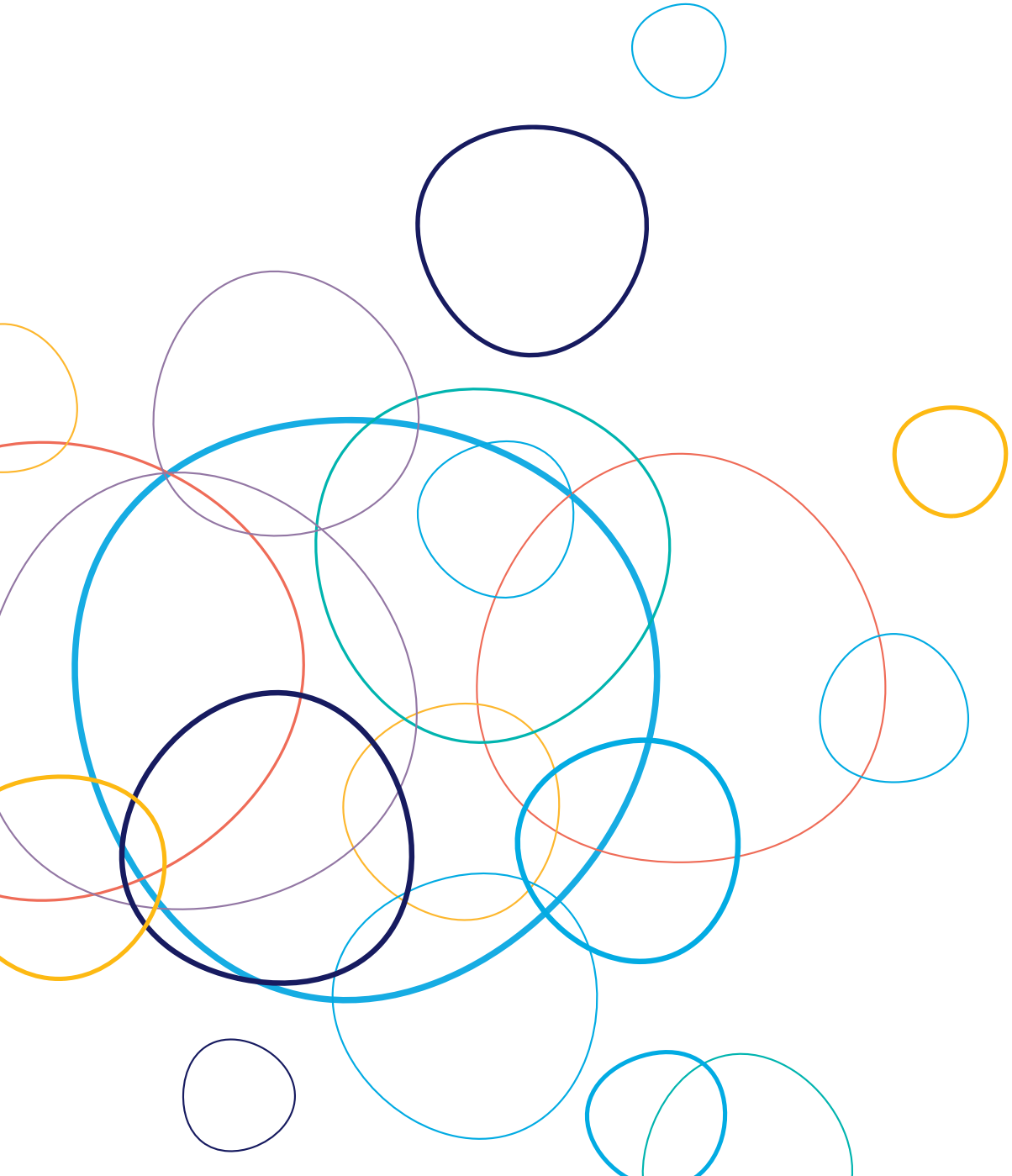

2013/14

ANNUAL REPORT

ICES

About ICES

POPULATION-BASED HEALTH RESEARCH THAT MAKES A DIFFERENCE

The Institute for Clinical Evaluative Sciences (ICES) leads cutting-edge studies that evaluate health care delivery and population outcomes. ICES researchers access a vast and secure array of Ontario's demographic and health-related data, including population-based health surveys, anonymous patient records, as well as clinical and administrative databases. ICES goes to great lengths to protect privacy and is recognized as an international leader in maintaining the privacy and security of personal health information.

WORLD-CLASS RESEARCH TEAMS

ICES is a community of research, data and clinical experts. Many ICES scientists are internationally recognized and a number are practicing clinicians who understand the everyday challenges of health care delivery. They lead multidisciplinary teams that include expert statisticians and epidemiologists, as well as specialists in knowledge translation and information security, privacy and information technology. The diversity within these teams and their expertise at using ICES' outstanding array of linked data sets is the foundation of the innovative approach to research at ICES.

IMPACT

ICES research results in an evidence base that is published as atlases, investigative reports and peer-reviewed papers, and is used to guide decision-making and inform changes in health care policy and delivery. Many ICES reports are undertaken to answer specific questions (known as Applied Health Research Questions) posed by health system stakeholders and policy makers. ICES research and reports influence the design, implementation and evaluation of health policy and the delivery of health care. ICES studies and reports are highly regarded in Canada and abroad.

INDEPENDENCE

ICES receives core funding from the Ontario Ministry of Health and Long-Term Care. ICES faculty and staff have highly successful track records competing for peer-reviewed grants from federal agencies, such as the Canadian Institutes of Health Research, and from provincial as well as international funding bodies. ICES is an independent not-for-profit corporation, and takes pride in its international reputation as a trusted, impartial and credible source of high quality health and health services research and evidence.

A GROWING NETWORK ACROSS ONTARIO

ICES Central is located on the campus of Sunnybrook Health Sciences Centre in Toronto. It has physical satellite sites at Queen's University in Kingston (ICES Queen's), at the University of Ottawa (ICES uOttawa), at the University of Toronto (ICES UofT) and at Western University in London (ICES Western). Additional satellite sites are in development at McMaster University (ICES McMaster) and at Laurentian and Lakehead Universities (ICES North).

ICES IS A NOT-FOR-PROFIT RESEARCH institute encompassing a community of research, data and clinical experts, and a secure and accessible array of Ontario's health-related data

Vision

To be a world-leading institute where data and discovery improve health and health care

ICES

Data
Discovery
Better Health

Values

Excellence
Integrity
Relevance
Collaboration
Respect

Mission

Research excellence resulting in trusted evidence that makes policy better, health care stronger and people healthier

Table of contents

From Michael Schull, President and CEO

When I was appointed CEO of ICES in September of 2013, one of the first tasks assigned to me by the board of directors was to lead a strategy review for the organization. Over the next six months, the executive team and I undertook a consultation exercise that engaged our staff and scientists, satellite sites and board of directors, as well as key external stakeholders.

We updated our mission, vision and values, and affirmed the two pillars of ICES – data and discovery – as represented by our community of research, data and clinical experts, and our secure and accessible array of Ontario's health-related data. We came away with an ambitious three-year plan for the organization, one that I was excited to begin to implement this year.

Our goals include building research impact and excellence, increasing access to data, increasing engagement with decision-makers and stakeholders, and strengthening ICES' reputation nationally and internationally. And we have already started to deliver on these goals. In 2013/14, we

- Established the Mental Health and Addictions Research Program, which currently supports 13 scientists spread across the ICES network (see page 7);
- Added to our research capacity with a total of 33 core scientists and 148 adjunct scientists;
- Significantly expanded access to Ontario health administrative data by launching ICES Data and Analytic Services (ICES DAS), which provides non-ICES researchers and health system knowledge users with access to research-ready, linked de-identified health administrative data sets on a secure platform (see page 9). ICES DAS is funded through the Canadian Institutes of Health Research, the Ontario Ministry of Health and Long-Term Care and the Ontario Ministry of Research and Innovation as part of Canada's Strategy for Patient-Oriented Research;
- Added new data sets to our repository, including the Better Outcomes Registry and Network (BORN) Information System, which is held at the Children's Hospital of Eastern Ontario and captures critical health data about pregnancy, birth and childhood; and the Pediatric Oncology Group of Ontario Networked Information System (POGONIS), which includes standardized information on childhood cancer cases in Ontario;
- Hosted key stakeholders including recognized experts from across the country at a successful symposium focusing on our recently obtained vital statistics death data;
- Launched a new ICES website with improved navigation and search capabilities and more comprehensive information, including the addition of a data dictionary (see page 12), and expanded our social media presence.

I have no doubt we will continue to build on these accomplishments given the terrific group of staff and scientists that form the ICES community. I want to take this opportunity to thank all of them for their hard work over this past year. In particular, I thank my predecessor, Dr. David Henry, for his advice as I transitioned into my new role; Dr. Michael Baker, chair of the ICES board of directors, for his support and mentorship; and all the members of the board for their expertise and commitment to our work. Working together, ICES will continue to deliver on its vision to be a world-leading institute where data and discovery improve health and health care.

"Our goals include building research impact and excellence, increasing access to data, increasing engagement with decision-makers and stakeholders, and strengthening ICES' reputation nationally and internationally."

Dr. Michael Schull
President and CEO

Board of directors 2013/14

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Professor, Faculty of Medicine, University of Toronto

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Professor, Departments of Psychiatry and Behavioural Neurosciences and of Pediatrics,
David R. (Dan) Offord Chair in Child Studies,
Acting Director, Offord Centre for Child Studies,
McMaster University and McMaster Children's Hospital

MR. MARK RUDOWSKI
Chair, ICES Finance, Audit and Risk Committee

DR. CATHERINE ZAHN
President and Chief Executive Officer, Centre for Addiction and Mental Health

Research program leaders

ICES' WIDE-RANGING RESEARCH is organized into seven major programs. These programs support province-wide research collaboration and networking, as well as strategy development and resource planning. Each research program has a dedicated leader who oversees the scientific work and helps set research and scientific priorities that align with the overall mission and goals of ICES.

CANCER

DAVID URBACH

CARDIOVASCULAR

JACK TU

CHRONIC DISEASE AND PHARMACOTHERAPY

MICHAEL PATERSON

HEALTH SYSTEM PLANNING AND EVALUATION

ASTRID GUTTMANN

KIDNEY, DIALYSIS AND TRANSPLANTATION

AMIT GARG

MENTAL HEALTH AND ADDICTIONS

PAUL KURDYAK

PRIMARY CARE AND POPULATION HEALTH

RICHARD GLAZIER

In late 2013, ICES launched a new research program to contribute to new knowledge generation and produce policy-relevant research in the area of mental health and addictions services and population-based research.

"The mental health and addictions program pulls together a network of existing mental health scientists and staff who are focused on research that strives to improve the quality of mental health care and, ultimately, the quality of life of individuals suffering from mental health and addictions in this province."

Dr. Paul Kurdyak
ICES scientist and Mental Health and Addictions Research Program lead

ICES satellite sites across Ontario

GENERATING RESEARCH WITH IMPACT

ICES QUEEN'S

First Nations residents at greater risk for hospitalization during 2009 flu outbreak

Scientists at ICES Queen's found that First Nations residents living in reserve communities across British Columbia, Manitoba and Ontario had a greater risk for hospitalization during the 2009 influenza pandemic (pH1N1) than the general population. Future studies should examine the influence of locally-delivered health services.

Green ME, Wong ST, Lavoie JG, Kwong J, MacWilliam L, Peterson S, Liu G, Katz A. Admission to hospital for pneumonia and influenza attributable to 2009 pandemic A/H1N1 influenza in First Nations communities in three provinces of Canada. *BMC Public Health*. 2013; 13:1029.

MICHAEL GREEN

ICES uOTTAWA

Risk of dying one year after hospitalization in Ontario fell sharply between 1994 and 2009

To assess trends and outcomes in hospital care in Ontario, ICES uOttawa scientists identified every adult hospital admission in 1994, 1999, 2004 and 2009, and found that patients hospitalized in 2009 were 22% less likely to die in the year following their admission compared with the 1994 cohort.

van Walraven C. Trends in 1-year survival of people admitted to hospital in Ontario, 1994–2009. *CMAJ*. 2013; 185(16):E755-62.

CARL VAN WALRAVEN

ICES UofT

Study finds girls with mental illness three times more likely to become pregnant

ICES UofT scientists completed a study that found that girls with mental illness are three times more likely to become pregnant than girls without mental illness. Preventative education programs and perinatal interventions targeting adolescents must attach more importance to mental illness.

Vigod SN, Dennis CL, Kurdyak PA, Cairney J, Guttmann A, Taylor VH. Fertility rate trends among adolescent girls with major mental illness: a population-based study. *Pediatrics*. 2014; 133(3):e585-91.

SIMONE VIGOD

ICES WESTERN

Ontario traumatic spinal cord injury (TSCI) patients can be identified using health administrative data

Using medical records as the 'gold standard,' ICES Western scientists validated the use of administrative data to identify TSCI patients in Ontario. Important health services and outcomes-based research in this population will be possible using these data.

Welk B, Loh E, Shariff SZ, Liu 2, Siddiq F. An administrative data algorithm to identify traumatic spinal cord injured patients: a validation study. *Spinal Cord*. 2014; 52(1):34-8.

BLAYNE WELK

In 2013/14, ICES launched its new Data and Analytic Services (ICES DAS) division which will transform access to Ontario's health administrative data and increase research capacity across Ontario and Canada

AS PART OF THE ONTARIO SPOR SUPPORT UNIT, ICES DAS provides Canadian researchers and health system stakeholders with secure access to de-identified, research-ready, linked health administrative data and analytic tools through a secure virtual research environment. This provides infrastructure and analytic services that enable researchers, policy makers and health care practitioners to make better use of data and produce more knowledge and evidence. The Canadian Institutes of Health Research, the Ontario Ministry of Health and Long-Term Care and the Ontario Ministry of Research and Innovation partnered to fund the SPOR SUPPORT (Support for People and Patient-Oriented Research and Trials) Unit as part of Canada's Strategy for Patient-Oriented Research.

AVAILABLE SERVICES

- Access to research-ready linked health administrative data and analytic tools through a secure virtual research environment
- Support and advice on health administrative data set creation
- Data analysis and reports

AVAILABLE DATA SETS

ICES has the largest comprehensive linked health-related data in Ontario. Data availability is subject to data-sharing agreements with the data custodian. Data sets available to ICES DAS include:

- Discharge Abstract Database
- National Ambulatory Care Reporting System
- Continuing Care Reporting System
- Ontario Drug Benefit Claims
- Ontario Health Insurance Plan Claims Database
- Registered Persons Database
- Population and demographic data

WHO CAN ACCESS ICES DATA AND ANALYTIC SERVICES

- University-, college- or hospital-affiliated researchers and students
- Publicly funded, not-for-profit health care agencies
- Policy makers
- Other knowledge users including not-for-profit organizations that require data or analytic services to support evidence-informed policy and practice

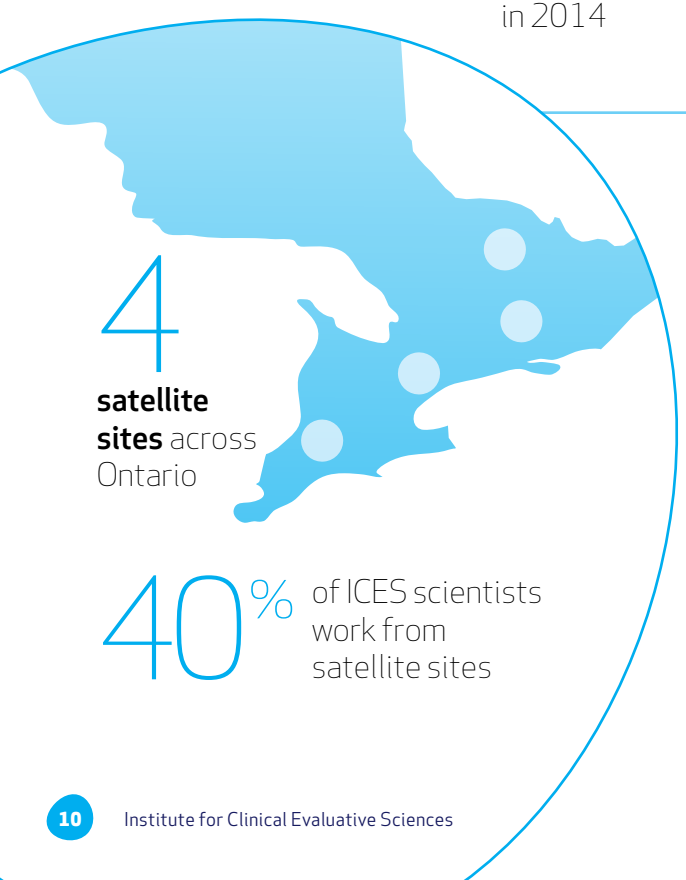
The year in numbers 2013/14

Research Capacity

184 **ICES scientists**

9 new scientists in 2014

5.1% increase over 2013



4 **satellite sites** across Ontario

40% of ICES scientists work from satellite sites

7 **research programs**

73 **data holdings** available for general use

Knowledge Generation

600 **active projects**

317 **new projects** initiated

290 **peer-reviewed** publications

40 **non-peer-reviewed** publications

98 **active Applied Health Research Question (AHRQ)** projects for knowledge users,* which exceeds the target set by the Ministry of Health and Long-Term Care

48 **unique AHRQ knowledge users of ICES data**, including provincial and government agencies, hospitals and health care providers

* An AHRQ is a question posed by a health system policy maker or provider — a knowledge user — in order to obtain research evidence to inform planning, policy and program development that will benefit the entire Ontario health system.

Knowledge Translation

54
news releases issued, with

93%
media uptake

58%
of media coverage was international

42%
was within Canada

500
presentations by ICES scientists;

29
were keynote addresses

2,395
media hits

3,363
Twitter followers

12%
increase in visits to the redesigned ICES website

Research Quality and Impact

CIHR operating grant success
exceeds the national average by

7%

1 IN 4

ICES peer-reviewed papers were among the **top 10% most-cited papers worldwide**

and 1 in 4 ICES peer-reviewed papers appeared in the **top 10% most-cited journals worldwide**

THE ICES DATA DICTIONARY IS NOW AVAILABLE ON THE ICES WEBSITE

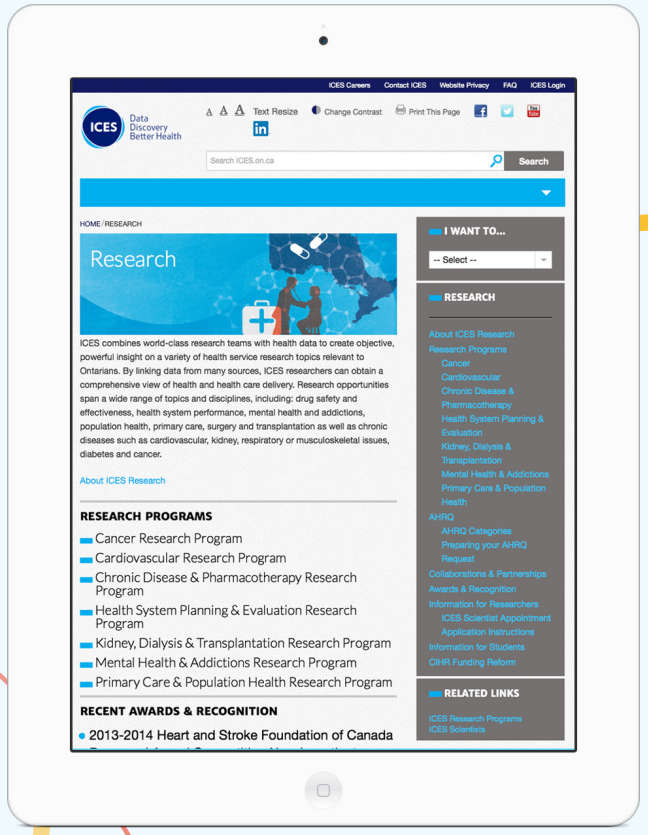
The ICES data repository consists of record-level coded and linkable health data holdings. It encompasses most of the publicly funded administrative health services records for the Ontario population eligible for universal health coverage since 1986 and is capable of integrating research-specific data, registries and surveys. Currently, the repository includes health service records for 13 million people.

"The new **ICES Data Dictionary** provides, for the first time, full public access to a complete list of ICES data holdings, including detailed descriptions of individual variables and their values."

Mahmoud Azimaee, Health Data Lead, Data Quality and Information Management

A REDESIGNED ICES WEBSITE WAS LAUNCHED IN MARCH 2014 TO SHOWCASE ICES' RESEARCH AND IMPACT

The new website has improved design and functionality and highlights ICES' core areas of research, publications and data services. The site connects visitors to ICES through news and events, an ICES Twitter feed and email alerts.



Four High-Impact ICES Research Projects

A sample of high-impact projects from 2013/14 illustrates the combination of clinical insight and scientific excellence that is fundamental to the impact and relevance of ICES work

1

ICES partners with Citizen and Immigration Canada on important data linkage collaboration

2

Researchers call for health care changes to help adults with developmental disabilities

3

Emergency heart failure mortality risk grade calculator may predict risk of death for heart failure patients

4

Ontario's stroke evaluation program — a partnership between ICES and the Ontario Stroke Network

ICES partners with Citizen and Immigration Canada on important data linkage collaboration

IN 2002, ICES ENTERED INTO A DATA-SHARING AGREEMENT with Citizenship and Immigration Canada (CIC) to facilitate a cross-provincial study on immigration and health led by investigators at ICES, the University of British Columbia and the Public Health Agency of Canada. As a result of this initiative, considerable interest was generated within the ICES research community for expanded, ongoing access to linked ICES and CIC data, and over the next few years, ICES engaged with CIC to continue this collaboration. This partnership is unique for ICES as it was the first to formally characterize federal and provincial data sharing, as well as the first to fully integrate collaboration and two-way data-sharing opportunities directly into our partnership with the CIC.

OUTCOMES

- Prior to the data linkage, there was a lack of data and little information on the disparities of health status among immigrant categories (i.e., family class immigrants, economic class immigrants and refugees). The administrative data linkage at ICES helps to address this important knowledge gap.
- Since becoming available in June 2012, the collaboration data, which includes 2.9 million records covering 1985 to 2010, have been used in more than 30 ICES projects. These include investigations of emergency department care and follow-up, asthma among immigrants from South Asia, disparities in health care use for infectious diseases, cancer screening and prognosis, and the burden of diseases related to the human papillomavirus.

IMPACT

- The CIC data has built research capacity at ICES and provides researchers access to comprehensive and unbiased data on all immigrants applying to land in Ontario; previously, this data was only available to ICES researchers through limited survey data.
- This research is identifying areas where policy and/or program interventions are needed and is informing the development of a CIC immigration health policy framework.

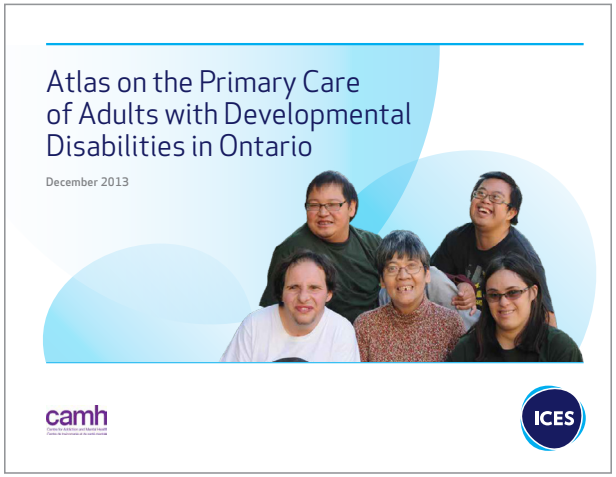
"The success of this partnership is due to the willingness and desire of both parties to understand each other's needs and to build the relationship into a true, evolving one."

Karey Iron
Director,
Data Partnerships
and Development

Researchers call for health care changes to help adults with developmental disabilities

IN DECEMBER 2013, ICES and the Centre for Addiction and Mental Health (CAMH) jointly released the *Atlas on the Primary Care of Adults with Developmental Disabilities in Ontario*. The Atlas is an initiative of Health Care Access Research and Developmental Disabilities (H-CARDD), a research program led by Dr. Yona Lunsky that aims to enhance the health and well-being of individuals with developmental disabilities through improved health care policy and services.

The Atlas describes the health status of Ontario adults with developmental disabilities, examines their use of health care relative to other adults, and assesses how consistent their care is with established clinical guidelines.



Lunsky Y, Klein-Geltink JE, Yates EA, editors. *Atlas on the Primary Care of Adults with Developmental Disabilities in Ontario*. Toronto: ICES and CAMH; 2013.

FINDINGS

The Atlas identifies gaps in the care of adults with developmental disabilities that need to be addressed if Ontario is to meet the standards set out in the *Excellent Care for All Act*. Adults with developmental disabilities are more likely than other adults to live in low-income neighbourhoods and in rural areas. They have higher rates of morbidity and are more likely to be diagnosed with a range of chronic diseases. While they see their family physician as often as other adults, they are more likely to visit emergency departments and be hospitalized. They are prescribed multiple medications that are not always well monitored.

The Atlas identifies strategies to enhance the health and well-being of individuals with developmental disabilities. These include:

- Enabling primary care providers to more easily offer guideline-recommended care
- Addressing broader health system issues and pathways to care
- Giving people with developmental disabilities and their families and paid caregivers the tools they need to become active partners in care.

IMPACT

- The Atlas is the first data linkage project ICES has undertaken in partnership with the Ontario Ministry of Community and Social Services. The resultant study cohort of 66,000 persons with developmental disabilities is the largest of its kind in North America, and possibly the world.
- The Atlas findings were presented to the Ontario Legislative Assembly's Select Committee on Developmental Services in December 2013, and the Atlas was acknowledged in an interim report of the Committee. The Atlas was also made available to the Ontario Ombudsman's Office to inform its investigation of developmental services in the province.
- The Atlas research team received the 2014 Paula Goering Collaborative Research and Knowledge Translation Award, which recognizes an innovative researcher–decision-maker collaboration in the area of mental health and addictions.

Emergency department algorithm may predict risk of death for heart failure patients

HEART FAILURE is the most common cause of hospitalization among adults in North America. Over one million emergency department visits for heart failure occur annually. The lack of models that could accurately predict a heart failure patient's risk of death and the frequent misclassification of patients as high or low risk prompted Dr. Douglas Lee and his team to develop the Emergency Heart Failure Mortality Risk Grade (EHMRG) calculator. The calculator — a risk model or algorithm using 10 simple predictors, including blood pressure, heart rate and troponin level — is available through web-based applications.

BACKGROUND

The initial work that led to this project began in 2006 with the support of a grant from the Canadian Institutes of Health Research. The researchers discovered that the National Ambulatory Care Reporting System was missing data for about a third of heart failure patients in Ontario and devised a research question to find out who these patients were.

FINDINGS

- Many of the patients were being discharged from the emergency department (ED) even though their risk profiles were similar to admitted patients and many of them were dying at home.
- The researchers recognized that emergency physicians did not have the tools to predict outcomes for heart failure patients and to make discharge decisions based on evidence.
- The EHMRG calculator can be used to predict seven-day outcomes and guide clinical decision-making for both ED and hospitalized patients in order to improve safety.

IMPACT

- This groundbreaking work has been presented at meetings of the American Heart Association, the Canadian Cardiovascular Society and Health Quality Ontario.
- The researchers were funded by the Peter Munk Innovation Fund to develop a website (https://ehmrg.ices.on.ca/#/terms) where clinicians and the public can access the risk calculator.
- The calculator is currently being used in the Peter Munk Cardiac Centre, and the University Health Network is also working to operationalize it in the ED.
- The ICES researchers were asked to help with health system funding reform in Ontario and worked with Health Quality Ontario to develop best practices for heart failure patients (*Quality-Based Procedures: Clinical Handbook for Congestive Heart Failure*. Health Quality Ontario and the Ministry of Health and Long-Term Care, January 2013).

"Doctors estimate risk for heart failure patients in the emergency department based on best clinical judgment; however, they may overestimate or underestimate the risk of death because the prognosis of heart failure patients may not be clearly apparent by a clinical assessment at the bedside. Some of these patients are dying at home or spending days in a hospital bed that they don't need to be in."

Dr. Douglas Lee
Cardiologist at the Peter Munk Cardiac Centre, ICES scientist, and associate professor of medicine at the University of Toronto

Ontario's stroke evaluation program — a partnership between ICES and the Ontario Stroke Network

THE PROVINCE OF ONTARIO was the first large jurisdiction in North America to implement an integrated regional system of stroke care delivery. The Ontario Stroke System (OSS), launched in 2000, transformed the delivery of stroke care across the continuum, from primary prevention to rehabilitation and reintegration. To gauge the effectiveness of the OSS, in 2008 ICES partnered with the Ontario Stroke Network to assume responsibility for the Ontario Stroke Evaluation Program. The program uses population-based administrative data complemented by clinical data from the Ontario Stroke Registry to evaluate stroke care and outcomes and promote evidence-based therapies.

Hall R, Khan F, O'Callaghan C, Kapral MK, Hodwitz K, Kapila S, Li S, Zhou L, Bayley M. *Ontario Stroke Evaluation Report 2013: Spotlight on Secondary Stroke Prevention and Care*. Toronto: ICES; 2013.

KNOWLEDGE TRANSLATION

The Ontario Stroke Evaluation Program releases its findings in various forms. In addition to producing peer-reviewed papers, it publishes annual report cards that grade progress in the delivery of stroke care in each of the province's 14 Local Health Integration Networks (LHINs). These report cards have become a key knowledge exchange tool through which to engage the LHINs, drive health system change and address data gaps.

The program also produces an annual stroke evaluation report that documents the work of the Ontario Stroke Network in the provision of best practice stroke care since 2003/04. Many regional stroke centres use data from the report to evaluate the effectiveness of their programs and to identify and address gaps. For example, the standardized metrics contained in the report enabled the regional stroke program in Kingston, Ontario to identify areas where they excelled and areas where improvement was needed. They were able to detect a dramatic improvement in stroke mortality — a 24% reduction over two years.

IMPACT

The Ontario Stroke Network's performance measurement and evaluation efforts have resulted in significant engagement with the Ministry of Health and Long-Term Care regarding the implementation of stroke quality-based procedures.

Key data elements collected in the Ontario Stroke Registry have been made special project data elements in other national databases, allowing for provincial comparison and national reporting. In addition, these data elements are used as key indicators by the Stroke Distinction Program of Accreditation Canada.

> "Without this information, we wouldn't have known what we needed to change and what we were able to change."
>
> **Dr. Albert Jin**
> Medical Director, Regional Stroke Network of Southeastern Ontario

Financial Report

Report of the independent auditor on the summary financial statements

TO THE BOARD OF DIRECTORS OF THE INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES

We have audited the accompanying financial statements of Institute for Clinical Evaluative Sciences, which comprise the statement of financial position as at March 31, 2014 and the statements of operations and changes in net assets and cash flows for the year then ended.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the financial statements present fairly, in all material respects, the financial position of Institute for Clinical Evaluative Sciences as at March 31, 2014 and the results of its operations and changes in net assets and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

PricewaterhouseCoopers LLP

PricewaterhouseCoopers LLP
Chartered Professional Accountants, Licensed Public Accountants
June 26, 2014
Toronto, Ontario

Statement of financial position

AS AT MARCH 31, 2014

(in thousands of dollars)	GENERAL FUND		RESTRICTED FUND		TOTAL	
	2014	2013	2014	2013	2014	2013
	$	$	$	$	$	$
ASSETS						
Current assets						
Cash	1,350	737	7,051	8,088	8,401	8,825
Accounts receivable	1,848	2,128	3,293	417	5,141	2,545
Due from Sunnybrook Health Sciences Centre	—	356	—	—	—	356
Prepaid expenses	382	215	28	31	410	246
	3,580	3,436	10,372	8,536	13,952	11,972
Tangible capital assets	948	1,141	—	—	948	1,141
	4,528	**4,577**	**10,372**	**8,536**	**14,900**	**13,113**
LIABILITIES						
Current liabilities						
Accounts payable and accrued liabilities	2,300	2,998	248	31	2,548	3,029
Due to Ministry of Health and Long-Term Care	—	—	1,156	1,483	1,156	1,483
Due to Sunnybrook Health Sciences Centre	312	—	—	—	312	—
	2,612	**2,998**	**1,404**	**1,514**	**4,016**	**4,512**
Post-employment benefits other than pensions	716	415	—	—	716	415
Deferred capital grant	948	1,141	—	—	948	1,141
Deferred operating grants	—	23	8,968	7,022	8,968	7,045
	4,276	**4,577**	**10,372**	**8,536**	**14,648**	**13,113**
Net assets						
General fund	252	—	—	—	252	—
	4,528	**4,577**	**10,372**	**8,536**	**14,900**	**13,113**

Statement of operations and changes in net assets

FOR YEAR ENDED MARCH 31, 2014

(in thousands of dollars)	GENERAL FUND		RESTRICTED FUND		TOTAL	
	2014	2013	2014	2013	2014	2013
	$	$	$	$	$	$
REVENUE						
Grants – Ministry of Health and Long-Term Care	7,287	4,824	—	—	7,287	4,824
Interest income	18	13	—	—	18	13
Other revenue	7,817	6,659	—	—	7,817	6,659
Amortization of deferred capital grant	356	285	—	—	356	285
Amortization of deferred operating grants	—	10	7,380	7,489	7,380	7,499
	15,478	**11,791**	**7,380**	**7,489**	**22,858**	**19,280**
EXPENDITURES						
Employee costs	12,050	11,080	5,799	5,745	17,849	16,825
Contracted services	468	749	364	263	832	1,012
Information, technology and security	289	404	615	853	904	1,257
Office and general	628	696	70	108	698	804
Amortization of tangible capital assets	356	285	—	—	356	285
Professional	441	383	532	520	973	903
Premises	740	796	—	—	740	796
	14,972	**14,393**	**7,380**	**7,489**	**22,352**	**21,882**
Excess (deficiency) of revenue over expenditures for the year	506	(2,602)	—	—	506	(2,602)
Indirect Cost Fund recognition	—	2,602	—	—	—	2,602
Excess of revenue over expenditures for the year	506	—	—	—	506	—
Net assets - Beginning of year	—	—	—	—	—	—
Remeasurements of defined benefit plans	(254)	—	—	—	(254)	—
Net assets - End of year	**252**	**—**	**—**	**—**	**252**	**—**

Statement of cash flows

FOR YEAR ENDED MARCH 31, 2014

(in thousands of dollars)	GENERAL FUND		RESTRICTED FUND		TOTAL	
	2014	2013	2014	2013	2014	2013
	$	$	$	$	$	$
Cash Provided by (used in)						
OPERATING ACTIVITIES						
Excess of revenue over expenditures for the year	506	—	—	—	506	—
Items not affecting cash						
Post-employment benefits other than pensions	47	48	—	—	47	48
Amortization of deferred capital grant	(356)	(285)	—	—	(356)	(285)
Amortization of deferred operating grants	—	(10)	(7,380)	(7,489)	(7,380)	(7,499)
Transfer from deferred operating grant	(23)	33	3,338	(2,523)	3,821	(2,490)
Amortization of tangible capital assets	356	285	—	—	356	285
Changes in non-cash working capital	83	(118)	(2,983)	(406)	(2,900)	(524)
	613	**(47)**	**(7,025)**	**(10,418)**	**(6,412)**	**(10,465)**
INVESTING ACTIVITIES						
Transfer to deferred capital grant (note 8)	186	739	—	—	186	739
Purchase of tangible capital assets	(186)	(739)	—	—	(186)	(739)
	—	—	—	—	—	—
FINANCING ACTIVITIES						
Deferred operating grants received plus interest and other income	—	—	6,602	8,872	6,602	8,872
Deferred operating grants to Ministry of Health and Long-Term Care	—	—	(614)	(236)	(614)	(236)
	—	**—**	**5,988**	**8,636**	**5,988**	**8,636**
Increase (decrease) in cash during the year	613	(47)	(1,037)	(1,782)	(424)	(1,829)
Cash - Beginning of year	737	784	8,088	9,870	8,825	10,654
Cash - End of year	1,350	737	7,051	8,088	8,401	8,825

Contact us

Institute for Clinical Evaluative Sciences
www.ices.on.ca

ICES

ICES CENTRAL

2075 Bayview Avenue, G1 06
Toronto, Ontario M4N 3M5

Phone: 416-480-4055

ICES QUEEN'S

Abramsky Hall, Room 208
21 Arch Street
Kingston, Ontario K7L 3N6

Phone: 613-533-6936

ICES WESTERN

London Health Sciences Centre
800 Commissioners Road East,
Room ELL-108
London, Ontario N6A 5W9

Phone: 519-685-8500
ext. 77852

ICES uOTTAWA

Ottawa Hospital, Civic Campus
1053 Carling Avenue, Box 684
Administrative Services
Building, 1st Floor
Ottawa, Ontario K1Y 4E9

Phone: 613-798-5555
ext. 1859

ICES U of T

155 College Street, Suite 424
Toronto, Ontario M5T 3M6

Phone: 416-978-5203