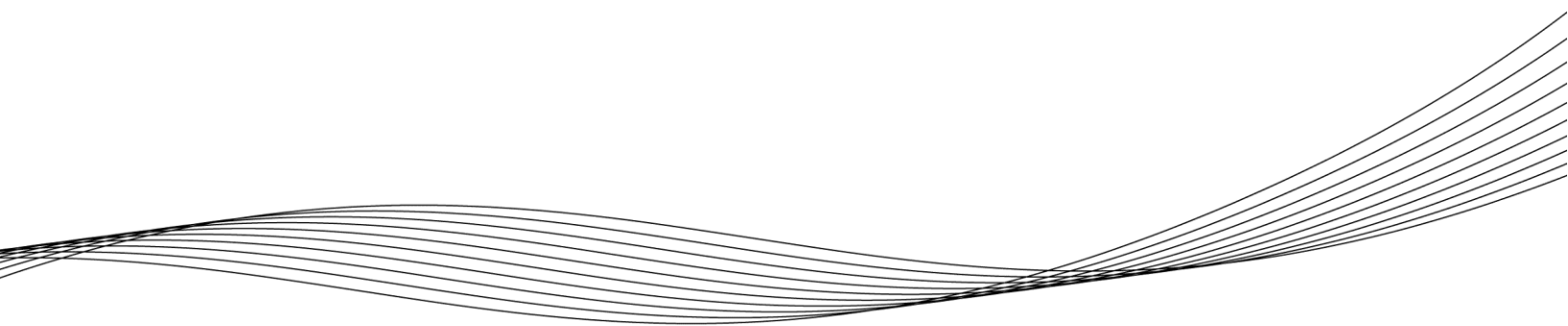


2015–2016 Operational Plan and Budget

March 2015



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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Executive Summary

Fiscal year 2015–2016 marks an important year for the organization. During this time, the Canadian Institute for Health Information (CIHI) will consult with stakeholders and refresh its Strategic Plan, which will be in place for April 2016. This will result in a new set of corporate priorities for the future and an updated Business Plan. Consequently, the *2015–2016 Operational Plan and Budget* reflects our current Business Plan and best planning at this point in time. It provides details on how the organization will make use of its financial and human resources in order to successfully complete its priority initiatives. The activities outlined in this document have been informed by consultation, planning and evaluation over the last year, and represent an informed approach to addressing the needs of our key customers and stakeholders. Using our performance framework and indicators, this document also includes specific targets for the organization in 2015–2016.

The *2015–2016 Operational Plan and Budget* is based on our assumption of a one-year extension of our current funding agreement with Health Canada, which will provide annual funding of up to **\$78.5 million** to support the Health Information Initiative. The *2015–2016 Operational Plan and Budget* also accounts for **\$17.4 million** of provincial/territorial funding contributions relating to the Core Plan.

The total budget of **\$108.8 million** consists of an operating budget of **\$102.4 million**, **\$1.5 million** in capital expenditures and **\$4.9 million** in contributions to the CIHI Pension Plan. Further, a staff complement of **714 permanent employees** has been established to respond to the program of work outlined in this document.

The *2015–2016 Operational Plan and Budget* is presented to the Board of Directors for approval, following review by the Finance and Audit Committee (FAC) of the Board, on January 21, 2015.

A number of financial schedules are presented to support the operational plan. Specifically, the document provides an operating budget, including operating sources of revenue and details relating to Core Plan/other funding contributions, detailed operating expenses/resources by core function and a capital budget. Finally, multi-year revenue and expense projections are presented in Appendix B, including key explanatory notes and assumptions.

Approach

The *2015–2016 Operational Plan and Budget* delivers on the vision, mandate and values articulated in our strategic plan for 2012 to 2017.

This plan and budget support CIHI's goals and priorities, as outlined in our strategic plan. It also provides more detail on the activities being undertaken to further the implementation of specific initiatives detailed in the *Business Plan, 2015 to 2018*, and it includes information on the allocation of financial and human resources to support these activities.

Key strategic goals and priorities for the upcoming fiscal year are the following:

Improve the comprehensiveness, quality and availability of data

- Provide timely and accessible data connected across health sectors
- Support new and emerging data sources, including electronic records
- Provide more complete data in priority areas

Support population health and health system decision-making

- Produce relevant, appropriate and actionable analysis
- Offer leading-edge performance management products, services and tools
- Respond to emerging needs while considering local context

Deliver organizational excellence

- Promote continuous learning and development
- Champion a culture of innovation
- Strengthen transparency and accountability

These priorities represent specific, high-profile or time-limited activities that support our strategic goals and build on the key components of our core mandate: collecting and managing high-quality, standardized pan-Canadian data on health and health systems; producing analyses that are relevant, timely and actionable for our clients; and increasing the understanding and use of our data and methods in Canada through a range of tools and strategies.

Our Vision

Better data. Better decisions.
Healthier Canadians.

Our Mandate

To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our Values

Respect, Integrity, Collaboration,
Excellence, Innovation

As well, supporting our strategic goals and priorities requires a strong corporate infrastructure and sound organizational systems and processes. As a result, CIHI will continue to focus on enhancing its corporate processes, IT systems applications and electronic tools.

In addition to these specific planning activities, the following factors were considered in developing the plan:

- CIHI's core functions, which include
 - Identifying health information needs and priorities;
 - Coordinating and promoting the development and maintenance of national health information standards;
 - Developing and managing health databases and registries;
 - Conducting analyses in the areas of population health and health services;
 - Developing national health indicators; and
 - Conducting education sessions.
- The evolution of a number of multi-year initiatives launched in previous fiscal years;
- The level of funding and requirements outlined in the Health Canada funding agreement and the provincial/territorial bilateral agreements;
- Anticipated changes in the external environment, including the current economic climate and the fiscal realities facing CIHI and its stakeholders/funders; and
- The challenges related to moving from an environment of rapid and significant organizational growth to one of consolidation.

Budget Highlights

General Considerations

In developing and presenting the 2015–2016 budget, CIHI adhered to Canadian generally accepted accounting principles (GAAP), more specifically the accounting standards for not-for-profit organizations.

In addition, the proposed budget was developed based on key priorities and activities outlined in the *Business Plan, 2015 to 2018*, including CIHI's ongoing program of work related to its core functions, as well as key priority initiatives and related activities.

The following table provides a summary of the key elements of the budget for 2015–2016:

	2015–2016 Annual Budget	2014–2015 Annual Year-End Projection
Total Budget	\$108.8 Million	\$112.9 Million
• Operating	\$102.4 Million	\$105.0 Million
• Capital	\$1.5 Million	\$1.4 Million
• CIHI Pension Plan	\$4.9 Million	\$6.5 Million
Staffing	675 FTE*	672 FTE†

Notes

* Represents a staff complement of 714 full-time equivalents (FTEs) discounted to reflect an average vacancy/attrition factor of 5.5%.

† Represents the anticipated staffing level at March 31, 2015. The adjusted approved staff complement was 711.

Operating Budget

The proposed operating budget for 2015–2016 is \$102.4 million. It includes an annual funding allocation of \$78.5 million from Health Canada to support the Health Information Initiative. This is based on our assumption of a one-year extension of our current funding agreement with Health Canada, at the same level as 2014–2015. The operating budget also includes \$17.4 million of provincial/territorial contributions toward CIHI's Core Plan.

Funding from the federal and provincial/territorial governments as well as other agencies represents 78% and 19%, respectively, of total operating revenue. Details of the provincial/territorial governments' and other agencies' related contributions are presented in the table 2015–2016 Operational Budget: Sources of Revenue.

Compensation is budgeted to accommodate 675 FTEs. Budget assumptions, as a percentage of base salaries, include

- A 13.85% benefits factor for employer statutory deductions and flexible benefits plan;
- The pension expense included in the operating budget (15%) represents the accounting expense for the CIHI Pension Plan up to December 31, 2015 (calculated per GAAP and management's best actuarial assumptions estimate, including the estimated prescribed discount rate), as well as the accounting pension expense for CIHI's estimated participation (9.8%) in the Healthcare of Ontario Pension Plan (HOOPP), the British Columbia Municipal Pension Plan and the Group RRSP for the 4th quarter. External consultants are reviewing the accounting treatment of the pension expense of the CIHI Pension Plan to ensure it complies with the new accounting standard which came into effect April 1, 2014 and are determining the impact, if any, of the wind-up of the CIHI Pension Plan. As a result, the 15% pension expense budgeted for April 1 to December 31, 2015 may change as more information becomes available.
- A 1% provision for a cost-of-living adjustment applied to pay scales and incumbent salaries;
- An allowance of up to 3% for performance administered within the parameters of the Performance Management Program (PMP); and
- An attrition/vacancy factor of 5.5%, reflecting anticipated staff turnover.

Refer to Appendix A for management's organizational structure and profile. Of note, executive and management staff combined represent approximately 11% of all staff, which compares favourably with other organizations.

Operating expenses and resource allocations by core function are presented in the table 2015–2016 Operating Budget: Expenses/Staffing by Core Function. The core function **more and better data** accounts for \$38.9 million of the operating expenses, while the other two core functions, **relevant and actionable analysis** and **improved understanding and use**, account for \$24.2 million and \$39.0 million, respectively. For 2015–2016, the total indirect costsⁱ allocation is \$37 million, representing approximately 35% of the operating budget.

Finally, the operating budget includes a corporate provision of \$250,000 to respond to emerging issues and to offset year-end budget adjustments.

i. Indirect costs include corporate functions such as human resources, finance, procurement, administration, facility management, libraries, distribution services, information technology support, telecommunications, planning and project management, privacy and legal services, communication, publishing/translation services, executive offices and Board secretariat.

Capital Budget

The total capital budget for 2015–2016 is \$1.5 million, mainly in information technology services (ITS) and leasehold improvements (refer to the table 2015–2016 Capital Budget for more details). Amortization expenses of \$3.0 million related to 2015–2016 and prior fiscal years' capital expenditures are reflected in the operating budget in accordance with CIHI's amortization policy.ⁱⁱ

CIHI Pension Plan

The 2015–2016 CIHI Pension Plan employer contributions amount to \$4.9 million for the current service costs. The current service costs are based on the employer rate reported in the January 2014 actuarial valuation, for the period of April 1 to December 31, 2015. Of note, the 2015–2016 current service costs–related employee contributions reflect the phased-in employee contributions rate increase.

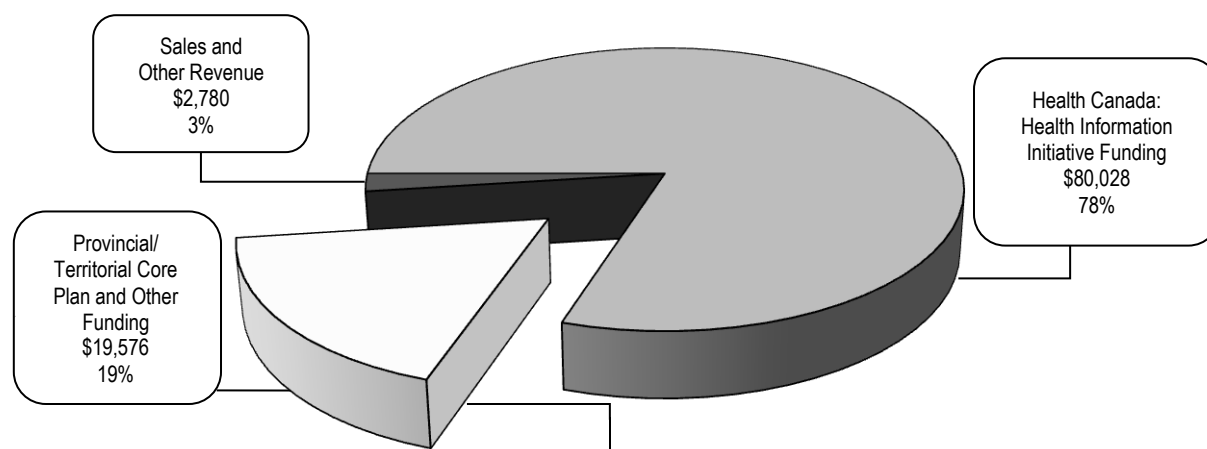
The Board of Directors approved the wind-up of the CIHI Pension Plan effective December 31, 2015. Effective January 1, 2016, the accounting treatment of CIHI's participation in the Healthcare of Ontario Pension Plan (HOOPP), the British Columbia Municipal Pension Plan and the group RRSP, will be accounted for in the operating budget. The expense will correspond to the contributions made.

ii. Information technology, telecommunications and office equipment: 5 years; office furniture: 10 years; leasehold improvements: terms of leases. Capital assets acquired during the year are amortized based on the month of acquisition.

2015–2016 Operating Budget (\$000)

	2015–2016 Budget	2014–2015 Projection
REVENUES		
Sales	\$ 2,534	\$ 2,767
Core Plan	17,391	17,391
Funding—Health Information	80,028	81,108
Funding—Other	2,185	3,536
Other Revenue	246	247
TOTAL REVENUES	102,384	105,049
EXPENSES		
Compensation	77,443	78,331
External and Professional Services	5,556	7,879
Travel and Advisory Committee Expenses	3,158	2,942
Office Supplies and Services	635	588
Computer and Telecommunications	6,239	6,472
Occupancy	9,103	8,837
Corporate Provision	250	-
TOTAL EXPENSES	102,384	105,049
SURPLUS (DEFICIT)	\$ -	\$ -

2015–2016 Operating Budget: Sources of Revenue (\$000)



	PROVINCIAL/ TERRITORIAL CORE PLAN*	OTHER FUNDING	TOTAL
Provincial/Territorial Governments			
Newfoundland and Labrador	\$ 362,594	\$ 24,551 ^	\$ 387,145
Prince Edward Island	76,920		76,920
Nova Scotia	570,870		570,870
New Brunswick	460,073		460,073
Quebec	3,497,742		3,497,742
Ontario	7,291,564	1,985,544 ‡	9,277,108
Manitoba	720,494		720,494
Saskatchewan	639,305		639,305
Alberta	1,617,753		1,617,753
British Columbia	2,097,898	41,874 †	2,139,772
Yukon	20,355		20,355
Northwest Territories	21,282		21,282
Nunavut	13,849		13,849
Other Agencies		133,342 §	133,342
	\$ 17,390,699	\$ 2,185,311	\$ 19,576,010

Notes

* Core Plan contributions remain the same as fiscal year 2014–15, reflecting the one-year extension to the current bilateral agreements.

^ Represents the contribution from Newfoundland and Labrador Department of Health and Community Services towards the implementation of the interRAI Community Mental Health and RAI-MH instruments to support provincial and regional information needs.

‡ Represents a contribution of \$1,011,005 for the Ontario Mental Health Reporting System, \$283,176 for the Ontario Trauma Registry and \$685,113 for the Ontario Health Based Allocation Model.

† Represents contributions toward the British Columbia National Ambulatory Care Reporting System Implementation Project and Other British Columbia Initiatives.

§ Represents a contribution of \$117,810 from the Canadian Institutes of Health Research and the Health Council of Canada for The Commonwealth Fund International Health Policy Survey and \$15,532 from the Canadian Organ Replacement Register for the Access to Kidney Transplantation Project.

2015–2016 Operating Budget: Expenses/Staffing by Core Function (\$000)

	2015–2016 Budget		2014–2015 Projection	
	\$	Staffing	\$	Staffing
MORE AND BETTER DATA				
Health Services	\$ 14,815	116	\$ 14,548	112
Health Human Resources	4,802	39	4,348	37
Clinical Registries	2,990	22	3,388	22
Health Expenditures	4,759	34	5,227	31
Pharmaceuticals	4,481	33	3,564	29
Standards	7,087	46	7,203	52
Subtotal	38,934	290	38,278	283
RELEVANT AND ACTIONABLE ANALYSIS				
Health Indicators	7,492	52	8,740	55
Canadian Population Health Initiative (CPHI)	2,743	18	2,594	18
Health Reports, Special Studies and Analysis	13,934	99	14,370	98
Subtotal	24,169	169	25,704	171
IMPROVED UNDERSTANDING AND USE				
Access to Data and Analysis	9,620	64	10,516	64
Delivery of Education and Capacity-Building Initiatives *	16,265	114	16,761	115
Outreach and Other Activities	13,146	77	13,790	78
Subtotal	39,031	255	41,067	257
Corporate Provision	250	–	–	–
Total Operating Expenses	\$ 102,384	714	\$ 105,049	711

Note

Indirect Costs included in this analysis are allocated to programs/projects on the basis of direct costs. These costs include corporate functions such as human resources, finance, procurement, administration, facility management, libraries, distribution services, information technology support, telecommunications, planning and project management, privacy and legal services, communication, publishing/translation services, executive offices and Board secretariat. This allocation method is in accordance with the accounting/financial reporting guidelines.

* CIHI's education programs help facilities and their staff use the various CIHI products for effective management. Various methods of delivery are used (for example, distance-learning tools, workshops, self-learning products, blended delivery modes).

2015–2016 Capital Budget (\$000)

	2015–2016 Budget	2014–2015 Projection
Furniture and Office Equipment	\$ 6	\$ 7
Leasehold Improvements	200 *	156
Information Technology and Telecommunication	<u>1,266</u>	<u>1,281</u>
	\$ <u>1,472</u>	\$ <u>1,444</u>

Note

* \$165,000 will be refunded by the Ottawa landlord

Key Activities for 2015–2016

As CIHI looks ahead to 2015–2016, management has identified a program of work that represents a realistic and achievable set of activities to deliver on the strategic goals and priorities outlined in the *Business Plan, 2015 to 2018*. Key activities for 2015–2016 are presented by strategic goal.

Strategic Goal 1: Improve the Comprehensiveness, Quality and Availability of Data

To provide timely and accessible data connected across health sectors, CIHI will

- *Continue to enhance the infrastructure and processes to support improved health system performance e-reporting across health sectors.* We will enhance Health Master Data to support integration of reporting products and continue e-reporting initiatives to support health system performance management.
- *Continue to implement initiatives to improve the timeliness, quality and accessibility of data.* We will conduct a targeted reabstraction for the Discharge Abstract Database (DAD), revise the Data Quality framework, continue to develop data surveillance capabilities for priority data holdings and continue to improve access to data for priority audiences and enhanced presentation of publicly available descriptive information about the healthcare system.
- *Provide patient-focused health information by integrating data from across sectors.* We will enhance the internal linkage methodology and infrastructure, and work with jurisdictions to increase receipt of linkable patient-level data.

To support new and emerging data sources, including electronic records, CIHI will

- *Explore and acquire data in emerging priority areas.* We will launch the patient experience survey data holding for acute care and explore options to expand to other settings. We will also explore the potential to collect patient-reported outcome measures, continue work to acquire Vital Statistics death data and explore opportunities to expand mental health information.
- *Lead key elements of the pan-Canadian vision for the effective use of electronic records by health systems.* We will launch the National Ambulatory Care Reporting System (NACRS) clinic data submission offering for priority community-based clinics and initiate the development of a business case for consideration of the adoption of ICD-11 in Canada, promote the health system use of data collected in e-health solutions and seek opportunities to acquire new data while preserving the existing data supply.
- *Enhance primary health care (PHC) information by promoting standards and seeking access to new data and information sources.* We will continue to support adoption and implementation of physician electronic medical record (EMR) standards and produce analytical reports using available PHC-related data.

To provide more complete data in priority areas, CIHI will

- *Provide more comprehensive information on Canada's physicians.* We will continue to expand the collection of patient level physician-level billing and alternate payment plan data.
- *Expand health care financing and funding information.* We will support jurisdictions in funding initiatives, begin work to understand and report on costs and funding of health human resources and continue to expand and enhance organization- and patient-level cost data and information about health expenditures in the non-acute sector.
- *Expand information in key data holdings to support health care quality, patient safety and outcomes.* We will expand collection of population-level pharmaceutical data and reporting of medication incident data and continue to support uptake of existing data holdings such as the Canadian Joint Replacement Registry (CJRR), the Continuing Care Reporting System (CCRS), the Home Care Reporting System (HCRS) and the National Ambulatory Care Reporting System (NACRS) and mental health. We will initiate the development of standards, data and indicators to improve the information available on prescription drug abuse.

Strategic Goal 2: Support Population Health and Health System Decision-Making

To produce relevant, appropriate and actionable analysis, CIHI will

- *Implement a corporate analytical plan that is focused on the most relevant themes for decision-makers and system managers.* We will deliver a corporate analytical agenda aligned with priorities of jurisdictions, including costs and efficiency, equity, patient safety, primary health care and frequent users of the healthcare system. We will also review tools and best practices for communicating analytical results.
- *Build the capacity of health system stakeholders to use health data and information to support decision-making through education and engagement.* We will renew the capacity-building strategy and continue to offer products focused on the priorities of jurisdictions.

To offer leading-edge performance management products, services and tools, CIHI will

- *Deliver a health system performance agenda focused on meeting the needs of the public and health system managers and policy-makers.* We will enhance the suite of publicly available health system performance reports and include facility-level long-term care performance indicators, release a suite of performance indicators in the private hospital analytical tool, release new performance indicators based on priorities emerging from the 2014 Consensus Conference, and continue to support emergence of performance benchmarking initiatives in Canada and conduct an impact evaluation of health system performance agenda from 2012 to 2015.
- *Fill performance measurement gaps in health system efficiency and productivity.* We will continue development of a population risk adjustment grouping methodology using linked data, develop analytical reports on health human resources productivity and health system efficiency and release case mix and health resource indicators for emergency departments.

- *Use international comparisons, when possible, and initiate international benchmarking efforts.* We will release a joint report with the Canadian Institutes of Health Research (CIHR) on Canadian results for The Commonwealth Fund's annual health policy survey and continue involvement in Organisation for Economic Co-operation and Development (OECD) activities.

To respond to emerging needs while considering local context, CIHI will

- *Enhance our partnerships and relationships to assist in improved priority-setting to meet the needs of health system stakeholders.* We will renew a joint analytical plan with Statistics Canada, continue to leverage partnerships at provincial, territorial and regional levels to identify and respond to emerging health information needs and launch a revitalized Rapid Response service for priority data requests.
- *Undertake targeted local initiatives that provide a solid basis for potential scaling up across Canada.* We will produce tailored analyses to support stakeholders in low-population areas, work with priority stakeholder groups to support their local analytical needs with a view to scale up across Canada and explore opportunities to integrate CIHI data into jurisdictional public reporting.

Strategic Goal 3: Deliver Organizational Excellence

To promote continuous learning and development, CIHI will

- *Develop leadership capabilities to enhance leadership at all levels of the organization.* We will develop and implement strategies to support and retain leaders and to build staff capability for emerging organizational needs.
- *Share knowledge and promote adoption of leading practices.* We will transition to new pension plans, conduct an employee engagement survey and a total compensation review and continue to foster sharing of knowledge on topical subjects.
- *Enhance learning and professional development offerings.* We will implement and align a Leadership Capability Framework and Expectations with learning options and continue to support professional development for emerging organization needs.

To champion a culture of innovation, CIHI will

- *Implement an agenda to improve innovation awareness and create the conditions for successful innovation within CIHI.* We will enhance the corporate Lean program, corporate project management practices and ITS Enterprise Architecture, implement new CIHI communication and stakeholder engagement strategies and start the implementation of CIHI website re-design.

To strengthen transparency and accountability, CIHI will

- *Implement a rolling three-year business plan and associated processes.* We will renew the five-year strategic plan, review and update the organization's multi-year business plan and renew funding agreements with federal/provincial/territorial governments.
- *Enhance accountability through the performance measurement framework.* We will align corporate performance indicators and targets with the new five-year strategic plan, with a

focus on including international benchmarks. We will also implement recommendations arising from the performance audit, stakeholder satisfaction and impact surveys.

- *Enhance the privacy and security program.* We will complete ISO surveillance audits and upgrade to ISO27001:2013, define recommendations to enhance management practices for SAS data and file server and develop and align the Privacy and Security Risk Management Framework with the Corporate Risk Management Framework.

In addition to, and in support of, the priority initiatives outlined above, CIHI will continue to focus on enhancing its corporate processes, IT system applications and electronic tools, as well as ensuring that its ongoing core program of work and key functions are carried out in the most efficient and effective manner possible.

Risk Management

CIHI's multi-year business plan is driven by CIHI's future strategic goals and priorities. As CIHI developed the operational component of the plan for 2015–2016, it was important to reassess existing risks and identify any new risks that may prevent CIHI from achieving its strategic goals. As such, CIHI has updated its corporate risk management program for 2015–2016.

The goal of CIHI's risk management program is to foster reasonable risk-taking based on risk tolerance. CIHI's approach to risk management is to proactively deal with future potential events, consider what could go wrong and what needs to go right, and build consensus on how to deal with potential future events and their impact. This risk management program will serve to ensure management excellence, strengthen accountability and improve future performance. It will support planning and priority setting, resource allocation and decision-making. CIHI is committed to focusing on corporate strategic risks that

- Cut across the organization;
- Have clear links to achieving our future strategic goals and priorities;
- Are likely to remain evident for the next three years; and
- Can be managed by the senior leadership of CIHI.

CIHI's Risk Management Framework (below) consists of four cyclical processes targeted toward the successful achievement of our future strategic goals and priorities:



Risk Management Activities: Key Focus for 2015–2016

A comprehensive risk assessment exercise was conducted by the executive management team in the fall of 2014. During this process, a number of key risks are identified that may prevent CIHI from achieving its strategic directions. The mitigation strategies for the identified risks are described to then determine the most significant key risks facing the organization. These risks are then assessed based on their likelihood of occurrence and their potential impacts on the organization, while considering the existing mitigation strategies. This resulted in the identification of four corporate risks that were each assigned to a specific risk champion from the executive management team, who in turn has been given the responsibility to oversee the development and monitoring of mitigation strategies and action plans for the coming fiscal year.

This risk management program will continue to evolve over the year, and the risks and associated mitigation strategies (described below) will be reviewed, monitored and reported on each quarter.

Risk	Description	Mitigation Strategies
Remaining Relevant There is a risk that CIHI will become less relevant and lose stakeholder support. Risk Assessment Likelihood: Unlikely Impact: Very High	<p>The need for national/pan-Canadian data will become less relevant due to the lack of federal involvement in health care and pressure on individual provinces and territories to deliver system transformation.</p> <p>The increased availability of data from internal systems, including clinical registries, might focus system managers' efforts inward rather than outward on cross-country comparable data. This could diminish CIHI's importance as a source of data for quality improvement.</p> <p>The introduction of activity-based funding models in several of our most populous provinces (British Columbia, Alberta and Ontario) has raised the concern of gaming the system, thereby damaging CIHI's reputation as a supplier of high-quality data, information and analytical reports.</p>	<ol style="list-style-type: none"> 1. Develop and implement a strategy to improve timeliness in public reporting, analytical products and data. 2. Pursue strategies to increase the breadth and coverage of CIHI data. 3. Through the development of a renewed strategic plan, consult broadly with internal and external stakeholders on CIHI's relevance and how best to address the needs of stakeholders and the selection of priority data and analytical projects. 4. Work with CIHR to develop a linked data set based on a population grouper and make available to researchers through Strategy for Patient-Oriented Research (SPOR) network.

Risk	Description	Mitigation Strategies
<p>Funding There is a risk that CIHI may not be able to increase current levels of funding with major funders (i.e., federal/provincial/territorial (F/P/T) governments) to meet existing operations and new priority initiatives, as defined in the updated strategic plan. There is a financial risk that in the wind-up of the CIHI Pension Plan that there is a significant Plan deficit to fund and the wind-up related expenses are greater than anticipated. As well, there is an additional risk that CIHI may not be able to make full use of its funding from Health Canada in the final year of the agreement (2015–2016).</p> <p>Risk Assessment Likelihood: Moderate Impact: Medium</p>	<p>CIHI's main source of revenue is the Health Canada funding agreement, which was extended to March 2016. CIHI's three-year bilateral agreements with the provincial/territorial governments were also extended to March 2016.</p> <p>Both the federal and provincial/territorial governments are facing continued fiscal pressures and may not sufficiently value health information to continue funding CIHI at the same level.</p> <p>Financial pressures may reduce CIHI's ability to develop new priority products and services to respond to evolving stakeholder needs.</p> <p>In addition, the increase in compensation costs, pension liabilities and inflation will affect the level of funding available for core programs and services, assuming a constant level of funding.</p>	<ol style="list-style-type: none"> 1. Develop strategy with the Board for renewal of Health Canada funding. Work closely with Health Canada to renew funding agreement and explore options to provide flexibility in funding. 2. Develop strategy with the Board for renewal of bilateral agreements that considers Core plan entitlements, optional initiatives outside of Core plan, increase to cover inflation and additional costs, and term of agreement. 3. Create a contingency for pension wind-up related expenses. 4. Continue with employee communications such as CEO updates to staff, Town Hall sessions, Straight Up column, communications by senior management to staff.
<p>Building Relationships There is a risk that CIHI will lose stakeholder support.</p> <p>Risk Assessment Likelihood: Moderate Impact: Medium</p>	<p>The emergence of new players in the system, such as provincial quality/health councils with similar mandates to report on health system performance, could lead to competition and overlapping roles.</p> <p>Fiscal pressures at the F/P/T level have the potential to affect CIHI in a variety of ways. Provinces and territories are increasing their focus on their own local solutions to meet their data/decision-support requirements.</p> <p>This may result in decreased support for CIHI's role and mandate, thereby reducing CIHI's revenue and future funding.</p> <p>Lack of understanding of CIHI's role could result in data not being provided to CIHI.</p>	<ol style="list-style-type: none"> 1. Develop a coordinated approach to stakeholder engagement for strategic priorities. Specific elements to include: a stakeholder map; and a stakeholder engagement/communication plan. 2. Complete website redevelopment. 3. Explore new relationships and partnerships where possible and appropriate. Initial focus is on ensuring vendors are aware of our standards and the implication for their work. 4. Look for opportunities to use the convening function to bring partners together and learn from one another while informing a pan-Canadian direction (e.g., Patient-Reported Outcome Measures (PROMs) forum).

Risk	Description	Mitigation Strategies
<p>Health System Use (HSU) There is a risk that widespread adoption of eHealth solutions will impact CIHI's ability to access data for health system use.</p> <p>Risk Assessment Likelihood: Moderate Impact: Medium</p>	<p>The opportunities realized by CIHI with the implementation of electronic records across Canada such as more efficient data collection and access to more and different data, may be offset by the possible threat to certain existing data collections.</p> <p>The lack of standardization in electronic records across the country creates a challenge for CIHI in terms of generating usable secondary information from these data sources, particularly in primary care. As well, in some instances suppliers and purchasers are not aware of the importance of the secondary uses of information.</p> <p>The role of health system use (HSU) of data overall in the country may be jeopardized.</p> <p>Provinces are collecting and linking data across a wider spectrum than CIHI has access to (cancer, vital statistics, finance, corrections, education and social services). If local context takes precedence over national comparisons, the value of submitting data to CIHI is decreased.</p>	<ol style="list-style-type: none"> 1. Secure an ongoing flow of standardized primary health care data for health system policy, management and research. 2. Minimize the risk of data loss in hospital records and non-comparability of data for services moving from hospitals to specialty clinics. 3. Reduce the data collection burden and cost of making existing data available on a timely basis for health system policy, management and research. 4. Explore opportunities to expand and enrich CIHI's data with new sources by evaluating the costs and value for health system policy, management and research of expanding pan-Canadian data collection into new fields for CIHI (e.g., labs, diagnostics, community services).

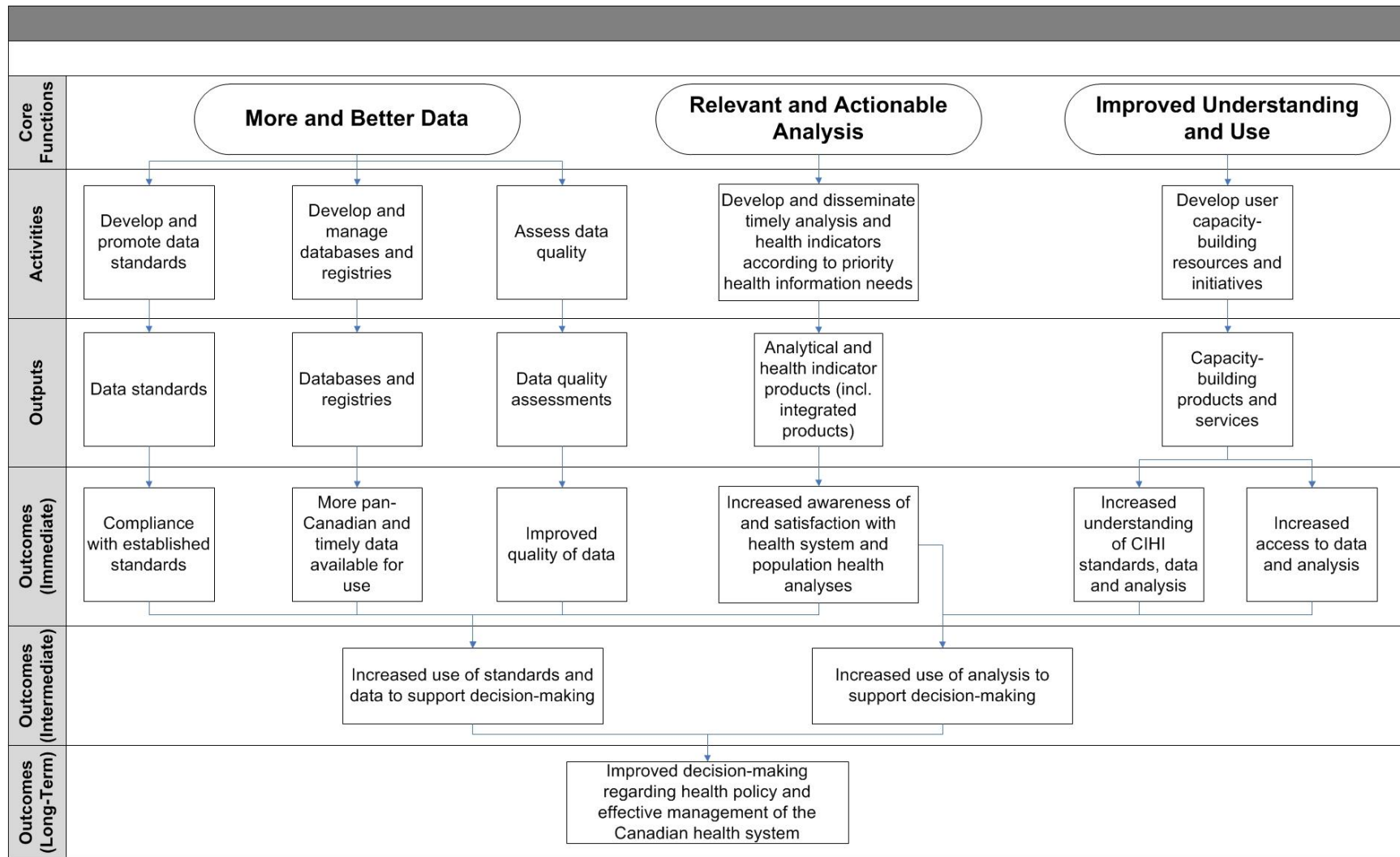
Performance Measurement Framework

As part of the strategic planning process, CIHI undertook a comprehensive review of its current performance measurement framework and associated indicators. The performance measurement framework and indicators on the following pages were established to align with CIHI's core functions—data, analysis, and understanding and use—as well as with CIHI's strategic goals and initiatives as outlined in the *Business Plan, 2015 to 2018*.

Targets have been established, where possible. For several new indicators, 2014–2015 has been used to establish a baseline, and multi-year targets will be established beginning in 2015–2016.

Outcomes in the framework are described as immediate, intermediate or long-term. The table below summarizes the inputs by core function as well as the target audience and stakeholders who will benefit from our products and services.

	More and Better Data	Relevant and Actionable Analysis	Improved Understanding and Use
Inputs			
	\$38.9M (38% of budget) 290 FTEs	\$24.2M (24% of budget) 169 FTEs	\$39.0M (38% of budget) 255 FTEs
Target Audience/Stakeholders			
Immediate Outcomes	Analysts, policy-related researchers, academic/clinical researchers		
Intermediate Outcomes	Funders, policy-makers		
Long-Term Outcomes	All stakeholders (including public)		



Better data. Better decisions. Healthier Canadians.

Indicators

	Logic Model	Program Level Indicators	Baseline ⁱⁱⁱ	Target ^{iv}	Indicator Definition	Source/Reporting Frequency
STRATEGIC GOAL	OUTPUTS					
More and Better Data	Data standards	Minimum data set (MDS) for each database	100%	100%	Availability of a MDS for each data holding	CIHI administrative data (annual)
	Databases and registries	Number of databases and registries	28	28	Number of databases and registries currently available and maintained by CIHI including active and inactive data holdings	CIHI administrative data (annual)
	Data quality assessments	Data quality framework assessments completed	89%	100%	Percentage of full data quality framework assessments completed for all active data holdings within last three years	CIHI administrative data (every three years)
Relevant and Actionable Analysis	Analytical and health indicator products (including integrated products)	Number of analytical and health indicator products developed	25	25	Number of analytical and health indicator products developed/released during the year based on analytical work plan and according to priority information needs	CIHI administrative data (annual)
		Number of analytical products that use integrated data (data from more than one data holding)	6	6 - 10	Number of analytical products from the multi-year analytical plan that use data from more than one database	CIHI administrative data (annual)

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iii. Baseline in most cases reflects average annual results for 2012–2013.

iv. Targets have been reviewed, and where appropriate revised, for 2015–2016.

2015–2016 Operational Plan and Budget

	Logic Model	Program Level Indicators	Baseline ⁱⁱⁱ	Target ^{iv}	Indicator Definition	Source/Reporting Frequency
Improved Understanding and Use	Capacity-building products and services	Number of education sessions delivered	254	277	Number of sessions delivered – across all modalities Modalities – Workshops, web conferences, self-study	CIHI administrative data from Education department (quarterly)
		Number of capacity-building initiatives	4	5 - 6	Number of capacity-building initiatives	CIHI administrative data (annual)
		Number of data requests completed	Aggregate: 200 Record-Level: 120	300	Number of data requests completed by aggregate and record levels	CIHI administrative data obtained from the data request tracking tool (DaRT) (quarterly)
Strategic Goal	OUTCOMES (IMMEDIATE – 1-3 years)					
More and Better Data	Compliance with established standards	Percentage of databases reporting according to established standards	25% (7 out of 28 data holdings)	30%	Data holdings using the value domains of the CIHI Data Dictionary (minimum 70% compliance rating per data holding) Next compliance analysis to be done in 2015–2016 based on expanded Data Dictionary value domains	CIHI compliance analysis document review (irregular)
	More pan-Canadian and timely data available for use	Percentage of databases with more than 80% jurisdictional participation	77%	80%	Current data collection rates for each data holding by jurisdiction	CIHI administrative data (annual)
		Percentage of databases containing data which is one year old	77%	80%	Currency of data by data holding	CIHI administrative data (annual)

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2015–2016 Operational Plan and Budget

	Logic Model	Program Level Indicators	Baseline ⁱⁱⁱ	Target ^{iv}	Indicator Definition	Source/Reporting Frequency
More and Better Data (cont'd)		Percentage of preliminary data available	77% (7 out of 9)	100%	Availability of preliminary data for which preliminary data is relevant based on data holding structure and schedule	Subset of CIHI administrative data (for which preliminary data is relevant) (annual)
	Improved quality of data	Summary measure to assess that data quality is improving overall and over time	3	9	Number of jurisdictions with good overall data quality as reported to Deputy Ministers through Data Quality reports	Annual Deputy Minister Data Quality Reports document review (annual)
Relevant and Actionable Analysis	Increased awareness of and satisfaction with, health system and population health analyses	Number of downloads of analytical reports from website	10,000 downloads	10,500	Webtrends statistics for top 20 analytical products only, plus ad hoc charts from time to time on specific analytical products	Data review (quarterly)
		Media coverage	800 mentions	800	Communication department metrics for print, broadcast and web circulation (unsolicited mentions)	Data review (quarterly)
			5,200 subscribers	6,240	Number of new social media (Facebook, LinkedIn, Twitter) subscribers per year	Data review (quarterly)
			6,000 mentions	7,200	Number of social media (Facebook, LinkedIn, Twitter) mentions per year	Data review (quarterly)
		Rating of awareness and satisfaction of analytical products	94%	95%	Awareness of and satisfaction with analytic products rated (good or excellent)	Survey review (biennial)
		Number of media requests for information	250	250	Communications department metrics on ad hoc media requests for data and information	Data review (quarterly)

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2015–2016 Operational Plan and Budget

	Logic Model	Program Level Indicators	Baseline ⁱⁱⁱ	Target ^{iv}	Indicator Definition	Source/Reporting Frequency
Improved Understanding and Use	Increased understanding of CIHI standards, data and analysis	Stakeholder satisfaction with education sessions	96% (average across all modalities*)	96%	Overall rating of results from education evaluations by type of session * Modalities – workshops, web conferences, self-study	CIHI administrative data (quarterly)
	Increased access to data and analysis	Turnaround time for data requests	83% within service standards*	85% within service standards*	Average turnaround time for aggregate and record-level data requests * Service standards – between 10 and 40 working days based on type and complexity of request	CIHI administrative data obtained from the data request tracking tool (DaRT) (quarterly)
		Stakeholder satisfaction with accessing data and analytical products	75%	80%	Stakeholder satisfaction with accessing products on website (good or excellent)	Stakeholder survey (biennial)
OUTCOMES (INTERMEDIATE – 3-5 years)						
	Increased use of standards and data to support decision-making	Frequency of use of CIHI data collection resources/ standards	71%	75%	Stakeholder survey question on frequency of use of data collection standards/resources (use often or sometimes)	Stakeholder survey (biennial)
		Frequency of use of CIHI data from data holdings	63%	65%	Stakeholder survey question on frequency of use of data from data holdings (use often or sometimes)	Stakeholder survey (biennial)

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2015–2016 Operational Plan and Budget

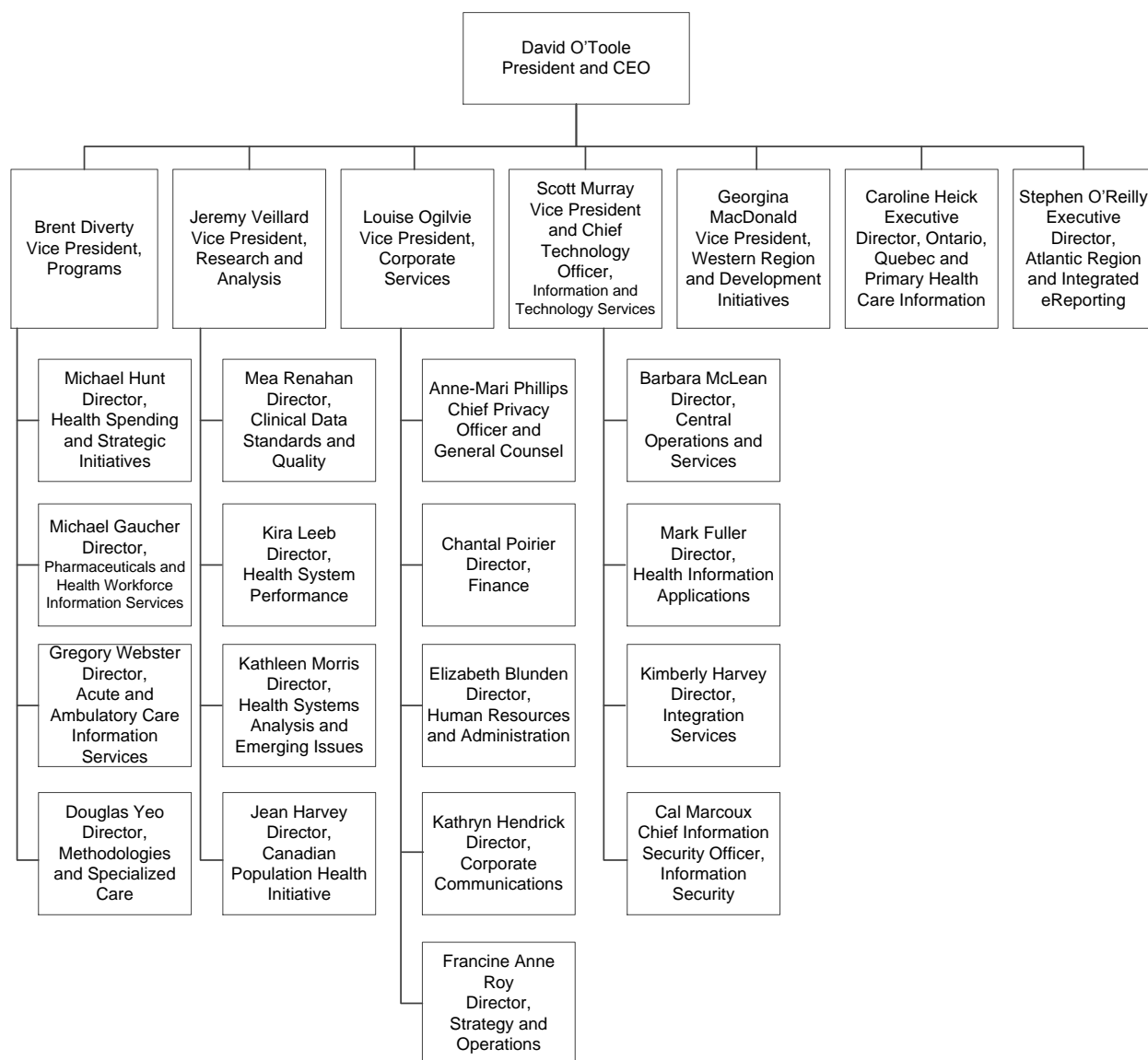
	Logic Model	Program Level Indicators	Baseline ⁱⁱⁱ	Target ^{iv}	Indicator Definition	Source/Reporting Frequency
	Increased use of analysis to support decision-making	Frequency of use of CIHI analytical products	56%	60%	Stakeholder survey question on frequency of use of analytical products (use often or sometimes)	Stakeholder survey (biennial)
		Frequency of use of health indicators	63%	70%	Stakeholder survey question on frequency of use of health indicators (use often or sometimes)	Stakeholder survey (biennial)
		Satisfaction with analytical products	92%	92%	Stakeholder survey question on the satisfaction with analytical products (good or excellent)	Stakeholder survey (biennial)
		Satisfaction with health indicators	93%	93%	Stakeholder survey question on the satisfaction with health indicators (good or excellent)	Stakeholder survey (biennial)
OUTCOMES (LONG-TERM – 5+ years)						
	Improved decision-making regarding health policy and effective management of the Canadian health system		Not applicable	Not applicable	Baseline measure and target not applicable as no specific indicators have been identified. Outcomes to be documented through stakeholder surveys and anecdotal information, such as case studies. Given the number of factors involved in achieving health system and service results, the causal relationship of component efforts to health system results may be difficult to prove. Therefore, we use the perceptions of surveyed stakeholders and clients on percentage improvement indicators to assess their possible association with outcome measures.	

Enabling Indicators

Strategic Goal	Outputs	Outputs – Performance Indicator	Baseline	Target	Indicator Definition	Source/Reporting Frequency
Deliver Organizational Excellence	Engaged workforce	Employee overall engagement	5% above norm	5% above norm	Benchmark against Hay Group norm	Employee survey (biennial)
		Turnover rate	6.9%	Up to 1% below benchmark	Below market rate (Benchmark Conference Board of Canada)	CIHI administrative data (annual)
		Vacancy rate	6%	5%	Budgeted rate	CIHI administrative data (annual)
		Employee satisfaction with learning and career development opportunities	62%	70%	Rating of employee satisfaction with learning and career development opportunities	Employee survey (biennial)
		Average sick leave days per employee	6.9	Below average Statistics Canada prior year rate for all sectors (2011- 8.9)	Benchmark against Statistics Canada prior year rate for all sectors	CIHI administrative data (annual)
	ITS system teams responsive to needs of clients	Rate of response of Central Client Services to: a) Client Support b) Order Desk c) Education	100% response rate for a, b, c	100% response rate for a, b, c	Response rate of Central Client Services to: a) Client Support b) Order Desk c) Education within two (2) working days	CIHI administrative data (quarterly)

Appendix A: 2015–2016 Organizational Structure and Profile

2015–2016 Organization Chart



2015–2016 Organizational Profile

Staff Categories	Executive/Senior Management	Managers	Professional/Senior Technical	Support Staff	Total
Corporate Branches					
Executive Offices	5			5	10
Clinical Data Standards and Quality	1	3	33	5	42
Health System Performance	1	3	25	6	35
Health System Analysis and Emerging Issues	1	3	22	5	31
Canadian Population Health Initiative	1	1	10	5	17
Health Spending and Strategic Initiatives	1	3	27	10	41
Pharmaceuticals and Health Workforce Information Services	1	4	36	16	57
Methodologies and Specialized Care	1	4	50	13	68
Acute and Ambulatory Care Information Services	1	4	40	17	62
Health Information Applications	1	3	42	3	49
Integration Services	1	3	35	10	49
Central Operations and Services	1	5	41	25	72
Information Security	1		1	1	3
Privacy and General Counsel	1		7	1	9
Finance	1	1	10	5	17
Human Resources and Administration	1	3	19	25	48
Corporate Communications	1	1	7	3	12
Strategy and Operations	1	3	30	11	45
Western Region and Developmental Initiatives	1	5	4	1	11
Ontario, Quebec and Primary Health Care Information	1	2	8	5	16
Atlantic Region and Integrated eReporting	1	4	13	2	20
Total	25	55	460	174	714

The total staff complement of 714 represents 675 FTEs for 2015–2016. The budget includes an average vacancy/attrition factor of 5.5%.

Employee Demographics

The chart below profiles CIHI's employees by years of service, age and gender.

In recent years, a significant portion of CIHI's workforce has fallen into the ≤5 Years tenure category. However, this year, as with last, we are continuing to see a levelling between the ≤5 Years and 6–10 Years categories. This shift supports the continuing efforts in developing a strong retention program. Over the years, gender distribution has remained steady, with an overall average ratio of 69% female to 31% male.

Total Staff	690*
Tenure	
≤5 Years	221 (32%)
6–10 Years	309 (45%)
11–15 Years	114 (17%)
16+ Years	46 (6%)
Age	
Younger than 30	42 (6%)
30–39	219 (32%)
40–49	243 (35%)
50+	186 (27%)
% Female Staff	69%
% Female Management Staff	62%

Note

* Number represents permanent employees and excludes contract staff as of November 21, 2014.

CIHI has a highly educated workforce, with a high proportion of staff having advanced degrees.

Education Level	Number (Percentage) of CIHI Staff
Post-Graduate and Master's	267 (39%)
Undergraduate	261 (38%)
Diploma	149 (21%)
High School	13 (2%)

Appendix B: Additional Financial Schedules

Multi-Year Revenue Projection (in \$ Million)

	2014–2015 Projection	2015–2016 Budget	2016–2017 Estimate	2017–2018	Three Year Total	
					\$	%
Sales	\$ 2.8	\$ 2.5	\$ 2.6	\$ 2.6	\$ 7.7	2%
Core Plan	17.4	17.4	17.7	18.1	53.2	17%
Funding—Health Information Initiative	79.4	78.5	80.3	81.9	240.7	78%
Funding—Other	3.5	2.2	2.1	2.0	6.3	2%
Other Revenue	0.3	0.4	0.5	0.3	1.2	1%
Total	\$ 103.4	\$ 101.0	\$ 103.2	\$ 104.9	\$ 309.1	100.0%

Multi-Year Expense Projection by Nature of Expenses (in \$ Million)

	2014–2015 Projection	2015–2016 Budget	2016–2017 Estimate	2017–2018	Three year Total	
					\$	%
Operating Expenses						
Compensation	\$ 71.8	\$ 72.5	\$ 76.9	\$ 78.9	\$ 228.3	74%
External and Professional Services	8.0	5.5	5.7	4.4	15.6	5%
Travel and Advisory Committee Expenses	3.0	3.2	3.2	3.2	9.6	3%
Office Supplies and Services	0.6	0.6	0.6	0.6	1.8	1%
Computer and Telecommunications	4.6	4.4	4.6	4.8	13.8	4%
Occupancy	7.5	8.1	8.3	8.4	24.8	8%
Corporate Provision	-	0.3	0.5	1.5	2.3	1%
Total of Operating Expenses	95.5	94.6	99.8	101.8	296.2	96%
Capital Expenditures	1.4	1.5	2.1	1.8	5.4	2%
CIHI Pension Plan Contributions/provision for wind-up related expenses	6.5	4.9	1.3	1.3	7.5	2%
Total Expenses	\$ 103.4	\$ 101.0	\$ 103.2	\$ 104.9	\$ 309.1	100%

Notes

The above revenues and expenses are presented on a cash basis; as such, they exclude the amortization of capital assets and pension plan contributions accounting revenues and expenses.

The above 2016–2017 and 2017–2018 estimates relating to the Core Plan and Funding—Health Information Initiative are based on successful renewal of current agreements that expire in 2015–2016, including a modest increase of 2%.