grenfell Health and Eastern Health. The team also expanded the use of Systematized Nomenclature of Medicine (SNOMED) usage and completed a pilot data extract, whereby next steps are to complete data quality work with the Canadian Institute for Health Information (CIHI), expand to all EMR instances and make the data available within HEALTHe NL. A governance review is also underway, which may result in changes to eDOCSNL program structure/governance. Another key milestone was reached in the fall of 2020, when the EMR formed the foundation of the online booking system for both influenza and later COVID-19 immunizations, allowing for self-scheduling, digital consent and clinical documentation/vaccine management.

550
providers
enrolled in
eDOCSNL



Implementing the Provincial eHealth Model

In 2018, NLCHI's legislative mandate was changed to assume responsibility for all provincial eHealth functions including information technology, information management and decision support that reside in the four regional health authorities (RHAs) and combine them with NLCHI to create one provincially focused eHealth organization. The objectives of the eHealth model are to strengthen health care technology; create efficiencies; improve health care delivery and patient safety; enhance system

reliability; increase security and privacy; and, combine resources and expertise. As part of its new legislated mandate, NLCHI assumed accountability for eHealth services delivered in the four RHAs on October 2, 2019.

Much progress has been made in implementing the provincial eHealth model over the past year. For example, a new Governance and Operational committee has been established with the four RHAs and financial budgets are now in place. Further, the team has consolidated several technologies such as Wide Area Networks (WANS) within Western Health. This past year, the Transition Working Group was also re-established and renamed the Transformation Working Group to reflect the new focus on the team.

Administrating the Prescription Monitoring Program

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

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

PMPNL is having an impact in our province. In fact, there was a 6% decrease in the number of defined daily doses dispensed per 1,000 population for opioids in 2020 compared to 2019 and a 19% decrease since the start of the program.

6%

decrease in the number of defined daily doses dispensed per 1,000 population for opioids in 2020 compared to 2019

HEALTHe NL

HEALTHe NL is Newfoundland and Labrador’s provincial electronic health record (EHR). It is one of the most comprehensive EHRs in Canada and a key solution that continues to grow. As of the end of March 2021, more than 8,600 authorized health care providers had been given access to a HEALTHe NL account and the EHR contained more than 1 billion patient reports and laboratory results.



1661

eConsults created in HEALTHe NL from Nov 15-March 31.

In November 2020, electronic consulting services were added to HEALTHe NL, facilitating effective and timely communication between primary health care providers and specialists, reducing the need for face-to-face specialist referrals. From November 15, 2020 to March 31, 2021, 1,661 eConsults were created in HEALTHe NL.

eHealth Privacy and Security Improvements and Vigilance

NLCHI, in partnership with the NLMA, RHAs, and HCS finalized the EMR Information Management Framework and received approval by the EMR Executive Committee. The purpose of this framework is to provide direction to custodians of EMR data which is collected, used, disclosed, stored, and retained for patient care and secondary uses, as part of eDOCSNL.



NLCHI established a Data Protection Council which is a cross-functional committee composed of NLCHI personnel responsible for data governance and data protection oversight. The mandate of the committee is to focus on legislative compliance, policies/procedures, and privacy/security risk monitoring and mitigation.

NLCHI developed a Data Governance Framework which enables appropriate use of data and responsible innovation in an ethical and privacy protective manner. It promotes compliance with relevant legislation, establishes the principles, policies and procedures that will govern the Provincial Data Lab as well as the rules for data access, storage, use, retention and deletion.

Partnerships

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

NLCHI partners with several stakeholders to achieve its strategic and operational goals within its mandate. These partnerships are essential to NLCHI's success and include Canada Health Infoway, Canadian Institute for Health Information, Atlantic Canada Opportunities Agency, Digital Health Canada, regulated health professions and other provincial bodies, including the Office of the Chief Information Officer, Vital Statistics Division of Service NL and Office of the Information and Privacy Commissioner (OIPC).

Some of the partners NLCHI collaborated with during 2020/2021 include:

Health and Community Services (HCS)

During 2020-21, NLCHI continued to provide analytic and evaluation services to HCS. A key accomplishment was the development and release of a dashboard of provincial mental health and addictions system indicators. The dashboard tracks a number of measures related to self-harm, referrals for counselling services, doorways visits, provincial crisis line calls, and mobile crisis response visits. In 2021-22, the dashboard will be expanded to include information related to a suite of e-mental health programs, such as Bridge the gapp and Therapy Assistance Online. Additionally, NLCHI engaged extensively with health system partners to: complete a legislative review of the **Adult Protection Act**; finalize an evaluation and performance monitoring framework for correctional health services;

evaluate midwifery services; and provide ongoing analytics and evaluation services to support the Family Practice Renewal Program.

In 2020-21, NLCHI formed a Provincial Health Analytics Council comprised of executive membership from HCS and the four RHAs. The council meets regularly to ensure data and information services are well-coordinated across the province and supporting priorities of the health system.

NLCHI supported HCS in executing key objectives relating to health analytics and made advancements towards an enhanced health analytic environment for the province. This included assessing existing capacity within the province for analytics to identify opportunities to maximize effectiveness; adding datasets to a linked provincial data repository; building an online portal to facilitate secure access to provincial data and information in data lab environments; enhancing and utilizing newly developed metadata repository to capture important information required to appropriately use and manage provincial health data; utilizing business intelligence tools to create dashboards for public health and other stakeholders; and reviewing data access procedures across the health system to identify opportunities for improving access to provincial health data for research.

NLCHI also played a pivotal role in providing information, predictive analytics and dashboards to support the provincial health system through the COVID-19 pandemic. In addition, NLCHI provided solutions including mapping COVID-19 cases and expanding the Mental Health and Addictions portal for provincial, Atlantic Canadian and national utilization.

Regional Health Authorities

In 2020-21, NLCHI provided considerable support to the RHAs for both regular IT & IM operations as well as COVID-19 response.

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

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



Family Practice Renewal Program (FPRP)

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



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

We have also worked with the FPRP on supporting its Chronic Obstructive Pulmonary Disease (COPD) fee code with the co-development of a provincially standardized COPD visit template. We are working with the Family Practice Networks (FPNs) to support the development of a peer support network and have participated in FPN technology support events. We have also assisted in the administration and application of the FPRP technology fund initiative.

Research Partners

NLCHI has been leading efforts to advance the availability, quality, and use of health system data for decision-making, research, and innovation purposes through its Provincial Data Lab and Data Governance Framework. The Provincial Data Lab includes a data repository and secure, virtual environments that allow users to interact with data and information in a privacy protective manner. There are four active projects and 16 authorized users accessing the external Research and Evaluation area of the Provincial Data Lab as part of a pilot across multiple stakeholder groups. The Research and Evaluation service is being prepared to transition to full operations.

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

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

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

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

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

Canada Health Infoway (Infoway)

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

In fiscal 2020-21, Infoway provided project funding of \$4.2 million to NLCHI toward the ACCESS Atlantic project 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. There was an additional \$205,253 in funding to support ePrescribe work.

ACCESS Atlantic will support patient-centred care by empowering patients with access to their own health information. The project is also a driving force behind implementing the Bridge the gap initiative, which is designed to deliver information on mental health and addictions resources.

Report on Performance

The following section of the annual report focuses on progress in 2020-21 on the goals and objectives related to the four strategic issues identified in the 2020/2023 Business Plan.

Strategic Issue 1: Digital Health Solutions

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

NLCHI’s plan over the next three years is to deliver digital health solutions that will close these gaps. Furthermore, by upgrading or replacing outdated systems, NLCHI will enable better, faster, and more efficient care delivery. Solutions are available that can meet providers’ demands for convenience, mobility, and automation, thereby enabling them to be more focused on their citizens and less on searching for information and trying to contact colleagues and other members of the care team.

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

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

Year One Objective

By March 31, 2021 NLCHI will have identified digital health solutions for select clinical settings.

Planned for 2020/2021	Actual for 2020/2021
Established effective stakeholder engagement mechanisms to inform and guide the development of digital health solutions	<ul style="list-style-type: none"> Engagement committees have been established with the four Regional Health Authorities. Implemented new eHealth governance structure for the provincial eHealth model.
Completed an assessment of clinical workflow needs and defined a roadmap to address needs that	<ul style="list-style-type: none"> Financial evaluation of two main solutions has been completed.

<p>maximizes the value of existing solutions and identifies priority areas for new investment (work ongoing in certain areas)</p>	<ul style="list-style-type: none"> • Identified new areas for patient engagement tools. This includes the COVID-19 solutions that were put in place and opportunities within community health. • Work ongoing in priority areas such as public health as well as mental health and addictions.
<p>Enhanced functionality and continued adoption of core clinical systems</p>	<ul style="list-style-type: none"> • Existing clinical systems have been leveraged to provide additional functionality and to close gaps in adoption. Examples include cancer screening, endoscopy, clinical documentation, vaccine administration, and laboratory medicine.
<p>Expanded virtual care in the acute and community care settings</p>	<ul style="list-style-type: none"> • There were 32,332 facility-based telehealth appointments from April 2020-March 2021. In addition to that there were 110,170 appointments that were either from facility to home or physician office/virtual office to patient/client home. In comparison, there were 23,042 virtual care appointments from April 2019-March 2020 (scheduled appointments in iScheduler).
<p>NLCHI will have been responsive and flexible to needs of the health system</p>	<ul style="list-style-type: none"> • Numerous tools implemented to support COVID-19 pandemic response for both public health teams (e.g., COVID-19 tracker) as well as citizens (e.g., online COVID-19 self-assessment, travel declaration).

Discussion of Results

NLCHI has extensive province-wide health information available through HEALTHe NL (EHR) as well as the comprehensive provincial Pharmacy Network. eDOCSNL, the provincial EMR is also fully mobile and has been widely adopted in community family physician and RHA primary care settings (currently 80% adoption). Provincial eOrdering for Vascular and Cardiac Cath is also available and there is now a provincial vs. regional approach with eHealth shared services now in place. At present, foundational clinical systems are in need of replacement or upgrade. There are also gaps in records and processes, a lack of automation and fragmentation of patient information.

Year Two Objective

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

Year Two Indicators

- Developed procurement plan and request for proposals initiated for a single, consolidated Hospital Information System solution
- Developed and deployed a complete and consistent solution set for community based programs, including Mental Health and Addictions, Community Support, Public Health, and Primary Care

- Continued development and expansion of existing digital health solutions to provide a comprehensive provincial view of clinical data spanning all care settings to optimize information flow and continuity of care
- Expanded digital health solutions to support the public and providers, particularly as it relates to public health
- Explored initial applications of Artificial Intelligence for frontline care

Strategic Issue 2: Data and Information Services

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

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

As a new offering, we look forward to delivering decision support services (e.g., operational and strategic dashboards and reports) across each of the province’s four RHAs. Implementation of standardized citizen-reported measures across our health system will support health system decision-making that is citizen-centered. Building upon our work as a national leader in information services and data governance we will further improve data governance and coordination of data access to optimize the use of health system resources for research, innovation, and health system management. We will enhance our efforts in exploring partnerships with the private sector to maximize the use of our significant data holdings to realize economic development opportunities for the benefit of Newfoundland and Labrador. With continued development of our data lab we will expand our analytical tools and services to foster better use of data and information.

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

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

	<ul style="list-style-type: none"> Leveraged and implemented tools and support for decision making.
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Year One Objective

By March 31, 2021 NLCHI will have enhanced the coordination of products and services.

Planned for 2020/2021	Actual for 2020/2021
Formed the Provincial Health Analytics Council	<ul style="list-style-type: none"> Council has been formed with ongoing monthly meetings since November
Expanded select decision support services across the health system	<ul style="list-style-type: none"> An interim provincial Cognos environment was established to enable all RHAs and HCS access to near real-time data and reports to support public health and the pandemic response, using this analytical reporting system. A range of automated dashboards and on-demand reports have been developed utilizing multiple new and existing provincial data sources and made available to users in the interim provincial Cognos environment. Self-service Cognos environment and data has been made available to pilot users in two RHAs. A project has been established to: <ul style="list-style-type: none"> progress the interim provincial Cognos environment to a robust provincial solution; consolidate provincial finance and HR data and develop a suite of automated reports in each business area; make HR and finance data, along with other identified data sets, available to users in all RHAs in the newly established provincial COGNOS environment.
Supported provincial data governance that enables health system management, research and economic development	<ul style="list-style-type: none"> Review was conducted of required legislative amendments to allow NLCHI to participate in economic development activities. Report delivered to NLCHI June 2020 and subsequently provided to HCS. NLCHI Data Governance Framework content complete.
Launched a data access navigation service	<ul style="list-style-type: none"> Service was launched in conjunction with the Health Data Governance Committee which includes representation from NLCHI, RHAs and the provincial Health Research Ethics Board.
Piloted users accessing research and evaluation (R&E) environment in data lab	<ul style="list-style-type: none"> The Data Lab R&E environment has been piloted with external users. <ul style="list-style-type: none"> 4 projects and 16 total users accessing the Data Lab external R&E

	<p>environment as part of the pilot, across multiple stakeholder groups.</p> <ul style="list-style-type: none"> ○ Tools, mechanisms of data access and procedures required for on-going operations have been revised based on the pilot. ○ Service is being prepared to transition from pilot to full operations.
Flowed electronic medical record data to the data lab	<ul style="list-style-type: none"> • EMR data flowing nightly to the data warehouse from EH/LGH instances; final testing and defect resolution underway. • COVID-19 and flu vaccine data extracts from all applicable provincial EMRs loaded into the data lab daily and weekly, respectively.
Created an inventory of health system surveys	<ul style="list-style-type: none"> • Inventory of health system surveys developed by the Provincial Surveys Working Group under the leadership of the Provincial Health Analytics Council. The inventory outlines the core health system surveys planned by the regional health authorities and NLCHI in 2021-22.

Discussion of Results

Data and Information Services is currently coordinated for the health system via the Provincial Health Analytics Council (executive reps from HCS, the RHAs and NLCHI). Data and information services functions within NLCHI's mandate include data quality and standards, health analytics, evaluation and performance monitoring, and decision support. A data access navigation service has been launched to detail how to access data available in the Data Lab, which now includes key data assets (e.g. Meditech, MCP, EMR, Pharmacy Network) and is servicing internal and external stakeholders.

Year Two Objective

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

Year Two Indicators

- Supported health system performance and outcomes indicators for public reporting
- Acquired additional relevant data holdings to expand value in key areas
- Released new data and information products, tools and services
- Standardized select health system surveys across the regional health authorities
- Leveraged legislative change opportunities to acquire social determinants of health data
- Built data quality and standards considerations into the Project and Initiative intake process

Strategic Issue 3: Digitally Enabled Citizens

The increasing burden of chronic illnesses and an aging population, combined with the current fiscal

situation in the province create challenges for Government to find the best value while continuing to provide quality and sustainable healthcare services to the citizens of this province. Digital solutions are an important enabler of the transformations required to address the challenges in the healthcare system. These solutions have the power to improve health, transform quality and reduce health system costs.

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

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

Year One Objective

By March 31, 2021 NLCHI will have established foundational elements for the PHR program.

Planned for 2020/2021	Actual for 2020/2021
Implemented a solution to give citizens access to their personal health information as well as digital health services	<ul style="list-style-type: none"> • Secured funding to implement this solution but solution roll out will now be in fiscal 2021-2022 (Funding was delayed, which impacted solution roll-out. However, providing citizens with access to their negative COVID-19 test results online was on aspect of the PHR which was implemented in fiscal 2021-2022). • Citizen access to COVID-19 tools and information such as Travel declaration and COVID-19 Self-assessment and referral. • Providing citizens with access to their EHR i.e. COVID-19 negative test results.
Ensured identity and consent management framework is in place	<ul style="list-style-type: none"> • Due to delays in securing funding as a result of the COVID-19 pandemic, this solution will be in place in 2021.
Created a virtual engagement forum with providers and citizens to establish a roadmap for access to personal health information and digital services	<ul style="list-style-type: none"> • Due to delays as a result of the COVID-19 pandemic, this work will commence in June 2021.
Continued expansion of virtual visiting from physician offices into the citizens home	<ul style="list-style-type: none"> • Over 110,000 appointments that were either from facility to home or physician office/virtual

	<p>office to patient/client home. In comparison, there were 23,042 virtual care appointments from April 2019-March 2020 (scheduled appointments in iScheduler).</p> <ul style="list-style-type: none"> Continued expansion to engage virtually through virtual visits, remote patient monitoring technologies, telehealth. Priorities include mental health, dermatology, cancer care, pre-admission clinics, NICU, primary care. Provider and patient support – including onsite, online resources, provincial education program Citizens and providers to interact digitally (i.e. email or messaging) through EMR; eConsult rolled out in November 2020.
Enabled citizens to book identified top priority clinic appointments online using digital technology	<ul style="list-style-type: none"> Citizens had the option to utilize online self-scheduling technology for blood collection at Major's Path site in Eastern Health and self-scheduling for both influenza and COVID-19 vaccinations.
Enabled citizens with access to immunization records	<ul style="list-style-type: none"> Delayed due to COVID-19 pandemic projects and priorities. Expected go live June 2021.

Discussion of Results

We successfully launched the negative results portal and Bridge the gap, however PHR has yet to be fully implemented due to a funding delay related to the COVID-19 pandemic. This is currently being advanced with work ongoing with OCIO. However, providing citizens with access to their negative COVID-19 test results online was an aspect of the PHR which was implemented in fiscal 2021-2022.

Year Two Objective

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

Year Two Indicators

- Recommended next step support for development of a personal health record strategy
- Implemented Identity and Consent Management Framework
- Enabled citizens to digitally manage their health system interactions through self-scheduling functionality
- Enabled increased number of health care providers to provide virtual visits
- Enabled Virtual care delivery via a suite of products throughout the province
- Identified efficiencies and savings within the health system

Strategic Issue 4: Exceptional Service, Exceptional Workplace

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

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

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

Year One Objective

By March 31, 2021 NLCHI will have established foundations that support staff and stakeholders to support the advancement of digital health in Newfoundland and Labrador.

Planned for 2020/2021	Actual for 2020/2021
Completed key elements of eHealth transition	<ul style="list-style-type: none"> • Governance structure implemented MOU draft completed. • Financial budget transfer from the four RHAs to NLCHI completed.
Developed strategies and tactical action plans for functional and key priority areas	<ul style="list-style-type: none"> • Virtual Care strategy developed. • Personal Health Records strategy work ongoing. • Migration to a strategic cloud strategy ongoing.

	<ul style="list-style-type: none"> Community Care digital health strategy ongoing.
Built evaluation mechanism to measure and track staff and stakeholders' satisfaction and quality improvement opportunities	<ul style="list-style-type: none"> NLCHI Staff survey completed by 226 employees. Employees ranked leadership's performance in keeping them informed during the beginning of COVID-19 as 8.6 out of 10. The survey also provided feedback on how employees wished to receive updates and additional supports and resources they required such as work-life balance and making connections.
Developed Human Resource policies and/or other health system improvement initiatives that support alternate work arrangements	<ul style="list-style-type: none"> Working from home policy developed and implemented.
Implemented health system management solutions that are improving efficiency and sustainability	<ul style="list-style-type: none"> Network and telephony contracts are being rationalized to improve service and reduce cost. An enterprise cloud strategy has been developed. Sustainable ever-greening for end user devices has been implemented.
Developed a quarterly operational reporting metrics dashboard to NLCHI key stakeholders, specifically the RHAs	<ul style="list-style-type: none"> An initial set of metrics, tied to the RHA Service Level Agreement, has been developed.

Discussion of Results

20-21 was focused on the implementation of the shared services mandate of NLCHI. NLCHI successfully put the governance and operational structures in place and established the financial budget to operationalize the new mandate.

Year Two Objective

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

Year Two Indicators

- Developed and adopted a standardized provincial model for IT Service management based on industry best practice
- Fostered an organizational culture with a customer first focus
- Developed NLCHI awareness and branding strategy, and key components implemented, to elevate our profile and reputation in the province and the country
- Launched a public engagement program
- Developed electronic tools to enable leadership to manage business operations
- Continued key elements of organizational maturity from the transition
- Established Service Level Agreement targets as identified in MOU

Opportunities and Challenges

Some of the opportunities and challenges the Centre encountered during 2020/2021 in pursuit of its mandate include:

Opportunities

- Provincial eHealth Model and our expanded mandate enables NLCHI to meet the requirements of the health system in Newfoundland and Labrador to move the digital side of health care ahead. This enables decision-makers at the front line, and at the policy level, to have access to expanded and real-time information for decision-making.
- Enabled the citizens of the province with digital access to the healthcare system. NLCHI has begun offering digital tools to the citizens of Newfoundland and Labrador.
- Enabled digital tools for mental health, primary care reform, and existing paper processes.
- Enabled public health leadership with front line digital clinical tools for pandemic management.
- eHealth Shared Services model allowed us to immediately realize efficiencies in the reduction of redundant processes and services.
- Increased the data holdings of NLCHI to enable a broader scope of analytic work, in support of health care and health system management. Enabling approved private access to this anonymized data introduces economic development opportunities for areas in research and artificial intelligence.
- COVID-19 pandemic event gave us an opportunity to demonstrate our leadership and problem-solving skills, by providing applications, information dashboards and reports to Public Health.
- NLCHI continued to enable clinicians to provide services to citizens remotely and enabled citizens to access negative test results through a patient portal and healthcare administrative staff to work from home.
- NLCHI facilitated the development and adoption of health information standards to increase consistency, usability and sharing of health data.
- Supported HCS and RHAs decision-making processes by maintaining the Chronic Disease Registry.
- Increased adoption and expanded active use of HEALTHe NL and eDOCSNL resulting from the addition of data sources and system functionality.
- Assisted HCS in the management of PMPNL.

Challenges

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

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, 2021:

Dr. Kris Aubrey-Bassler, Chairperson	Allan Bradley	Allan Kendall
Pat Coish-Snow, Co-Chairperson	Elyse Bruce	Dr. Shawn Bugden
Pamela Anstey	Tom Bursey	Dr. Margaret Steele
	David Heffernan	David Thornhill
	Cynthia Holden	Ted Howell

NLCHI thanks Cassie Chisholm who stepped down from the Board in March 2021. Sincerest appreciation is extended to Cassie for her 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, 2021**

Newfoundland and Labrador Centre for Health Information

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For the Year Ended March 31, 2021

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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.

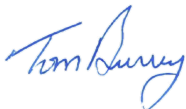
In carrying out its responsibilities, management maintains appropriate systems of internal and administrative controls designed to provide reasonable assurance that transactions are executed in accordance with proper authorization, that assets are properly accounted for and safeguarded, and that financial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



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, 2021, the statements of operations and accumulated surplus, changes in net debt and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Centre as at March 31, 2021, and the result of its operations, change in net debt and cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Emphasis of Matter

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

Basis for Opinion

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

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

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

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



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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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



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

BDO Canada LLP

Chartered Professional Accountants

St. John's, Newfoundland and Labrador
June 23, 2021

Newfoundland and Labrador Centre for Health Information
Statement of Financial Position
March 31, 2021

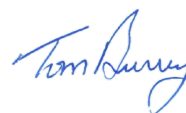
	<u>2021</u>	<u>2020</u>
Financial Assets		
Cash and cash equivalents	\$ 12,427,530	\$ 19,040,528
Accounts receivable (Note 3)	<u>2,688,770</u>	<u>2,155,752</u>
	<u>15,116,300</u>	<u>21,196,280</u>
Liabilities		
Accounts payable and accrued liabilities (Note 4)	8,420,299	11,812,710
Deferred revenue	16,210,560	15,658,540
Accrued paid leave (Note 5)	4,575,511	3,648,676
Accrued severance pay (Note 6)	44,480	42,039
Accrued sick leave (Note 7)	<u>566,500</u>	<u>580,700</u>
	<u>29,817,350</u>	<u>31,742,665</u>
Net Debt	<u>(14,701,050)</u>	<u>(10,546,385)</u>
Non-Financial Assets		
Tangible capital assets (Schedule 1)	9,632,922	11,231,615
Inventory	292,848	586,666
Prepays (Note 8)	<u>5,617,928</u>	<u>6,315,119</u>
	<u>15,543,698</u>	<u>18,133,400</u>
Accumulated Surplus	<u>\$ 842,648</u>	<u>\$ 7,587,015</u>

COVID-19 (Note 12)

Approved on behalf of the Centre:



Chair



Director

**Newfoundland and Labrador Centre for Health Information
Statement of Operations and Accumulated Surplus
For the Year Ended March 31, 2021**

	2021 Budget (Note 11)	2021 Actual	2020 Actual
Revenue			
Grants			
Atlantic Canada Opportunities Agency	\$ 490,111	\$ 489,816	\$ 1,670,834
Canada Health Infoway	1,921,300	1,858,601	1,313,135
Government of Newfoundland and Labrador	81,516,749	84,078,700	50,110,615
Research	803,900	935,261	450,210
Interest	130,000	87,244	410,173
Other projects	1,279,289	2,389,460	3,219,907
	<u>86,141,349</u>	<u>89,839,082</u>	<u>57,174,874</u>
Expenses (Schedule 2)			
Administration	3,674,801	4,463,300	4,231,370
Clinical Programs	17,521,392	21,230,734	10,102,604
Infrastructure, Information Protection and EHR			
Operations	55,641,843	56,698,968	32,247,881
Projects	2,352,702	2,237,212	5,794,011
Health Analytics and Evaluation Services	5,265,320	5,462,576	3,883,414
COVID-19 (Note 12)	-	3,098,709	557,021
	<u>84,456,058</u>	<u>93,191,499</u>	<u>56,816,301</u>
Annual (Deficit) Surplus Before Other Expenses	1,685,291	(3,352,417)	358,573
Other Expenses			
Amortization of tangible capital assets (Schedule 1)	2,555,073	3,391,951	4,175,488
Regional Health Authority vacation pay (Note 5)	-	-	931,534
Annual Deficit	(869,782)	(6,744,367)	(4,748,449)
Accumulated Surplus, Beginning of Year	<u>7,587,015</u>	<u>7,587,015</u>	<u>12,335,464</u>
Accumulated Surplus, End of Year	<u>\$ 6,717,233</u>	<u>\$ 842,648</u>	<u>\$ 7,587,015</u>

**Newfoundland and Labrador Centre for Health Information
Statement of Net Debt
For the Year Ended March 31, 2021**

	2021 Budget (Note 10)	2021 Actual	2020 Actual
Annual Deficit	\$ (869,782)	\$ (6,744,367)	\$ (4,748,449)
Acquisition of tangible capital assets	(1,822,950)	(1,793,258)	(1,329,364)
Amortization of tangible capital assets	2,555,073	3,391,951	4,175,488
Decrease in inventory	-	293,819	(567,797)
Decrease in prepaids	-	697,191	(3,197,305)
	<u>732,123</u>	<u>2,589,703</u>	<u>(918,978)</u>
Change in Net Debt	(137,659)	(4,154,665)	(5,667,427)
Net Debt, Beginning of Year	<u>(10,546,385)</u>	<u>(10,546,385)</u>	<u>(4,878,958)</u>
Net Debt, End of Year	<u>\$ (10,684,044)</u>	<u>\$ (14,701,050)</u>	<u>\$ (10,546,385)</u>

**Newfoundland and Labrador Centre for Health Information
Statement of Cash Flows
For the Year Ended March 31, 2021**

	<u>2021</u>	<u>2020</u>
Operating Transactions		
Annual deficit	\$ (6,744,367)	\$ (4,748,449)
Items not affecting cash:		
Amortization of tangible capital assets	3,391,951	4,175,488
Changes in non-cash items:		
(Increase) decrease in accounts receivable	(533,018)	1,542,515
(Decrease) increase in accounts payables and accrued liabilities	(3,392,411)	6,520,428
Increase (decrease) in deferred revenue	552,020	(697,266)
Increase in accrued paid leave	926,835	1,515,146
Increase (decrease) in accrued severance pay	2,441	(188,644)
Decrease in accrued sick leave	(14,200)	(32,997)
Decrease (increase) in inventory	293,819	(567,797)
Decrease (increase) in prepaids	697,191	(3,197,307)
	<u>(4,819,740)</u>	4,321,117
Capital Transactions		
Acquisition of tangible capital assets (Schedule 1)	<u>(1,793,258)</u>	<u>(1,329,364)</u>
(Decrease) Increase in Cash and Cash Equivalents	(6,612,998)	2,991,753
Cash and Cash Equivalents, Beginning of Year	<u>19,040,528</u>	<u>16,048,775</u>
Cash and Cash Equivalents, End of Year	<u>\$ 12,427,530</u>	<u>\$ 19,040,528</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.

(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

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

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

1. Significant accounting policies (continued)

(d) Employee benefits

Paid leave

Employees of the Centre are entitled to paid leave benefits as stipulated in their conditions of employment. The right to be paid these benefits vests immediately for employees. Paid leave is used as employees take time off, however balances accumulate and are paid out when employees cease employment with the Centre or another public sector employer, upon retirement, resignation or termination without cause. In accordance with PSAS for post-employment benefits and compensated absences, the Centre recognizes the liability in the period in which the employee renders service. The liability is reported at the gross amount by using the number of hours accrued at the employee's current rate of pay. The paid leave obligation has not been actuarially determined because management does not expect actuarial assumptions applied to the balance to significantly impact the liability. 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 actuarially determined 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 16 years. Adjustments to the liability arising from plan amendments are recognized immediately.

Sick leave

Employees of the Centre are entitled to sick leave benefits that accumulate but do not vest. In accordance with PSAS for post-employment benefits and compensated balances, the Centre recognizes the liability in the period in which the employee renders service. The obligation is actuarially 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) Prepaid expenses

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

(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%

(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.

2. Going concern

Subsequent to year end, on May 31, 2021, the Government of Newfoundland & Labrador announced that as part of their fiscal 2022 budget mandate to streamline business and corporate services, the Centre will undergo a change in structure that will result in operations moving from a separate Crown agency to part of core government. During the transition, it is expected that the assets and liabilities of the organization will also be rolled into core government. As of the report date, there is no set timeline for completion of the transition.

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

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

3. Accounts receivable

	<u>2021</u>	<u>2020</u>
Trade accounts receivable	\$ 1,110,758	\$ 1,253,473
Government remittances receivable	660,127	723,049
Regional Health Authorities	917,885	179,230
	<u>\$ 2,688,770</u>	<u>\$ 2,155,752</u>

4. Accounts payable and accrued liabilities

	<u>2021</u>	<u>2020</u>
Trade accounts payable	\$ 8,164,037	\$ 11,565,411
Vacation and compensatory pay	244,734	191,232
Government remittances payable	11,528	56,067
	<u>\$ 8,420,299</u>	<u>\$ 11,812,710</u>

5. Accrued paid leave

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

	<u>2021</u>	<u>2020</u>
Balance, beginning of year	\$ 3,648,676	\$ 2,133,530
Accrued during the period	2,325,980	2,135,085
Paid leave brought over from Regional Health Authorities	-	931,534
Benefits payments	<u>(1,399,145)</u>	<u>(1,551,473)</u>
Balance, end of year	<u>\$ 4,575,511</u>	<u>\$ 3,648,676</u>
Net benefit expense for the year:	<u>2021</u>	<u>2020</u>
Paid leave included in salaries and benefits expense	<u>\$ 2,325,980</u>	<u>\$ 2,991,102</u>

During the prior year, a number of employees of the Regional Health Authorities were transferred to the Centre under a Memorandum of Understanding (the "MOU") with an effective date of October 2, 2019. Under this MOU, the Centre is responsible to settle and pay all outstanding annual leave balances accrued to each transferring employee as per the employees' applicable collective agreement. As there were no such transfers during the current year, the Centre recognized salaries and benefits expense of nil (2020 - \$931,534).

6. Accrued severance pay

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

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

Accrued Benefit Obligation:	<u>2021</u>	<u>2020</u>
Balance, beginning of the year	\$ 42,039	\$ 230,683
Benefits payments	(45,486)	(188,644)
Severance adjustment	<u>47,927</u>	<u>-</u>
Balance, end of year	<u>\$ 44,480</u>	<u>\$ 42,039</u>

Accrued severance obligations at March 31, 2021 and March 31, 2020 were based on an actuarial valuation completed effective March 31, 2018 using the following significant assumptions:

Discount rate	<u>2018</u> 3.2%
Average remaining service period of active employees	16 years
Wage and salary escalation	3.0%

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 by an actuarial report:

Accrued benefit obligation:	<u>2021</u>	<u>2020</u>
Balance, beginning of year	\$ 580,700	\$ 613,700
Current period benefit cost	29,900	11,900
Benefits payments	<u>(44,100)</u>	<u>(44,900)</u>
Balance, end of year	<u>\$ 566,500</u>	<u>\$ 580,700</u>
Net benefit expense for the year:	<u>2021</u>	<u>2020</u>
Interest cost	<u>\$ -</u>	<u>\$ 34,400</u>

Accrued sick leave obligations have been calculated based on an actuarial valuation completed effective March 31, 2021. The significant assumptions shown below are based on future events.

	<u>2021</u>	<u>2020</u>
Discount rate	3.0%	2.9%
Average remaining service period of active employees	14 years	14 years
Wage and salary escalation	3.0%	3.0%

8. Prepaids

Prepaid expenses are made up of the following:

	<u>2021</u>	<u>2020</u>
Software licenses and maintenance	\$ 4,724,797	\$ 5,917,092
Rent	109,313	112,562
Other	<u>783,818</u>	<u>285,465</u>
	<u>\$ 5,617,928</u>	<u>\$ 6,315,119</u>

9. Public Service Pension Plan and Government Money-Purchase Pension Plan

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

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

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

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

- (i) 1.75% of earnings up to the Year's Basic CPP Exemption, the portion of earnings upon which no CPP contributions are required;
- (ii) 8.95% of earnings in excess of the Year's Basic CPP Exemption up to and including the Year's Maximum Pensionable Earnings ("YMPE"); and
- (iii) 11.85% of earnings in excess of the YMPE.

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

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

Employer contributions paid and expensed by the Centre during the year for the PSPP and GMPP totaled \$2,929,670 (2020 - \$1,522,285). 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:

2022	\$ 8,331,809
2023	\$ 6,270,210
2024	\$ 4,169,981
2025	\$ 1,057,530
2026	\$ 120,000

11. Budget

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

12. COVID-19

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

13. Comparative Information

Some of the comparative figures have been reclassified to conform to the current year's presentation.

14. Economic Dependence

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

15. Subsequent Events

Subsequent to year end, the Centre entered into two contracts with Canada Health Infoway Inc. for fiscal 2022 projects. The Citizen Access Project agreement was signed April 7, 2021 with total budgeted funding of \$3,498,000. The Bridge the Gap Expansion Project Collaboration and Advancement Project agreement was entered into on April 7, 2021 with a total budgeted funding of \$708,213. Both projects are to be completed by March 31, 2022.

Newfoundland and Labrador Centre for Health Information
Schedule of Tangible Capital Assets
Year Ended March 31, 2021

Schedule 1

Cost	Computer equipment	Office furniture	Computer software	Leasehold improvements	Pharmacy network	Electronic Health Records - Labs (iEHR Labs)	Health Information Access Layer (HIAL)	2021	
								2021	2020
Opening costs	\$ 15,780,559	\$ 428,229	\$ 8,404,103	\$ 300,481	\$ 10,334,829	\$ 8,332,003	\$ 8,291,887	\$ 51,872,091	\$ 50,542,727
Additions during the year	1,793,258	-	-	-	-	-	-	1,793,258	1,329,364
Disposals and write downs	-	-	-	-	-	-	-	-	-
Closing costs	17,573,817	428,229	8,404,103	300,481	10,334,829	8,332,003	8,291,887	53,665,349	51,872,091
Accumulated Amortization									
Opening accumulated amortization	12,599,896	391,700	7,527,545	269,264	9,896,939	3,838,854	6,116,278	40,640,476	36,464,988
Amortization	1,385,946	10,833	609,980	3,606	120,397	833,200	427,989	3,391,951	4,175,488
Disposals and write downs	-	-	-	-	-	-	-	-	-
Closing accumulated amortization	13,985,842	402,533	8,137,525	272,870	10,017,336	4,672,054	6,544,267	44,032,427	40,640,476
Net Book Value of Tangible Capital Assets	\$ 3,587,975	\$ 25,696	\$ 266,578	\$ 27,611	\$ 317,493	\$ 3,659,949	\$ 1,747,620	\$ 9,632,922	\$ 11,231,615

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

Schedule of Expenses
For the Year Ended March 31, 2021

	<u>2021</u>	<u>2020</u>
Administration		
Salaries and benefits	\$ 2,488,884	\$ 2,447,666
Rent	1,141,473	1,144,347
Other	584,487	394,104
Insurance	71,572	85,946
Consulting fees	116,814	103,498
Software maintenance	31,472	28,978
License fees	25,988	13,788
Minor equipment	1,719	10,211
Communication	891	2,832
	<u>4,463,300</u>	<u>4,231,370</u>
Clinical Programs		
Salaries and benefits	10,538,727	6,674,652
Software maintenance	6,580,059	1,396,092
License fees	2,302,600	1,011,520
Consulting fees	1,619,675	794,408
Minor equipment	107,625	90,038
Other	48,148	65,744
Pharmacy incentives	-	36,250
Rent	33,900	33,900
	<u>21,230,734</u>	<u>10,102,604</u>
Infrastructure, Information Protection and EHR Operations		
Salaries and benefits	19,209,927	11,649,695
Software maintenance	15,538,092	10,544,852
Other	5,933,310	3,412,404
License fees	6,877,596	2,739,829
Data communication charges	3,085,533	2,551,818
Data storage and backup charges	3,602,603	-
Minor equipment	1,700,083	609,786
Leased equipment	139,112	-
Consulting fees	446,125	450,085
Data centre rent	166,587	289,412
	<u>56,698,968</u>	<u>32,247,881</u>

Schedule of Expenses
For the Year Ended March 31, 2021

	<u>2021</u>	<u>2020</u>
Projects		
Salaries and benefits	541,022	2,308,894
Consulting fees	661,807	1,724,139
Equipment and RHA reimbursements	586,400	648,000
License fees	409,850	774,737
Other	794	134,084
Software maintenance	37,339	32,112
Minor equipment	-	172,045
	<u>2,237,212</u>	<u>5,794,011</u>
Health Analytics and Evaluation Services		
Salaries and benefits	5,137,447	3,778,495
Other	11,098	55,205
Consulting fees	26,748	-
Software maintenance	265,984	37,692
License fees	21,265	8,428
Minor equipment	34	3,594
	<u>5,462,576</u>	<u>3,883,414</u>
COVID-19		
Salaries and benefits	938,394	364,686
License fees	1,075,302	94,116
Minor equipment	600,535	89,650
Consulting fees	423,000	-
Other	61,478	8,569
	<u>3,098,709</u>	<u>557,021</u>
Total expenses	<u>\$ 93,191,499</u>	<u>\$ 56,816,301</u>



Newfoundland and Labrador Centre for Health Information

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