



30TH
ANNIVERSARY

Evidence
with Impact

2021/22
Annual Report

ABOUT ICES

Population-based health research that makes a difference

ICES leads cutting-edge studies that evaluate healthcare 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 is recognized as an international leader in maintaining the privacy and security of personal health information.

Our 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 influences the design, implementation and evaluation of health policy and the delivery of health care. ICES atlases and reports are highly regarded in Canada and abroad.

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 healthcare delivery. They lead multidisciplinary teams that include expert statisticians and epidemiologists, as well as specialists in knowledge translation, information security 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.

Independence

As an independent not-for-profit corporation, ICES takes pride in its international reputation as a trusted, impartial, and credible source of high-quality health and health services research and evidence. ICES receives core funding from the Ontario Ministry of Health. ICES scientists 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 and international funding bodies.

A collaborative network across Ontario

ICES Central is located on the campus of Sunnybrook Health Sciences Centre in Toronto. It supports physical sites at Queen's University in Kingston (ICES Queen's), the University of Ottawa (ICES uOttawa), the University of Toronto (ICES UofT), Western University in London (ICES Western), McMaster University in Hamilton (ICES McMaster), and the Health Sciences North Research Institute in Sudbury in partnership with Laurentian University and the Northern Ontario School of Medicine (ICES North).

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This report represents a pivotal milestone for ICES as we mark 30 years of service to Ontarians. Even as we look back on this year and crucial accomplishments from the past, we will continue to look to the future and examine the most pressing needs of the healthcare system.

Letter from the CEO

Thirty years after the founding of ICES, our mission remains simple and relevant: translating data into trusted evidence that makes policy and healthcare better and people healthier. Every day, I'm inspired by the tremendous progress our partners, scientists and clinicians are making to address some of healthcare's biggest challenges.

Our goal is to enable cutting-edge research and rigorous analytics to drive evidence-informed decision-making. Our values of integrity, collaboration, and excellence guide our approach. We connect decision-makers with leading research to enable sound policy decisions and amplify the work of our scientists, who are grounded in the day-to-day realities of care in Ontario.

This report represents a pivotal milestone for ICES as we mark 30 years of service to Ontarians. Even as we look back on this

year and crucial accomplishments from the past, we will continue to look to the future and examine the most pressing needs of the healthcare system. What does that look like in practice? ICES is purpose-built to support innovations in the use of health data and advanced cutting-edge analytics to evaluate healthcare delivery and outcomes. Our staff and scientists tackle complex projects on priority research questions, and their results help improve Ontario's health system.

This year, for example, ICES research contributed to increasing access to safe patient care by expanding pharmacists' scope of practice. In collaboration with the Ontario College of Pharmacists (OCP) and the College's Minor Ailments Advisory Group (MAAG), Drs. Mina Tadrous, Kevin Schwartz and Noah Ivers determined the number of Ontario emergency department visits for minor ailments each year from 2014 to 2019. The study helped shape a robust and evidence-based foundation for deciding which minor ailment conditions can be included in their newly formed practice guidance.

And most recently, ICES fellow Dr. Laura Schummers and ICES scientist Dr. Liz Darling examined the impact of Canada's mifepristone policy on the rates and safety of abortions in Ontario. Published in the *New England Journal of Medicine*, these essential safety data outputs put Canada's abortion policy on the global stage.

From presentations at Ontario Health to briefings for the US Food and Drug Administration, the study highlighted Canada's pioneering and evidence-informed approach to abortion care, and it has shaped the conversation on drug regulation policies and women's health.

We at ICES recognize that all critical progress requires a collaborative and nuanced approach to data access and utilization. This year, we partnered with the Métis Nation of Ontario to facilitate their objectives for research skills development and educational training. Up-and-coming Métis students received applied research experience using ICES health data, which enabled Citizens of the Métis Nation to achieve their educational aspirations.

This initiative reflects our commitment to Indigenous data sovereignty and data use to address the community's health needs, and is further evidenced by our work with Indigenous, First Nations and Métis organizations and communities through our Applied Health Research Question Program.

The last two years have tested the limits of healthcare organizations in a significant way. As our teams entered year two of the pandemic, our Data Quality and Information Management team, alongside our skilled epidemiologists, continued to work tirelessly to provide near-real-time data on COVID-19 vaccination rates. With our scientists' support, we

collaborated with the Ministry of Health, Ontario Health, Public Health Ontario, local public health units, and other partners to produce reports that informed effective vaccination response.

Despite the pandemic, we continue to focus on innovative uses of health data. One example is ICES' support and resources for scientists to conduct randomized trials using routinely collected data to answer vital clinical and health system questions. Several pioneering, pragmatic trials have recently been published, with others planned. This work offers great promise for patients, researchers, and policymakers alike.

ICES works closely at a national level as a key partner in Health Data Research Network Canada (HDRN). This national organization links population-level health data centres across provinces and territories. HDRN exists partly to make it easier for researchers to conduct their work across different jurisdictions, and a higher-than-expected number of projects have been launched by researchers this year.

These achievements represent the work of collaborative teams across our seven sites. This wouldn't have been possible without our many funders, including our partners, the Ontario Ministry of Health, and the Ontario SPOR Support Unit. Additionally, we benefit from the committed members of our Board of

Directors, Scientific Advisory Committee and Public Advisory Council, as well as dedicated scientists, staff, students, partners, and stakeholders.

If the pandemic taught us anything, the need for accurate and timely data is more important than ever. ICES is proud to play a critical role in ensuring that trusted evidence supports health decision-making across Ontario and beyond.

Dr. Michael Schull
Chief Executive Officer

Board of Directors

April 1, 2021
to March 31, 2022

CHAIR

Dr. Kevin Smith

President and CEO, University
Health Network

DIRECTORS

Dr. Dev Chopra

Principal, CJEM Advisory Services Inc.

Dr. Roger Strasser

Professor of Rural Health, University
of Waikato; Founding Dean Emeritus,
Northern Ontario School of Medicine

Dr. Mark Daley

VP Research, CIFAR

Ms. Bella Martin

Former General Counsel and Chief Legal
Officer, University Health Network

Ms. Jane Badets

Former Assistant Chief Statistician,
Statistics Canada

Dr. Sarita Verma

Dean, President and CEO, Northern
Ontario School of Medicine

Dr. Charmaine Dean

VP University Research and Professor
of Statistics and Actuarial Science,
University of Waterloo

Mr. Geoffrey Rowan¹

Independent communication consultant

¹Retired from the board in June 2022

Year in Numbers

2021/22

ICES is a community of research, with staff and scientists located at seven sites (Central, McMaster, North, Queen's, UofT, uOttawa, Western) across Ontario. Non-ICES researchers, students and knowledge users can also access our data to answer scientific and healthcare policy-relevant research questions as part of our commitment to keeping data accessible.

Our People

STAFF

586↑

scientists and staff
2% INCREASE FROM 2020/21

285↑

scientists
3% INCREASE FROM 2020/21

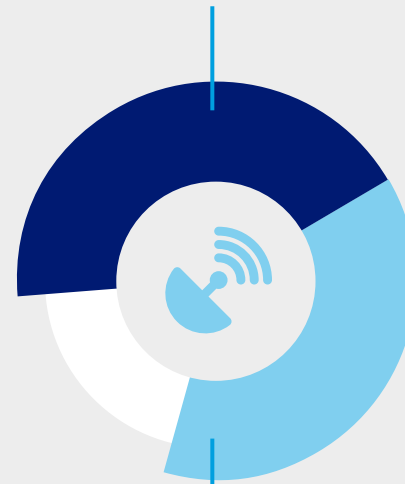
301↑

staff
2% INCREASE FROM 2020/21

ICES SATELLITE SITES

42%

of scientists work from satellite sites



35%

of research staff work from satellite sites

GRADUATES

689

graduate, medical and post-graduate trainees mentored by ICES scientists

284

graduate students accessing ICES data

Year in Numbers

2021/22

Since 1992, ICES scientists and data experts have been developing and expanding the ICES data repository, which includes a vast, secure array of linked and encoded health-related data. New data sharing agreements increase research capacity to inform the delivery of evidence-based healthcare in Ontario, across Canada and abroad.

Research Capacity

DATA

173

new data sharing agreements
and amendments executed

110

data holdings

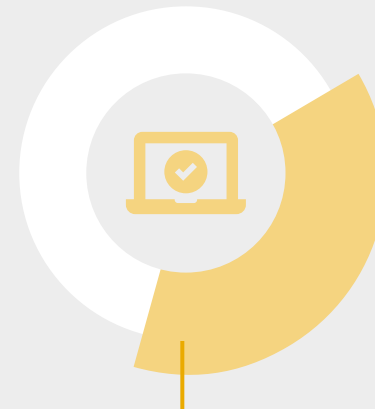


8 research programs

GRANTS

121

CIHR Project Grants awarded,
plus an additional 28 bridge and
priority announcement grants



43%

overall grant success rate
on 277 grant submissions

LOCATIONS

13

primary data collection studies
involving 15 hospitals

07

sites across Ontario



Year in Numbers

2021/22

In addition to projects led by ICES scientists, the ICES Data & Analytic Services division (ICES DAS) and Applied Health Research Question Program (AHRQ) offer services to researchers and students to access research-ready, linked health administrative data and analytic tools. The goal for these programs is to inform planning, policy or program development that will benefit the Ontario healthcare system.

Knowledge Generation

PROJECTS

1,183

ongoing investigator-driven projects

365

new investigator-driven projects

PUBLICATIONS

755

peer-reviewed publications



peer-reviewed publications had at least one ICES staff member as a co-author

REQUESTS

117

public and private sector requests to ICES Data & Analytic Services (DAS)

37

new AHRQ requests from 31 unique knowledge users

28

completed AHRQ requests

Year in Numbers

2021/22

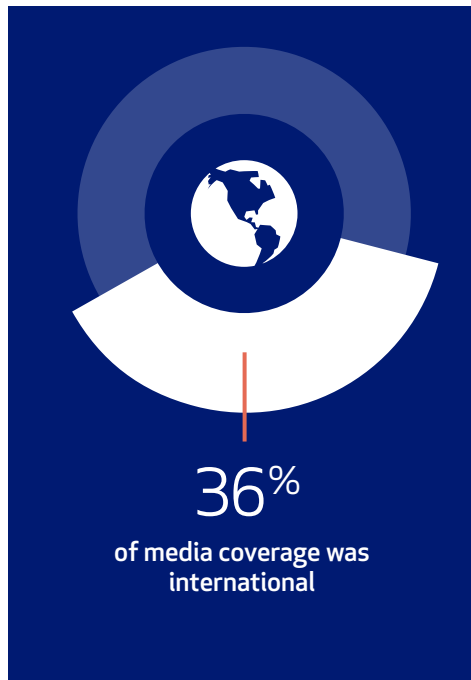
ICES strives to translate research findings through investigative reports, media releases, infographics and our website, with the intent to engage researchers, stakeholders, healthcare leaders, and the public in important dialogue around healthcare practice and policy change.

Knowledge Translation

MEDIA

5,232

total media hits
436 PER MONTH ON AVERAGE



39

ICES infographics produced
to help disseminate key
research findings

SOCIAL



16,786

Twitter followers
12% INCREASE FROM 2020/21




691

Participants at ICES'
2022 Forum

Evidence with Impact

A selection of recent projects that illustrate the combination of ideas, insight and rigour driving ICES research

- 
01. The impact of accurate and timely COVID-19 data on healthcare decision-making
 02. Safety data informs policy change on abortion access
 03. The impact of the COVID-19 pandemic on eating disorders in adolescents
 04. Regulatory amendments expand pharmacists' scope of practice
 05. Supporting the next generation of Métis health researchers in Ontario

The impact of accurate and timely COVID-19 data on healthcare decision-making

BACKGROUND

Entering the second year of the pandemic in 2021, ICES scientists and staff continued to provide near-real-time data on COVID-19, shifting from reporting on testing and infection rates to vaccination rates by setting, geography, and populations at high risk. Reports developed by ICES (in collaboration with

the Ministry of Health, Ontario Health, Public Health Ontario, provincial public health units, and other partners) ensured that decision-makers and the public had accurate and timely data to support decision-making and contributed to an effective response to subsequent waves of the pandemic.



ICES RESEARCH HIGHLIGHTS

AREAS OF IMPACT



Makes
Ontarians
Healthier



Improves
Healthcare
Delivery



Guides Policy
Decision-
Making



Reduces
Barriers to
Data

ICES research led by Dr. Jeff Kwong, Hannah Chung and colleagues contributed to emerging international evidence on vaccine effectiveness. As third and fourth doses became available, ICES scientists used linked provincial COVID-19 laboratory testing, vaccination, and health administrative databases to estimate the effectiveness of these doses compared to unvaccinated groups. These studies included outcomes on older residents in [long-term care](#), people who are [immunocompromised](#), [adolescents](#), and the [general population](#).

COVID-19 vaccination data were linked to multiple healthcare and demographic datasets to determine vaccine uptake across different populations and by neighbourhood. Early reporting of vaccine uptake by neighbourhood risk on the ICES dashboard showed that there needed to be a more concerted effort to reach neighbourhoods with the highest transmission. Following these reports, the government announced higher per capita vaccine supply to high-risk neighbourhoods. Specific reports on immigrants and refugees led to local public health units initiating activities to better understand and address vaccine hesitancy in these communities.

Feedback provided to us from 11 Public Health Units indicated that ICES vaccine coverage reporting help to guide the location of mobile vaccination units, strengthen partnerships and dialogue with social service and immigrant/refugee service organizations, target specific populations in need (e.g. pregnant women, people with developmental disabilities, those with high-risk medical conditions and those experiencing homelessness), and, more generally, inform clinical and public health efforts across the province to improve vaccination coverage for high-risk populations.

ICES has also worked to support First Nations communities and leadership, Métis leadership, Inuit health service providers, and Indigenous organizations serving Indigenous people living in cities and related homelands in responding to the COVID-19 pandemic.



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Early reporting of vaccine uptake by neighbourhood risk on the ICES dashboard showed that there needed to be a more concerted effort to reach neighbourhoods with the highest transmission.



HOW THIS WORK IS HAVING AN IMPACT

- In 2021/22, ICES scientists published 61 studies about COVID-19.
- The ICES COVID-19 dashboard was visited 131,036 times from April 1, 2021 to March 31, 2022.
- There were over 40 Knowledge User organizations (KUs), including government ministries and public health units, that received routine COVID-19-related Applied Health Research Questions (AHRQ) reports, which informed health system decision-making and locally driven initiatives to improve access to care and vaccinations.
- There have been over 30 (KU-driven) AHRQ projects and over 150 investigator-initiated projects related to COVID-19 since March 1, 2020.
- Based on vaccination data in immigrant and refugee communities, the City of Toronto held two Eastern European Vaccine Engagement Focus Groups in November 2021. These groups helped to develop a detailed account of the experiences and approaches needed to engage Eastern European community members, who have some of the lowest vaccination rates in Toronto.

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The support under the AHRQ has been invaluable in the rapidly evolving and resource-demanding context of COVID-19. The demand for information during the COVID-19 pandemic has been unprecedented and the AHRQ has gone a long way to supporting our obligations under the Ontario Public Health Standards.

Ottawa Public Health



Safety data informs policy change on abortion access

BACKGROUND

One in three females in Canada will have an abortion in their lifetime. Prior to 2017, 96% of abortions in Canada were surgeries, usually performed in abortion-specific clinics in Canada's largest cities. Abortion access was limited and inequitable, particularly for rural and remote populations.

In 2017, Canadian health policymakers implemented a globally unique policy, making the medical abortion drug mifepristone available as a normal prescription. Mifepristone is on the World Health Organization's essential medicines

list and has been used globally for medical abortion for decades. However, in many nations where the drug is available, specific drug regulatory policies limit its use, including direct prescriber dispensing and observed ingestion. Mifepristone first became available in Canada in January 2017. By November 2017, all restrictions limiting mifepristone use in Canada were removed. This yielded an unprecedented abortion policy in which any physician or nurse practitioner could prescribe mifepristone, any pharmacist could dispense it, and patients could swallow the pills if, where, and when they chose.

ICES RESEARCH HIGHLIGHTS

AREAS OF IMPACT



Improves
Healthcare
Delivery



Guides Policy
Decision-
Making

In a January 2022 study, ICES fellow Dr. Laura Schummers and ICES scientist Dr. Liz Darling examined the impact of Canada's unique regulatory approach to medication abortion on abortion safety and use. The research looked at the outcomes of the nearly 280,000 abortions in Ontario that occurred between January 2012 and March 2020. [The study found](#) that with the rapid uptake of prescribed mifepristone, abortion remained safe, with no change in abortion complications or adverse events.

As part of a research program led by Dr. Wendy Norman at the University of British Columbia, the team at ICES is also conducting ongoing related analyses to understand the impact of Canada's unique mifepristone policy on access to abortion services and health system costs of abortion services. These analyses demonstrate that the policy change has been associated with a dramatic increase in the number of abortion providers and improved access to abortion in rural areas.

HOW THIS WORK IS HAVING AN IMPACT

- Published in the *New England Journal of Medicine*, these essential safety data put Canada's abortion policy leadership in the global spotlight.
- This article received over 10,000 page views within one month of publication and widespread attention in traditional and social media.
- The research team met directly with Health Canada to share the research findings.
- A written brief to the US Food and Drug Administration resulted in removal of some mifepristone restrictions in the USA, indicating the importance of these safety findings in this contested policy space.
- The research findings have been presented internationally, including at the 16th Congress of the European Society of Contraception and Reproductive Health (Belgium) and the 50th Annual Scientific Meeting of the Society of Academic Primary Care (UK).
- Findings about the impact of the policy on the family physician workforce and in rural areas have been presented at the conjoint 27th WONCA Europe Conference and RCGP Annual Conference (UK).



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These analyses demonstrate that the policy change has been associated with a dramatic increase in the number of abortion providers and improved access to abortion in rural areas.



The impact of the COVID-19 pandemic on eating disorders in adolescents

BACKGROUND

Eating disorders began making headlines in the summer of 2020, with reports of a global surge in presentations amongst children and adolescents during the COVID-19 pandemic. Research has theorized reasons for this surge and factors contributing to the increased risk including isolation, increased time on social media, extended time spent with family, decreased access to care, and possible fear of COVID-19 infection.

For many, disordered eating patterns may be a maladaptive coping strategy. Two years following the onset of the pandemic, the impact on youth mental health is significant and ongoing as healthcare providers try to navigate rapidly changing public health guidelines, alarmist news headlines, and virus mutations.

ICES RESEARCH HIGHLIGHTS

AREAS OF IMPACT



Improves
Healthcare
Delivery



Guides Policy
Decision-
Making

ICES' work on acute care visits, led by fellow Alène Toulany, has demonstrated a significant and persistent increase in rates of visits for pediatric eating disorders in Ontario, Canada after the onset of COVID-19 pandemic. In a [previously published study](#) of almost 2.5 million children and adolescents, the team demonstrated a 66% and 37% increase in the emergency department visit and hospitalization for pediatric eating disorders in Ontario, respectively. This study has important implications for ongoing surveillance as the pandemic evolves and will inform resource allocation for pediatric eating disorders.

There is a lack of information, however, on eating disorder presentations in older populations. It is not clear whether the pandemic is having a similar impact on adults. Building on previous work, Dr. Toulany and colleagues are currently addressing the gaps in the literature by examining and comparing patterns of acute care utilization for eating disorders during the pandemic across both adolescent and adult age groups.

HOW THIS WORK IS HAVING AN IMPACT

- ICES scientists with the Mental Health and Addictions research program have published Ontario data on the impact of COVID-19 on acute eating disorder presentations in adolescents.
- Data on pandemic-related acute care utilization for eating disorders across the lifespan is being shared regularly with Ontario Health's Mental Health and Addictions Centre of Excellence and the Ontario Ministry of Health.
- ICES data was used in advocacy efforts to secure additional [funding and support](#) for eating disorders during the pandemic.
- Eating disorders have been made a priority focus area for pandemic recovery planning by the Ontario Ministry of Health.



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This study has important implications for ongoing surveillance as the pandemic evolves and will inform resource allocation for pediatric eating disorders.



Regulatory amendments expand pharmacists' scope of practice

BACKGROUND

Emergency departments (ED) in Ontario continue to be overstretched and are struggling to meet the needs of Ontario's patients. One issue that may be contributing to overcrowding is the number of minor complaints, often called "minor ailments," that present to the ED. Minor ailments are described as conditions that may resolve on their own or that are frequently managed with proper advice and over-the-counter medications.

As part of an overall approach to increasing capacity in the healthcare system and alleviating strain on urgent care, in 2019 the Ministry of Health directed the College of Pharmacists to draft regulations that

would authorize pharmacists to prescribe medications for certain minor ailments. The process that selected what would be considered a "minor ailment" relied on healthcare data to inform the regulation submission on current healthcare needs and demands.

The proposed regulatory amendments to authorize Ontario pharmacists, students, and interns to prescribe medications for specific minor ailments have been approved and will come into effect on January 1, 2023. The list of eligible minor ailments was developed by the College's Minor Ailments Advisory Group (MAAG) and submitted to the government.

ICES RESEARCH HIGHLIGHTS

AREAS OF IMPACT



Makes
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Healthier



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Guides Policy
Decision-
Making

In 2019, researchers at ICES, including MAAG members Drs. Mina Tadrous, Kevin Schwartz and Noah Ivers, identified the number of Ontario ED visits for minor ailments each year from 2014 to 2019. This study was undertaken in collaboration with the Ontario College of Pharmacists (OCP) through the ICES Applied Health Research Question (AHRQ) funding program. Prevalent minor ailments included urinary tract infections, insect bites, heartburn, minor allergic reactions, muscle sprains and strains, and minor skin conditions (such as rashes).

The research was used by the OCP and MAAG to help build a strong, evidence-based foundation for deciding which minor ailment conditions to include in the regulations. In previous studies, some conditions, such as urinary tract infections (UTI) were not included and therefore did not emerge as a priority. However, evidence from other provinces has demonstrated the benefits of pharmacist prescribing for UTIs. Obtaining information on conditions that result in ED visits, that could be safely managed by pharmacists, helped ground the policy in current and emerging healthcare needs and maximize the benefits to patients and the broader health system.

HOW THIS WORK IS HAVING AN IMPACT

- The minor ailments list comprises 13 eligible ailments that are covered under the new regulatory amendment, expanding pharmacists' scope of practice. The data produced through this AHRQ directly informed the selection of the minor ailments that would best help support the healthcare system.
- OCP and key partners are currently developing new practice guidance and resources to share by the end of 2022. This will help support the pharmacist profession when the amendments come into effect in January 2023.
- The regulatory amendments expand pharmacists' scope of practice while satisfying both professional and ethical responsibilities for the delivery of safe patient care.



“

Prevalent minor ailments included urinary tract infections, insect bites, heartburn, minor allergic reactions, muscle sprains and strains, and minor skin conditions (such as rashes).



Supporting the next generation of Métis health researchers in Ontario

BACKGROUND

ICES is committed to building capacity through supporting First Nations, Inuit and Métis students and community members to gain skills and understanding of what data is available and how it can be used to support health and wellness.

Since 2009, the Métis Nation of Ontario (MNO) and ICES have partnered to develop and produce Métis-specific healthcare research under MNO governance. These have included reports and articles on a wide range of health and wellness conditions, as well as health service use by Métis Citizens. ICES CEO, Dr. Michael

Schull, has noted that “the success of this work is a practical example of how ICES is supporting a key partner to promote health in the Métis community, and advance Indigenous Data Sovereignty more generally.” MNO Chief Operating Officer, Joanne Meyer states that “the access to data on the health and wellbeing of MNO Citizens, that partnering with ICES offers, is so important for informing our programs and services. And working with students expands the number of data projects we can accomplish together.”

ICES RESEARCH HIGHLIGHTS

AREAS OF IMPACT



Improves
Healthcare
Delivery

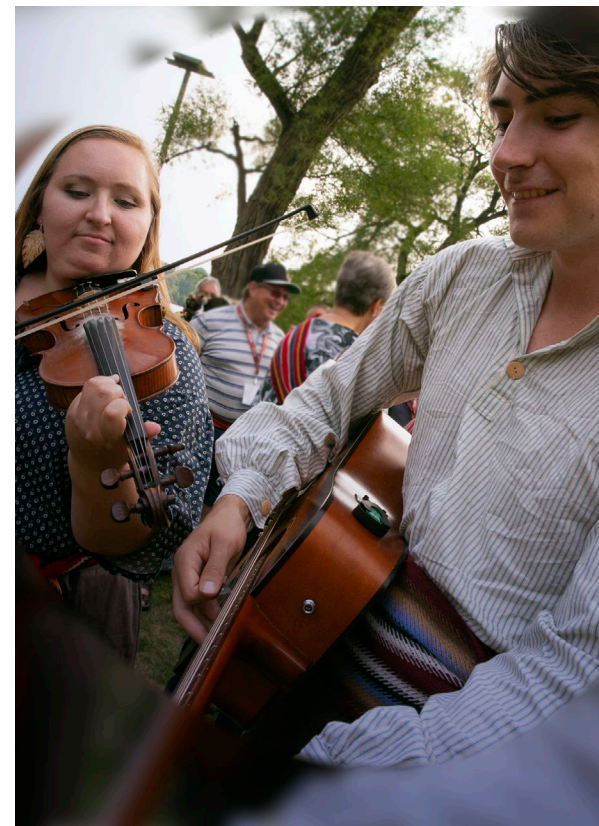


Reduces
Barriers to
Data

As an important next step in this partnership, the MNO and ICES are training the next generation of Métis health researchers in Ontario through joint graduate student practicum placements, where students can develop 'hands on' experience and apply theories and analytical skills acquired in the academic portion of the degree. One of MNO's key objectives is to encourage academic and skills development and enable Citizens of the Métis Nation to attain their educational aspirations.

In 2020 two inaugural student placements for this program took place, where the students (Abigail Simms and Noel Tsui) examined COVID-19 vaccine hesitancy among MNO Citizens. Noel's work used survey data collected by the MNO and shared with ICES for analysis and was linked with other health administrative data. Working together, the data demonstrated that a majority (71%) of MNO Citizens planned to be vaccinated as COVID-19 vaccines rolled out in Ontario.

Abby's complimentary work analyzed 16 in-depth interviews with Métis Citizens in Ontario who planned, were unsure, or didn't plan to be vaccinated with a COVID-19 vaccine. Their work was used throughout 2021 and early 2022 to inform Métis-specific COVID-19 related public health messaging. Additionally, linkage to the Ontario COVID-19 vaccine database through the ICES partnership has helped monitor the success of MNO's health promotion activities on COVID-19 vaccine uptake by MNO Citizens.



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One of MNO's key objectives is to encourage academic and skills development and enable Citizens of the Métis Nation to attain their educational aspirations.



HOW THIS WORK IS HAVING AN IMPACT

- The findings from the student practicums have been shared with the Métis community through presentations at the Annual General Assembly, columns in the Métis Voyageur, and in a community report.
- These findings also supported the MNO's health promotion messaging throughout the COVID-19 vaccine rollout in 2021 and early 2022.
- With the added capacity from practicum students to execute these research projects, the MNO was able to focus on new MNO-driven research proposals resulting in two successful CIHR grants.
- Based on this successful partnership, the MNO plans to fund two more full-time ICES positions seconded to the MNO and continue to work to attract graduate students to their MNO-ICES practicum placements.

“

The opportunity to work with both MNO and ICES on Métis health research projects has been so important to my development as a scholar. It is extremely satisfying to work on projects relevant to the health and wellbeing of your family and community.

Abigail Simms
(a Citizen of the Métis
Nation of Ontario)

Financial Report

As at March 31, 2022
(in thousands of dollars)

Statement of financial position

| ASSETS | 2022 | 2021 |
|--|---------------|---------------|
| Current assets | \$ | \$ |
| Cash | 10,972 | 10,562 |
| Accounts receivable | 2,708 | 3,534 |
| Prepaid expenses | 1,170 | 1,611 |
| Restricted investments | 2,347 | - |
| | 17,197 | 15,707 |
| Restricted long-term investments | - | 2,289 |
| Capital assets | 821 | 1,250 |
| | 18,018 | 19,246 |
| LIABILITIES | | |
| Current liabilities | | |
| Accounts payable and accrued liabilities | 2,739 | 3,553 |
| Deposit in trust | 2,347 | 3 |
| Deferred revenue | 4,107 | 5,001 |
| Due to Sunnybrook Health Sciences Centre | 373 | 347 |
| | 9,566 | 8,904 |
| Deposit in trust | - | 2,414 |
| Post-employment benefits | 939 | 964 |
| Deferred capital grants | 821 | 1,250 |
| | 11,326 | 13,532 |
| General fund | 6,692 | 5,714 |
| | 18,018 | 19,246 |

Financial Report

For the year ended
March 31, 2022
(in thousands of dollars)

Statement of operations and changes in fund balances

| | 2022 | 2021 |
|---|---------------|---------------|
| | \$ | \$ |
| REVENUE | | |
| Grants – Ministry of Health | 15,158 | 14,433 |
| Grants and other revenue | 15,699 | 18,797 |
| Amortization of deferred capital grant | 429 | 526 |
| Interest income | 43 | 35 |
| | 31,329 | 33,791 |
| EXPENDITURES | | |
| Employee costs | 25,128 | 23,346 |
| Contracted services | 86 | 43 |
| Information, technology and cybersecurity | 2,112 | 2,311 |
| Office and general | 455 | 688 |
| Amortization of tangible capital assets | 429 | 526 |
| Professional fees | 1,081 | 1,249 |
| Premises | 1,174 | 1,001 |
| | 30,465 | 29,164 |
| Excess of revenues over expenditures for the year | 864 | 4,627 |
| General fund – beginning of year | 5,714 | 1,148 |
| Remeasurement of post-employment benefits | 114 | (61) |
| General fund – end of year | 6,692 | 5,714 |

Financial Report

For the year ended
March 31, 2022
(in thousands of dollars)

Statement of cash flows

| CASH PROVIDED BY (USED IN) | 2022 | 2021 |
|---|---------------|---------------|
| OPERATING ACTIVITIES | \$ | \$ |
| Excess of revenues over expenditures for the year | 864 | 4,627 |
| Items not affecting cash | | |
| Post-employment benefits | 89 | 74 |
| Amortization of deferred capital grant | (429) | (526) |
| Amortization of tangible capital assets | 429 | 526 |
| Deferred lease inducement | - | (62) |
| Interest income reinvested | (57) | (55) |
| Changes in non-cash working capital | (486) | (4,743) |
| | 410 | (159) |
| INVESTING ACTIVITIES | | |
| Purchase of tangible capital assets | - | (725) |
| Reduction in restricted cash | - | 1,686 |
| | - | 961 |
| FINANCING ACTIVITIES | | |
| Contribution to deferred capital grants | - | 725 |
| Increase in cash during the year | 410 | 1,527 |
| Cash – beginning of year | 10,562 | 9,035 |
| Cash – end of year | 10,972 | 10,562 |

ACKNOWLEDGEMENTS

We would like to thank our core funders, the Ontario Ministry of Health and Ontario SPOR Support Unit, for their ongoing support in the creation of high-quality health and health services research and evidence. We would also like to extend our gratitude to our federal and provincial partners and stakeholders, for the opportunity to collaborate and expand the scope and impact of our health services research. Thank you to: Canadian Institute for Health Information, Canadian Institutes of Health Research, Health Canada, Public Health Agency of Canada, Public Health Ontario, Métis Nation of Ontario, and the Chiefs of Ontario.

We also recognize our Indigenous partners, who have helped us to develop unique partnerships that include data governance and data sharing agreements: the Métis Nation of Ontario, First Nations organizations and communities, the Kenora Chiefs Advisory, Grand Council Treaty #3, Aboriginal Health Centres, and the Chiefs of Ontario.

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