2016–2017 Operational Plan and Budget

July 2016

Canadian Institute for Health Information
Institut canadien d'information sur la santé

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For permission or information, please contact CIHI:

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6

Phone: 613-241-7860
Fax: 613-241-8120
www.cihi.ca
copyright@cihi.ca

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Cette publication est aussi disponible en français sous le titre *Budget et plan d'exploitation 2016-2017*.

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Executive summary

Fiscal year 2015–2016 was an important one for the organization. During this time, the Canadian Institute for Health Information (CIHI) consulted with stakeholders to develop its new 5-year strategic plan and a new set of corporate priorities for 2016 to 2021. The new approved mandate and strategic plan were implemented as of April 1, 2016.

The *2016–2017 Operational Plan and Budget* 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 address the needs of our key customers and stakeholders.

The *2016–2017 Operational Plan and Budget* is based on a 1-year extension of our current funding agreement with Health Canada, which will provide annual funding of up to **$78.7 million** to support the Health Information Initiative (HII). The *2016–2017 Operational Plan and Budget* also accounts for **$17.4 million** of provincial/territorial funding contributions relating to the Core Plan.

The 2016–2017 budget includes an incremental investment of $1.0 million to begin implementing the new strategic plan. Reductions of $2.2 million have also been incorporated to balance the budget and to create fiscal capacity to invest in new priority strategic initiatives.

The total budget of **$104.3 million** consists of an operating budget of **$101.5 million**, **$1.5 million** in capital expenditures and **$1.3 million** as a provision for the windup of the CIHI Pension Plan. Further, a staff complement of **706 permanent employees** has been established to respond to the program of work outlined in this document.

Detailed financial information and schedules are presented to support the operational plan. Specifically, the document provides budget highlights, an operating budget — including operating sources of revenue and details relating to Core Plan/other funding contributions — and a capital budget.

The *2016–2017 Operational Plan and Budget* was presented to the Board of Directors for approval in March 2016, following review by the Finance and Audit Committee of the Board on February 12, 2016.

The corporate Risk Management Framework and risks were redeveloped to align with *CIHI's Strategic Plan, 2016 to 2021*. Following review by the Finance and Audit Committee on June 1 and presentation to the Board in June 2016, this information was added to the *2016–2017 Operational Plan and Budget*. The new performance measurement indicators and supporting indicators will be presented to the Board in November 2016 and then added to this document.

Approach

In 2015–2016, in collaboration with stakeholders from across the country, CIHI developed an updated mandate and new 5-year strategic plan (2016 to 2021) that will be implemented as of April 1, 2016. The new mandate supports health system transformation and improvements, and highlights the importance of responding and adapting quickly to stakeholder needs with innovative tools and approaches. Over the next 5 years, CIHI will embark on an ambitious journey to help transform and accelerate improvements in health care, health system performance and population health across the continuum of care. Based on our stakeholders' and partners' priorities, we will focus our efforts on influencing and improving the health system, guided by 4 key populations — seniors and aging; recipients of mental health and addiction services; First Nations, Inuit and Métis; and children and youth — and 4 key themes — patient experience; quality and safety; outcomes; and value for money.

The *2016–2017 Operational Plan and Budget* delivers on the vision, mandate and values and supports CIHI's goals and priorities articulated in the new strategic plan. It also includes information on the allocation of financial and human resources to support these activities.

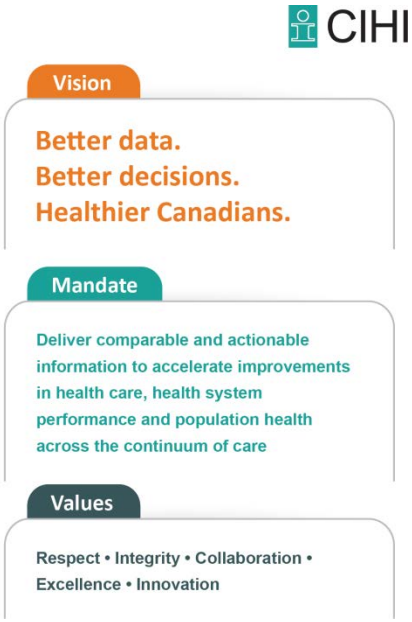
Key strategic goals and priorities for the upcoming fiscal year are the following:

Be a trusted source of standards and quality data

- Increase the use of health data standards to achieve quality data
- Close the data gaps in priority areas
- Make data collection easier and improve timeliness
- Make data more accessible

Expand analytical tools to support measurement of health systems

- Compare health systems in priority areas
- Enrich the information infrastructure, grouping methods and decision-support tools
- Expand our analytical products using innovative approaches, including data linkage and predictive modelling
- Transform CIHI's digital presence into a core strategic asset



Produce actionable analysis and accelerate its adoption

- Produce analyses that contribute new information and insights
- Engage with stakeholders to enable better use of health data and information
- Provide customized products and services to support local decision-making needs

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.

To fulfill its mandate and goals, CIHI is committed to meaningful engagement with stakeholders. In 2016–2017, CIHI will review its stakeholder engagement approaches and make adjustments to ensure that their needs are better reflected.

CIHI will continue to focus on enhancing its corporate processes, electronic tools and IT applications, and it will renew its funding agreements with federal, provincial and territorial governments.

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

- CIHI's core strengths, which include
  - Identifying health information needs and priorities;
  - Coordinating and promoting standards and data quality;
  - Developing and managing health system databases and registries;
  - Developing comparable measures of health system performance;
  - Conducting analyses in the areas of population health and health services; and
  - Building capacity and conducting education sessions
- The increasing importance of data-driven decision-making
- 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 and territorial bilateral agreements
- Anticipated changes in the external environment, including the current economic climate and the fiscal realities facing CIHI and its stakeholders/funders

Budget highlights

General considerations

In developing and presenting the 2016–2017 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 the new strategic plan and financial resources available, including CIHI's ongoing program of work related to its core functions, as well as key priority initiatives and related activities.

An investment of $1.0 million for 2016–2017 is proposed to begin implementing the new strategic plan. This will allow us to make limited progress in the areas of patient-reported outcome measures (PROMs), financial data outside hospital acute care, sourcing data from electronic health records, enhancements to the new Classification Information Management System (CIMS), integrated RAI reporting system (for continuing care and home care) as well as internal analytical infrastructure and business architecture.

In order to have the resources to fund the new investments, reductions of $2.2 million are proposed for existing programs (i.e., selected databases and analytical programs), in support/ occupancy costs and in the cost-of-living adjustment. The reductions include the discontinuation of the Canadian Multiple Sclerosis Monitoring System as of April 1, 2016. In total, the staff complement will be reduced by 17 full-time equivalents (FTEs). The following table provides a summary of the key elements of the budget for 2016–2017 and projected expenditures for 2015–2016.

Table 1 Summary of the key elements of the budget for 2016–2017 and projected expenditures for 2015–2016

Key elements	2016–2017 annual budget	2015–2016 annual year-end projection
Total budget	$104.3 million	$109.3 million
Operating	$101.5 million	$103.4 million
Capital	$1.5 million	$1.0 million
CIHI Pension Plan	$1.3 million	$4.9 million
Staffing	667 FTEs*	678 FTEs†

Notes

* Represents a staff complement of 706 FTEs discounted to reflect an average vacancy/attrition factor of 5.5%.

† Represents the anticipated staffing level at March 31, 2016. The adjusted approved staff complement was 717 FTEs.

The summary above includes an annual funding allocation of $78.7 million from Health Canada to support the Health Information Initiative. It also includes $17.4 million of provincial/territorial contributions toward CIHI's Core Plan. This reflects a 1-year extension of our current funding agreement with Health Canada and the provinces/territories at the same level as in 2015–2016.

Operating budget

The proposed operating budget for 2016–2017 is $101.5 million. Funding from the federal government and from the provincial/territorial governments and 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 Table 3, 2016–2017 operational budget: sources of revenue.

Compensation is budgeted to accommodate 667 FTEs. Budget assumptions, as a percentage of base salaries, include

- A 14.1% benefits factor for employer statutory deductions and flexible benefits plan;
- A 9.8% pension expense, which represents the accounting expense for CIHI's participation in the Healthcare of Ontario Pension Plan (HOOPP), the British Columbia Municipal Pension Plan and a group RRSP for employees not eligible to participate in either of these pension plans;
- A 0.5% 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; 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 12% of all staff, which compares favourably with other organizations.

For 2016–2017, the total indirect costs[i] allocation is $37 million, representing approximately 36% of the operating budget.

Of note, no corporate provision is available to respond to emerging issues or to offset year-end adjustments, since the budget has already been fully allocated to cover the deficit and support new strategic initiatives.

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 2016–2017 is $1.5 million, mainly for information technology services and leasehold improvements (for more details, refer to Table 4, 2016–2017 capital budget). Amortization expenses of $2.8 million related to 2016–2017 and prior fiscal years' capital expenditures are reflected in the operating budget in accordance with CIHI's amortization policy.[ii]

CIHI Pension Plan

Based on the Board of Directors' decision to wind up the CIHI Pension Plan effective December 31, 2015, a provision of $1.3 million has been established to fund related expenses (e.g., potential deficit at time of windup).

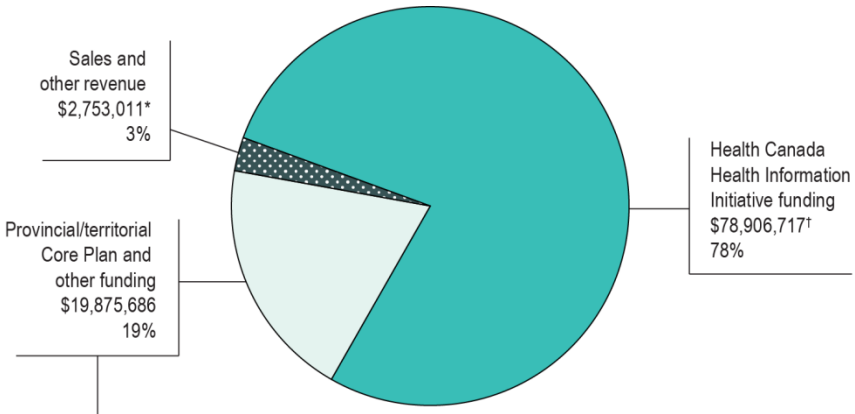
Of note, effective January 1, 2016, the accounting treatment of CIHI's participation in the HOOPP, the British Columbia Municipal Pension Plan and a group RRSP is accounted for in the operating budget, and the expense corresponds to these contributions.

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.

Table 2 Operating budget for 2016–2017 and projected expenditures for 2015–2016 (in thousands of dollars)

Operating budget	2016–2017 budget $	2015–2016 projection $
Revenues		
Sales	2,572	2,690
Core Plan	17,391	17,391
Health Information Initiative	78,907	80,434
Funding — other	2,485	2,694
Other revenue	180	206
Total revenues	**101,535**	**103,415**
Expenses		
Compensation	76,951	78,611
External and professional services	4,897	5,489
Travel and advisory committee expenses	3,353	3,142
Office supplies and services	584	598
Computer and telecommunications	6,578	6,691
Occupancy	9,172	8,884
Corporate provision	—	—
Total expenses	**101,535**	**103,415**
Surplus (deficit)	**—**	**—**

Table 3 2016–2017 operating budget: sources of revenue



Provincial/territorial governments and other agencies	Provincial/territorial Core Plan‡ $	Other funding $	Total $
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	2,341,881**	9,633,445
Manitoba	720,494	—	720,494
Saskatchewan	639,305	—	639,305
Alberta	1,617,753	—	1,617,753
British Columbia	2,097,898	—	2,097,898
Yukon	20,355	—	20,355
Northwest Territories	21,282	—	21,282
Nunavut	13,849	—	13,849
Other agencies	—	118,555††	118,555
Total	**17,390,699**	**2,484,987**	**19,875,686**

Notes

* The sales and other revenue in the pie chart above may not equal the sales and other revenue in the operating budget due to rounding.

† Represents the funding associated with operating expenses, including the amortization of HII capital assets.

‡ Core Plan contributions remain the same as in fiscal year 2015–2016, reflecting a 1-year extension to the current bilateral agreements.

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

** Represents a contribution of $1,032,713 for the Ontario Mental Health Reporting System; $293,248 for the Ontario Trauma Registry; $912,920 for the Ontario Health Based Allocation Model, including the Data Quality Surveillance Program; and $103,000 for work on the Ambulatory Care Collection and Reporting System Proof of Concept Project.

†† Represents a contribution of $50,015 from the Canadian Institutes of Health Research and the Health Council of Canada for the Commonwealth Fund International Health Policy Survey, $60,000 from the Canadian Association of Paediatric Health Centres for work on a new Paediatric Rehabilitation Reporting System and $8,540 from the Selkirk Mental Health Centre to maintain and sustain the use of RAI-MH.

Table 4 Capital budget for 2016–2017 and projected capital expenditures for 2015–2016 (in thousands of dollars)

Capital	2016–2017 budget $	2015–2016 projection $
Furniture and office equipment	50	17
Leasehold improvements	240*	293*
Information technology and telecommunications	1,204	718
Total	**1,494**	**1,028**

Note

* Leasehold improvements include expenses that will be reimbursed by the landlord: $165,000 in 2015–2016 and $240,000 in 2016–2017.

Key activities for 2016–2017

As CIHI looks ahead to 2016–2017, management has identified a program of work that represents a realistic and achievable set of activities to deliver on its strategic goals and priorities. Key activities for 2016–2017 are presented by strategic goal.

Strategic goal 1: Be a trusted source of standards and quality data

To increase the use of health data standards to achieve quality data, CIHI will

- *Lead the development, adoption and maintenance of data and information standards.* We will lead the adoption of data standards for electronic medical records in primary health care and promote and support the uptake of interRAI tools. We will also develop a data standards strategy that engages stakeholders.
- *Maintain CIHI's reputation for high-quality data while streamlining quality assurance efforts.* We will promote CIHI as a data and information standards organization and renew and implement CIHI's data and information quality strategy. We will undertake targeted projects to assess and improve data quality and the efficiency of CIHI's data quality processes.

To close the data gaps in priority areas, CIHI will

- *Expand the collection of person-centred data.* We will expand and accelerate development of the program for patient reported outcome measures (PROMs) through pilot projects and continue to support the uptake and implementation of patient-reported experience measures (PREMs).
- *Seek further sources of data to measure value for money and support resource allocation decisions.* We will expand the collection, linkage and use of patient billing and pharmaceutical claims data and develop a strategy to expand collection of financial data across the continuum of care.
- *Expand the comprehensiveness of existing data holdings.* We will continue to extend the collection and use of clinical and financial data from emergency departments, ambulatory care and specialty clinics, long-term care and home care.

To make data collection easier and improve timeliness, CIHI will

- *Increase data sourcing from digital health solutions.* We will continue to conduct demonstration projects to quantify benefits of more automated data supply channels from digital health solutions. We will also explore methods and tools to manage unstructured and non-standardized data.
- *Adopt more flexible data collection models and tools.* We will develop, promote and support priority standardized collection methods and tools, including automation. We will also streamline data receipt, processing and dissemination cycles to increase the timeliness of data.
- *Focus data collection in priority areas.* We will review minimum data sets in CIHI's data holdings to decrease data burden and redundancy, where appropriate, and to focus on sustaining and enhancing data that is most relevant and useful.

To make data more accessible, CIHI will

- *Implement an open data strategy.* We will develop an open data strategy that protects privacy and aligns with federal, provincial and territorial open data policies. A key component of this will be improving the accessibility of integrated data for health services and policy research.
- *Facilitate the integration of data across health and other sectors.* We will lead the integration of health data with existing data from other organizations and the social sectors and increase the availability and use of linked data. We will also support data collection on social determinants of health, and we will support data collection and analysis for First Nations, Inuit and Métis.

Strategic goal 2: Expand analytical tools to support measurement of health systems

To compare health systems in priority areas, CIHI will

- *Expand measurement and reporting of health system performance across the continuum of care.* We will continue to develop and release regional population-based and organization-level measures of health system performance in key priority areas.
- *Provide measures of health system performance that are comparable at an international level.* We will continue to contribute to the development and reporting of internationally comparable information from the Organisation for Economic Co-operation and Development (OECD) and The Commonwealth Fund surveys.

To enrich the information infrastructure, grouping methods and decision-support tools, CIHI will

- *Facilitate health system planning and management through enhanced case mix methods and decision-support tools.* We will enhance case mix tools to estimate resource use across the continuum of care and release a population grouping methodology to support system-level planning and analysis.
- *Create a sustainable architecture to support the transformation of CIHI's digital business and systems.* We will define the future state of CIHI's digital business from end to end and develop a roadmap to align and strengthen synergies in processes across the organization.
- *Enhance CIHI's analytical infrastructure.* We will develop a corporate strategy for the management of key master data assets, such as organizational information. We will also further our analytical infrastructure to support increased indicator automation and integration of data sets (e.g., emergency department and acute care data, interRAI).

To expand our analytical products using innovative approaches, including data linkage and predictive modelling, CIHI will

- *Collaborate with leaders in predictive analytics and modelling.* We will continue to identify, develop and leverage methods, tools and technologies that enhance and extend stakeholder decision-making capability.
- *Refine data linkage methods and increase the data sets and sectors we link.* Working with stakeholders, we will continue to refine data sets to make them more linkable and seek opportunities to further data linkage across sectors.

To transform CIHI's digital presence into a core strategic asset, CIHI will

- *Redesign the public website and improve our web presence.* We will develop a digital strategy for the organization that will guide the redevelopment of our website and evolution of our social media strategy.

- *Develop and evolve CIHI's digital analytics to streamline access to CIHI information.* As part of the digital strategy, we will define 3 broad digital channels for stakeholder access to CIHI's information (i.e., information gallery, data hub, analytics centre) and propose content alignment and rationalization from existing eReports and CIHI Portal to the appropriate access channel.
- *Improve the consistency and accessibility of information about CIHI's data sources and information products.* We will make progress on improving the client experience in accessing and using CIHI's products and tools, including metadata.

Strategic goal 3: Produce actionable analysis and accelerate its adoption

To produce analyses that contribute new information and insights, CIHI will

- *Deliver programs of work around themes within the analytical plan.* We will deliver the 2016–2017 corporate analytical plan program of work. We will also identify key questions in priority areas that will be addressed by new indicators and analyses in 2017 and beyond.
- *Produce information in accessible, client-friendly formats.* We will pilot more visual and interactive products (e.g., videos, interactive tools, infographics) and evaluate their utility in improving reach and uptake of information.
- *Enrich our analysis.* We will go beyond data results by including more contextual information to aid in interpretation, as well as information on leading practices to assist stakeholders as they take action on results. We will also tackle more complex questions through greater use of linked data and advanced analytical approaches.

To engage with stakeholders to enable better use of health data and information, CIHI will

- *Deliver capacity-building and knowledge exchange based on priority themes.* We will implement a capacity-building and knowledge exchange strategy. The strategy will draw on a variety of approaches, including webinars, workshops and pan-Canadian multi-stakeholder events based on priority themes.
- *Systematically engage with clients and establish systems and processes to share information.* In conjunction with the client engagement strategy, we will develop content for an annual multi-stakeholder engagement plan.

To provide customized products and services to support local decision-making needs, CIHI will

- *Tailor services to meet local needs.* We will develop local supplements to complement pan-Canadian analytical reports, addressing issues of local and regional importance. We will also support decision-making partners to further the implementation of system changes.

To fulfill our mandate and goals, CIHI is committed to meaningful engagement and enhanced understanding of stakeholder needs. Over the next year, we will review and improve how we engage with our stakeholders to better reflect their needs.

In addition to and in support of the priority initiatives, stakeholder commitment and partnerships outlined above, CIHI will continue to focus on enhancing its corporate processes, electronic tools and IT applications. We will ensure that our ongoing core program of work and key functions are carried out in the most efficient and effective manner possible, and we will renew our funding agreements with federal, provincial and territorial governments.

Risk management

Following a comprehensive review and discussion with CIHI stakeholders, CIHI is now embarking on its new strategic plan for 2016 to 2021. Strategic risks are identified and assessed on an annual basis by members of the executive team. To align with the strategic plan, the Risk Management Program for 2016–2017 is focused on identifying risks that could impede CIHI's ability to meet its commitment to stakeholders and achieve the 3 strategic goals. Risk action plans focus on actionable activities that will mitigate the risk.

The goal of CIHI's strategic 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 strategic goals and priorities;
- Are likely to remain evident for the next 3 years; and
- Can be managed by the executive leadership of CIHI.

CIHI's Risk Management Framework (below) consists of 4 cyclical processes targeted toward the successful achievement of our future strategic goals and priorities:

Risk management activities: key focus areas for 2016–2017

A comprehensive risk assessment exercise was conducted by the executive management team in the spring of 2016. During this process, a number of key risks were identified that may prevent CIHI from achieving its strategic goals. The mitigation strategies for the identified risks were described to then determine the most significant key risks facing the organization. These risks were 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 4 strategic 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.

The strategic risks will continue to evolve over the year, and these risks and associated mitigation strategies (described in Table 5) will be reviewed, monitored and reported on each quarter.

Table 5 Description and assessment of each strategic risk, and their mitigation strategies

Risk	Description	Mitigation strategies
Funding and operational management There is a risk that CIHI will not be able to manage existing operations and new strategic initiatives (as defined in the updated strategic plan) with current funding levels. **Risk assessment** Likelihood: Moderate Impact: Very high	CIHI's main source of revenue is the Health Canada funding agreement, which saw a 5% reduction by the end of its term and no increase for the past 2 extensions of 1 year each. At the same time, CIHI's 3-year bilateral agreements with the provinces and territories were twice extended for 1-year periods with no increase. CIHI's current funding agreements come to term in March 2017. Given the continued fiscal pressures facing governments, there is a risk that — when renewing the funding agreements — cost increases for existing programs and additional resources for new strategic initiatives will not be included in the renewal. Financial pressures will require additional reductions to base budgets, program reduction/efficiency plans and further elimination of selected databases/ programs/analytical activities. There is limited ability to undertake strategic initiatives articulated in our strategic plan, affecting our ability to be responsive and remain relevant.	1. Develop a strategy with the Board for renewal of Health Canada and provincial/territorial funding agreements. 2. Monitor budget and reallocate any underspending to high-priority investments. 3. Seek new opportunities for funding of products and services. 4. Closely monitor pension funded status and pension asset investment strategy. 5. Continue with employee communications, such as CEO updates to staff, Town Hall sessions and communications by senior management to staff. 6. Produce quarterly report that identifies efficiencies that have been implemented over the year (e.g., stop doing things that are of lower value, streamline processes).

Risk	Description	Mitigation strategies
Listening and adapting to stakeholders' needs There is a risk that CIHI will not deliver products and services that stakeholders want or when they want them. **Risk assessment** Likelihood: Moderate Impact: Medium	CIHI's current business processes lack an integrated approach and are not client-centric. There is often limited meaningful engagement of stakeholders when developing products and services. The absence of coordinated client services across functions and programs contributes to fragmented communications with stakeholders that have no direct connection with CIHI's corporate strategy. CIHI may be perceived to be disconnected from its stakeholders, who could become overwhelmed and disengaged. This could eventually result in failure to deliver on CIHI's commitment to stakeholders, putting our reputation at risk.	1. Implement Stakeholder Communications and Engagement Strategy. a. Develop stakeholder relationship framework. b. Develop messaging map on priority themes. c. Review selected client business processes for improvement (e.g., bundling of communications, opportunities to cluster data releases, review of embargo process, enhancement of client relationship management governance). 2. Embark on digital strategy. 3. Implement operational mechanisms to provide oversight for CIHI's strategic themes. 4. Develop local supplements/analyses to extend analytical findings to ensure local relevance. 5. Review client services functions. 6. Review Core Plan.
Privacy and security There is a risk that the mitigation strategies for the current privacy and security risks will not meet emerging threats. **Risk assessment** Likelihood: Unlikely Impact: Medium	CIHI's efforts to continue to meet our stakeholders' demand for more integrated and linked data poses increased privacy and security risks through such initiatives as open data tools, Your Health System: Insight, cloud storage and data liberation. At the same time, jurisdictional stakeholder data sharing arrangements and/or policy/interpretive considerations may become barriers to CIHI achieving its strategic goals. Potential impacts include data loss, as the ability to collect data in selected jurisdictions is threatened; loss of new data sources, as potential future partnerships are threatened; and CIHI's reputation being harmed through • Security and privacy breaches of any kind; and • Breach of the privacy of individuals, leading to loss of stakeholder trust.	1. Continue to mature the Privacy and Security Risk Management Program through a. Ongoing review of risk register; and b. Staff awareness activities. 2. Incorporate privacy and security requirements and activities into iterative development life cycle and project management processes. 3. Review privacy and security audit programs to ensure they adequately address risk.

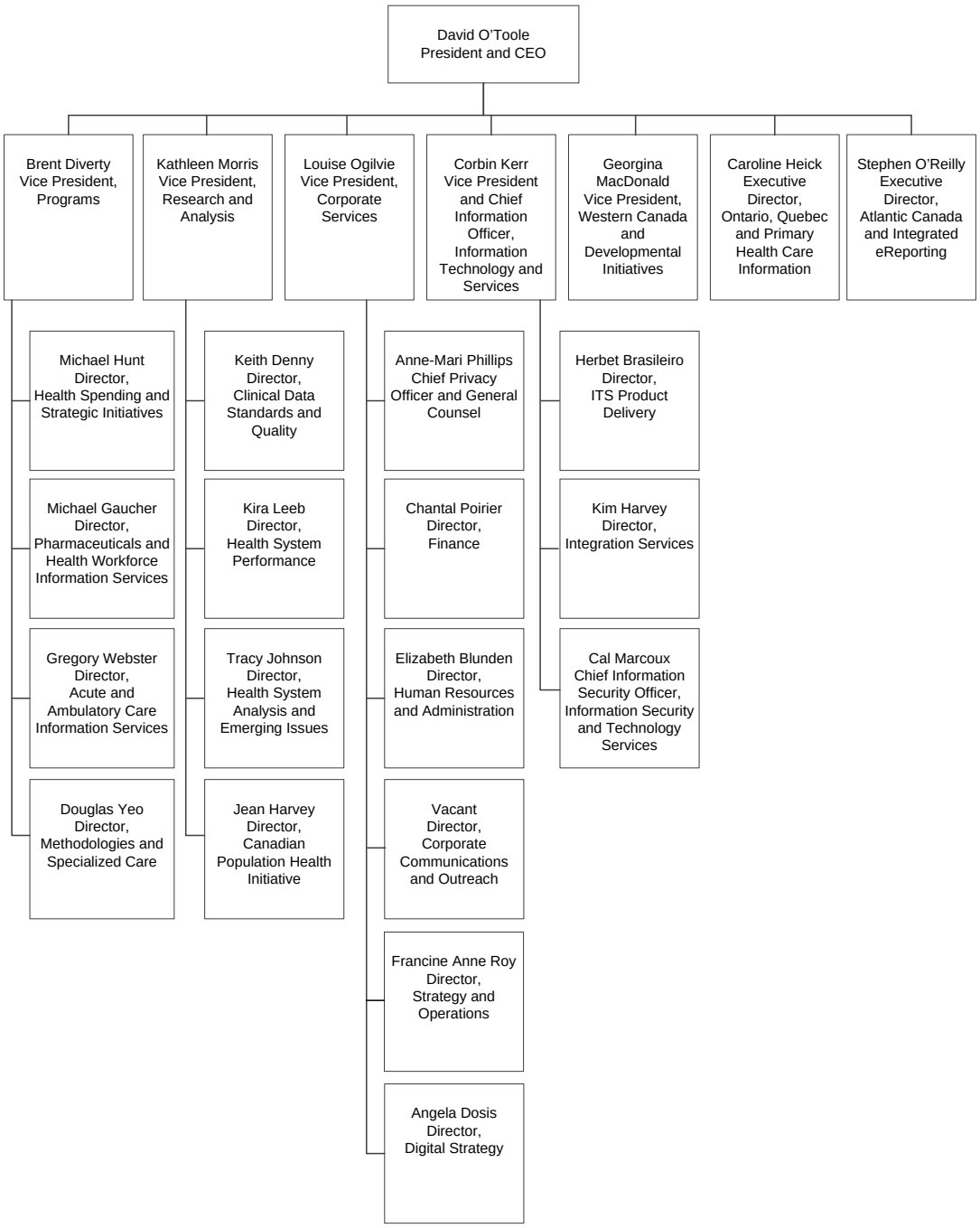
Risk	Description	Mitigation strategies
Complexity and magnitude of change There is a risk that that the complexity and magnitude of change required will impact the successful execution of the strategic plan. **Risk assessment** Likelihood: Moderate Impact: Medium	The pace and magnitude of change across health systems require CIHI to provide a more integrated view of the systems and to be more nimble and adaptable. This will necessitate stopping or pausing certain work to refocus efforts. Delivering on strategic priorities that cut across all areas of the organization may be delayed or not fully achieved as the organization adapts to working horizontally across teams. There could be significant reputational damage if CIHI is unable to meet stakeholder expectations that were established through the strategic engagement and renewed strategic plan. In addition, funders may become impatient if they do not see work that is relevant and begin to question the value of CIHI's work.	1. Develop a shared, collective vision throughout the organization of CIHI in 2021. 2. Develop and implement an integrated approach to managing the strategic priorities (e.g., advancing analytical work through strategic themes; implementing a digital strategy, strategic communications and engagement; implementing a new organizational structure). 3. Enhance skills and behaviours through a series of modules focused on topics such as leadership, team performance (working horizontally) and personal effectiveness and resilience. 4. Evolve systems and processes to support the strategic direction (i.e., accountability mechanisms such as staff performance objectives, communication processes and tools, approaches to support collaboration across the organization).

Performance measurement

CIHI is developing a new Performance Measurement Program to align with the new strategic plan. The new framework and indicators for 2016–2017 will be presented to the Board in November 2016.

Appendix A: 2016–2017 organizational structure and profile

Senior management organization chart, 2016–2017



Organizational profile

Table 6 Number of CIHI employees by branch and staff category

Branch	Executive/ senior management	Managers	Professional/ senior technical	Support staff	Total
Executive offices	5	—	—	5	**10**
Clinical Data Standards and Quality	1	3	35	4	**43**
Health System Performance	1	3	25	5	**34**
Health System Analysis and Emerging Issues	1	3	22	4	**30**
Canadian Population Health Initiative	1	1	10	5	**17**
Health Spending and Strategic Initiatives	1	3	28	10	**42**
Pharmaceuticals and Health Workforce Information Services	1	4	39	13	**57**
Methodologies and Specialized Care	1	4	51	10	**66**
Acute and Ambulatory Care Information Services	1	4	43	10.5	**58.5**
ITS Product Delivery	1	5	57	4.5	**67.5**
Integration Services	1	4	33	18	**56**
Information Security and Technology Services	1	2	21	11	**35**
Privacy and Legal Services	1	—	7	1	**9**
Finance	1	1	10	5	**17**
Human Resources and Administration	1	2	11	15	**29**
Corporate Communications and Outreach	1	2	16	10	**29**
Digital Strategy	1	1	4	5	**11**
Strategy and Operations	1	3	30	11	**45**
Western Canada and Developmental Initiatives	1	5	4	1	**11**
Ontario, Quebec and Primary Health Care Information	1	2	9	4	**16**
Atlantic Canada and Integrated eReporting	1	4	17	1	**23**
Total	**25**	**56**	**472**	**153**	**706**

The total staff complement of 706 represents 667 FTEs for 2016–2017. The budget includes an average vacancy/attrition factor of 5.5%.

Employee demographics

The tables below profile CIHI's employees by years of service, age, gender and level of education.

In terms of years of service, in recent years, a significant portion of CIHI's workforce has fallen into the 5 years and less category. However, this year, as with the last, we are seeing a levelling between the 5 years and less and 6–10 years categories. This shift supports the continuing efforts to develop a strong retention program.

Table 7 CIHI's employees by years of service

Tenure	Number of employees	Percentage of employees
5 years and less	251	36%
6–10 years	299	42%
11–15 years	106	15%
16+ years	49	7%
Total number of employees	**705***	**100%**

Note

* Represents number of permanent employees and excludes contract staff as of November 13, 2015.

Table 8 CIHI's employees by age

Age	Number of employees	Percentage of employees
Younger than 30	58	8%
30–39	211	30%
40–49	241	34%
50+	195	28%
Total number of employees	**705***	**100%**

Note

* Represents number of permanent employees and excludes contract staff as of November 13, 2015.

Over the years, gender distribution has remained steady, with an overall average ratio of 68% female to 32% male.

Table 9 CIHI's management team and employees by gender

Staff category	Female	Male
Management team	61%	39%
Total CIHI employees	68%	32%

Note
Represents permanent employees and excludes contract staff as of November 13, 2015.

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

Table 10 CIHI's employees by education level

Education level	Number of employees	Percentage of employees
Post-graduate studies and master's	302	43%
Undergraduate	246	35%
Diploma	144	20%
High school	13	2%
Total number of employees	**705***	**100%**

Note
* Represents number of permanent employees and excludes contract staff as of November 13, 2015.

Appendix B: CIHI's Strategic Plan, 2016 to 2021

Vision

Better data.
Better decisions.
Healthier Canadians.

Mandate

Deliver comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum of care

Strategic goals

- Be a trusted source of standards and quality data
- Expand analytical tools to support measurement of health systems
- Produce actionable analysis and accelerate its adoption

Priority themes and populations

Themes

Patient experience
Quality and safety
Outcomes
Value for money

Health system performance

Populations

Seniors and aging
Mental health and addictions
First Nations, Inuit and Métis
Children and youth

Foundation

- Our people
- Stakeholder engagement and partnerships
- Privacy and security
- Information technology

Values

Respect • Integrity • Collaboration • Excellence • Innovation

Appendix C: Text alternative for senior management organization chart, 2016–2017

Reporting to David O'Toole, CIHI's CEO, are

- Brent Diverty, Vice President, Programs;
- Kathleen Morris, Vice President, Research and Analysis;
- Louise Ogilvie, Vice President, Corporate Services;
- Corbin Kerr, Vice President and Chief Information Officer, Information Technology and Services;
- Georgina MacDonald, Vice President, Western Canada and Developmental Initiatives;
- Caroline Heick, Executive Director, Ontario, Quebec and Primary Health Care Information; and
- Stephen O'Reilly, Executive Director, Atlantic Canada and Integrated eReporting.

Reporting to Brent Diverty are

- Michael Hunt, Director, Health Spending and Strategic Initiatives;
- Michael Gaucher, Director, Pharmaceuticals and Health Workforce Information Systems;
- Greg Webster, Director, Acute and Ambulatory Care Information Services; and
- Douglas Yeo, Director, Methodologies and Specialized Care.

Reporting to Kathleen Morris are

- Keith Denny, Director, Clinical Data Standards and Quality;
- Kira Leeb, Director, Health System Performance;
- Tracy Johnson, Director, Health System Analysis and Emerging Issues; and
- Jean Harvey, Director, Canadian Population Health Initiative.

Reporting to Louise Ogilvie are

- Anne-Mari Phillips, Chief Privacy Officer and General Counsel;
- Chantal Poirier, Director, Finance;
- Elizabeth Blunden, Director, Human Resources and Administration;
- The director of Corporate Communications and Outreach, whose position is currently vacant;
- Francine Anne Roy, Director, Strategy and Operations; and
- Angela Dosis, Director, Digital Strategy.

Reporting to Corbin Kerr are

- Herbet Brasileiro, Director, Information Technology and Services Product Delivery;
- Kim Harvey, Director, Integration Services; and
- Cal Marcoux, Chief Information Security Officer, Information Security and Technology Services.

Talk to us

CIHI Ottawa
495 Richmond Road
Suite 600
Ottawa, Ont.
K2A 4H6
613-241-7860

CIHI Toronto
4110 Yonge Street
Suite 300
Toronto, Ont.
M2P 2B7
416-481-2002

CIHI Victoria
880 Douglas Street
Suite 600
Victoria, B.C.
V8W 2B7
250-220-4100

CIHI Montréal
1010 Sherbrooke Street West
Suite 602
Montréal, Que.
H3A 2R7
514-842-2226

CIHI St. John's
140 Water Street
Suite 701
St. John's, N.L.
A1C 6H6
709-576-7006

13705-0916

cihi.ca help@cihi.ca