

ASSOCIATION CANADIENNE
D'INFORMATIQUE DE LA SANTÉ



ANNUAL REPORT

2015–2016

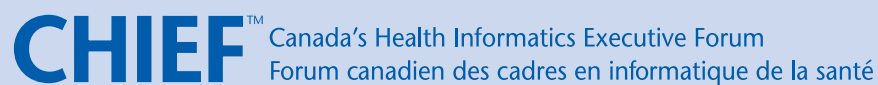


coachorg.com

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Life Members

COACH FORUMS: ENGAGING & GROWING MEMBERSHIP



2015 – 2016 BOARD OF DIRECTORS



Mike Barron
President



Leon Salvail
Vice President



Linda Blair
Secretary-Treasurer



Neil Gardner
Past President



Susan Anderson
Director



Shiran Isaacksz
Director



Elizabeth Keller
Director



Glenn Lanteigne
Director



Margarita Loyola
Director



Jim Mickelson
Director

MANAGEMENT TEAM



Mark Casselman
Chief Executive Officer



Shannon Bott
*Executive Director,
Operations*



Grant Gillis
*Executive Director,
Forums & Practices*

COACH MISSION

To advance the adoption, practice and professionalism of health informatics to achieve better health for Canadians.



PRESIDENT'S MESSAGE

"The secret of change is to focus all your energy, not on fighting the old, but on building the new." Socrates



Mike Barron

This was definitely a building year for our association, a time of looking ahead and trying new approaches and ways of operating to become the COACH we need to be going forward to properly support health informatics (HI) professionals in their important roles in health system innovation and sustainability.

Changing and evolving is not always easy, but we persevered and made terrific progress in line with the 2011 - 2014 Strategic Plan. In the afterglow of the 40th anniversary celebrations, we refocused on our commitment to lead through innovation that accelerates health service delivery transformation on several fronts. These initiatives, which you can read about in more detail on pages 4 - 7, included the:

- 2015 Canadian Telehealth Report;
- first Canadian National Digital Health Leadership Survey;
- COACH/Ontario Telemedicine Network (OTN) virtual care best practices white paper.

We also turned a major corner on continuous learning and professionalism with the development of the comprehensive 16-hour CPHIMS-CA education course. This tremendous resource, covering 600 slides, represents a huge investment of time and energy by COACH members – 420 volunteer hours! This kind of outstanding member contribution is so vital and ensures our COACH community will remain relevant and responsive.

Reflections

As I approach the end of my two-year term as President and Board of Directors Chair, I recognize and fully support the need for change in the association. At the same time, I am impressed by the leadership's ongoing commitment to COACH as a national body, representing the Canadian HI community, both public and private across the country's vast geography. The Board remains staunchly committed to a national view of the health system and focusing on engaging and broadening our constituency and value proposition.

I want to take advantage in this, my last President's Message, to reiterate and reinforce the need for our members to continue their contributions through engagement and robust volunteerism. I also urge you to speak up and have your ideas heard. From my experiences over the last six plus years, I can assure you that the Board does listen. We are a changing industry in a rapidly changing world and we should step up and create our future state, not just adapt to one defined by the external forces of our environment.

As I prepare to pass the torch, I would like to thank COACH members, my fellow Board Directors, the management team and staff for their support. It has been a great pleasure to meet and dialogue with members from across the country. These passionate, dedicated professionals are truly the heartbeat of our association, driving it forward to meet the future. I look forward to continuing this journey with the membership in the Past President's role and beyond as we strive to fully realize the COACH Vision of *Taking Health Informatics Mainstream*.

Respectfully submitted,

Mike Barron, President & Board Chair

CHIEF EXECUTIVE OFFICER'S MESSAGE



Mark Casselman

We are at the cusp of unprecedented change in healthcare – novel funding and delivery models, new ways of accessing health services and rapid growth in connected personal health data. Increasingly, every aspect of healthcare is empowered by (or disrupted via) digital health technology. As health informatics (HI) professionals, there is something invigorating about the speed of change around us and the need to drive innovation in our industry. At COACH, 2015 - 2016 was definitely a time of new ideas and practices, firmly rooted in the association's 40-year history of achievement in the very forward-looking field of HI.

This year we worked hard to ensure COACH continues to evolve as a future-focused, responsive association, for all of our members, both now and in the years to come. We know members' needs are changing in multiple ways as they cope with rapid, ongoing, foundational transformation in the healthcare system. We continue to hear that the shift in care delivery outside of traditional bricks-and-mortar institutions, thanks to factors like telehealth, virtual care and consumer-friendly technology, is one major development impacting HI professionals and their important roles in healthcare.

Staying ahead of the curve is a huge part of accurately gauging new needs. Our National Digital Health Leadership Survey will be a huge asset in this regard. Data from the survey, completed by leaders in the healthcare service delivery sector across Canada, will give us a much-needed "big picture," helping COACH to anticipate future needs and assist professionals in planning accordingly. Insights will be wide-ranging, influencing digital health strategy, consumer health, virtual care, data analytics, organizations' strategic directions and overall HI leadership in Canada.

Expanding opportunities for members to connect about areas of common interest, develop resources and gain practical insights into applying existing COACH tools was another focal point this year. We did this by growing our Communities of Interest and educational offerings, including developing the more comprehensive CPHIMS-CA course, and through national and regional events. In examining current member resources, we also determined that the time was right to start bringing together and formalizing our substantive COACH Health Informatics Body of Knowledge. (See page 4.) This initiative is vital at this time on the COACH journey of advancing the HI profession; watch for details in 2016 – 2017.

Members were also at the heart of another major change – the staff and management team's move to a virtual office Jan. 4, 2016. This new way of working enables the association to maximize our engagement with members in their healthcare delivery and corporate environments each week, while continuing to provide timely, responsive service.

Looking ahead to 2016 – 2017 and beyond, I see a bright future for COACH as we further develop a growing platform for professional development, networking and co-creating, learning and training, and catalyzing innovation across Canada. We continue to see collaboration, partnership and cross-sector innovation as the collective response and way forward as we all work hard to meet the challenges and opportunities in our industry. It is a privilege to work with our passionate members, the Board of Directors, staff and management to continue advancing the adoption, practice and professionalism of HI to achieve better health for Canadians.

Respectfully submitted,

Mark Casselman, CEO

MOVING FORWARD: THE FUTURE IS NOW!

Members: Our Heart and Soul

Members continued to drive the association and our ever-present goal of continuously improving products and services and the overall COACH experience. With membership at an all-time high of **2,074** as of March 31, this growth was reflected across many of our traditional segments. New records were set for our CTF: Canadian Telehealth Forum with **801** members, our CCF: COACH Clinician Forum with **345** members and our eHIP: Emerging Health Informatics Professionals Forum with **494** members. CHIEF: Canada's Health Informatics Executive Forum membership grew by over **65%** to **108** leaders, representing 55 organizations from the public and private sectors and government across Canada. We also gained two first-time Academic Institutional Members (AIM) – **Fanshawe College** and the **University of Alberta** – joining the nine other Canadian academic programs as AIMS.

Going forward, enhanced outreach to new constituents remains a high priority; we are working with current members to grow and deepen our engagement with digital health professionals and healthcare innovators across the country in the coming year.

We took an important step forward in strengthening member engagement and networking opportunities by expanding our Communities of Interest (COIs). The new Virtual Care and Academic COIs, combined with the existing Electronic Health Records (EHR) Governance COI, provide members with common interests and passions with opportunities to engage, connect and make a difference. COI members work with colleagues across the country in an agile, lean fashion to produce valued deliverables, such as the COACH/Ontario Telemedicine Network (OTN) virtual care best practices white paper, scheduled for release in the fall of 2016. Additional COIs will be launched on a quarterly basis in the coming year.

In another move to maximize member input, we expanded the annual member survey and distributed it earlier in the year. The vitally important survey feedback will be used to shape future products and services and inform the 2017 – 2020 Strategic Plan.

Education: Inspiring Possibilities

Professional development is integral to the COACH commitment to strengthen the use and impact of HI professionalism and practice. Creating the new 16-hour **CPHIMS-CA Credential Preparation – The Complete Series** was a major accomplishment in this regard. This virtual education serves as a comprehensive resource for any professional interested in enhancing her/his HI knowledge and skills. We are proud that COACH has enabled 272 individuals to earn the CPHIMS-CA credential. This is an all-time high for the association and still growing at year's end.

Our new Webinar Wednesdays provided busy professionals with “bite-size” education about pertinent best practices, research, technology, policy and more. Popular with members, the occasional public sessions were also well received. Our public webinar to launch the *2015 Canadian Telehealth Report*, for example, attracted record-high views on YouTube. In addition, we added sessions about the application of existing products, such as the *eSafety Guidelines* Workshops in Alberta and Ontario, to our growing education program.

We also laid the foundation for another exciting new offering – the **COACH Health Informatics Body of Knowledge**. This collection of resources will outline the Canadian standard for the key knowledge areas of HI and provide professionals in the field with a tangible, visible, understood and respected body of knowledge that is essential for transforming Canadian healthcare through IT and information management systems. Watch for details in 2016 – 2017.

Thought Leadership

We continued to be deeply committed to supporting a culture of inquiry and innovation with initiatives such as the following.

- **2015 Canadian Telehealth Report:** The only source of national jurisdiction-specific telehealth data, 429 PDFs of this complimentary resource had been downloaded and 100 paper copies distributed by March 31. Building on the previous three editions, the report shows telehealth becoming more broadly available and more technologically diverse. New features included cameos about remote patient monitoring and telehealth stewardship.

The Year in Pictures

3,000 Attended Events



Communities of Interest:
Platform for Building Connections

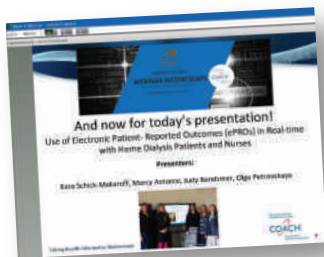


- EHR Governance
- Academic (Student/EP)
- Virtual Care
- ...and many more

272 CPHIMS-CA Credentialed
Professionals in Canada



Weekly Webinar Wednesdays
Attracted over 1,100 Attendees
& Provided More Than
22,000 Education Hours



CHIA Gala
Salutes Excellence



COACH Team Moves
to a Virtual Office



Thought Leadership Tools
to Support Our Community



- **Discussion and White Papers:** An initiative led by some of our most seasoned members in the CHIEF Forum and carried out in partnership with newer EP professionals, produced rich, forward-looking resources. The resulting CHIEF Discussion Papers explore public-private-partnership P3 funding models and the clinical value/business return on hospital information systems.

Events: A Connected Community

Connecting, learning and engaging – more than 3,000 attendees took part in a wide array of in-person and virtual COACH events across Canada, including the e-Health 2015 Conference, Global Telehealth 2015 (GT2015), eHealthAchieve, Webinar Wednesdays, the National eSafety Summit (during Canada's national patient safety week) and regional education days.

GT2015, the first international scientific conference hosted by the association (COACH and CTF), was an innovative event – the first time COACH hosted a conference featuring peer-review papers and a published proceedings. The fourth event of its kind, GT2015 attracted 154 participants, the largest attendance in the series thus far! The gathering of telehealth and virtual and mobile health experts from 25 countries percolated with “the-future-is-now” energy.

eHealthAchieve focused on Digital Health: Taking Healthcare to the Next Level and

featured John Nostra as keynote speaker. The record-setting number of attendees, 215, were also engaged through interactive panel sessions featuring leaders from key sectors and roles in Ontario healthcare.

The National eSafety Summit, a new offering presented with Alberta Health and Alberta Health Services and featuring national, international and regional leaders, drew 273 participants, including 60 who connected virtually from 13 locations across Alberta. Focusing on patient safety and making software systems safer, the Summit spread the word about the value of the *COACH eSafety Guidelines* and leading best practices.

The e-Health 2015 Conference drew strong attendance of 1,700. Twitter contests – one for the conference, plus COACH's popular #questionofthehour challenge, adapted to commemorate the association's 40th anniversary – ramped up engagement and interest. The 10th anniversary of the Canadian Health Informatics Awards Gala was celebrated with retrospective videos.

Our thriving regional education days rounded out our events program. Highlights included the COACH/Alberta Network for Health Information eXchange (ANHIX) Health IT Conference setting a new attendance record at 190 with a focus on community, social and consumer healthcare, along with another exciting COACH/HIMSS Ontario event focused on healthcare analytics.

HATS OFF TO OUR TEAM MEETING HOSTS!

Since our move to a virtual office Jan. 4, 2016, the COACH team has met weekly in-person at member locations. We extend warm thanks to the following organizations for opening their doors for these meetings.

- Base Consulting & Management • Canada Health Infoway • Gevity Consulting Inc.
- MacKenzie Health • Orion Health • TELUS Health • University Health Network

BOARD DEVELOPMENT COMMITTEE REPORT



Neil Gardner

As Chair of the Board Development (BD) Committee, it is my pleasure to introduce the new Directors on the 2016 - 2017 COACH Board.

This year we had five open Board positions with seven candidates standing for election. I would like to extend a sincere thank-you and hearty congratulations to all who ran for a position, as well as the members who nominated them. Thank you also to those of you who took the time to consider the slate of candidates and cast your vote. I am pleased to report that 262 members voted this year.

The committee had four volunteers act as scrutineers this year: [Gary Folker](#), [Lydia Lee](#), [Shelagh Maloney](#) and [Don Schick](#). The scrutineers tested the election platform that was used this year, and were comfortable with the system and the results.

The BD Committee conducted its business by teleconferences between January and April 2016. The committee confirms that the following guidelines were met.

1. The Call for Nominations was open to all COACH members.
2. Election open and close dates were publicized in advance of the election.
3. All candidates had their nominations posted on the COACH website.
4. The nomination and election processes were clearly defined and posted on the COACH site.
5. The BD Committee had access to the official results in order to ratify the election.

6. All nominees were contact by phone or in person after the election was ratified and told whether or not they were elected.

I am pleased to report that COACH members, elected [Susan Anderson](#), [Hélène Clément](#), [Elizabeth Keller](#), [Leon Salvail](#) and [Christine Sham](#). These individuals will officially assume their duties with the 2016 - 2017 Board right after the Annual General Meeting, taking place June 7, 2016 in Vancouver in conjunction with the e-Health 2016 Conference. Congratulations and welcome!

Meet your 2016 - 2017 COACH Board.

- [Mike Barron](#), Past-President
- [Susan Anderson](#)
- [Linda Blair](#)
- [Hélène Clément](#)
- [Shiran Isaacksz](#)
- [Elizabeth Keller](#)
- [Margarita Loyola](#)
- [Leon Salvail](#)
- [Christine Sham](#)

On a personal note I would like to thank [Gary Folker](#), [Lydia Lee](#), [Shelagh Maloney](#) and [Don Shick](#) for their assistance on the BD Committee. Thanks also to [Shannon Bott](#) and her team at the National Office who oversaw the election process.

Respectively submitted,

Neil Gardner, Chair, Board Development Committee

SECRETARY-TREASURER'S REPORT



Linda Blair

COACH had an active year – continuing to achieve momentum and build value for members as we advanced our professionalism, professional practices and events agenda. The Audited Financial Statements are available for member review on [pages 9 – 19](#) and reflect the fiscal year that just concluded.

The COACH Board budgeted a small profit of just over \$17,000 for fiscal year 2015 - 2016 and exceeded expectations by ending the year with a \$63,072 profit for reinvestment. Growth from CHIEF: Canada's Health Informatics Executive Forum Institute memberships and CPHIMS-CA review guide materials accounted for the greater revenues, while the association continued to find ways to reduce expenses.

The Balance Sheet remains strong with Members' Equity of \$379,109 as of March 31, 2016. This includes both reserved and unre-served funds. The Steven Huesing Scholarship Fund ended the year with \$13,769 and is a protected component of the Members' Equity.

The Finance and Audit (F&A) Committee is an integral part of COACH, overseeing the audit process, the development of the COACH annual budget and any large expenditures. The F&A Committee is comprised of three Board members and an additional member-at-large, who work with the CEO and Executive Director, Operations to oversee the financial management and financial accountability of the association. This committee is chaired by the Secretary-Treasurer. I extend my thanks to [Jim Mickelson](#), [Leon Salvail](#) and [Michael Whitt](#) for their participation on this committee.

Overview of 2016 - 2017 Budget

The Board has taken into account the results of the past year in setting a budget for 2016 - 2017. Our future stability and growth will come from investing appropriately in our

programs to provide value to members. This includes continued support of our members and member experience; the credential program and related training and education; continuing to partner on regional events; managing the product lifecycle of our practices; and delivering value through our e-Health Conference and various events.

The Board has approved a budget for 2016 - 2017, with total revenues of approximately \$1.64 million and total expenditures at approximately \$1.55 million. COACH is projecting a gain of just over \$90,000 for the year on operations, and intends to invest up to \$50,000 in new program work. This will be targeted primarily on the updating of COACH digital technologies and website, the development of online education and new thought leadership tools.

Respectively submitted,

Linda Blair, *Secretary-Treasurer*

* **NOTE (Members Equity):** COACH policy is to hold member equity as follows.

New Program Reserve Fund: Board-approved programs or projects and activities.

Protected Reserve Fund: This Fund maintains approximately 50% of a three-year rolling retrospective of e-Health Conference profits to provide a safe margin for error for the organization's operations. Board approval is required for any expenditure.

Unprotected Equity is the balance of unrestricted net assets as shown on the audited statements once the above has been deducted.



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INDEPENDENT AUDITORS' REPORT

To the Members of
COACH: Canada's Health Informatics Association

Report on the Financial Statements

We have audited the accompanying financial statements of COACH: Canada's Health Informatics Association, which comprise the statements of financial position as at March 31, 2016 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

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 organization'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 organization'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 COACH: Canada's Health Informatics Association as at March 31, 2016, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

KRIENS-LAROSE, LLP
Chartered Professional Accountants
Licensed Public Accountants
Toronto, Ontario,
May 18, 2016

COACH: CANADA'S HEALTH INFORMATICS ASSOCIATION
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2016

	2016	2015
	\$	\$
	ASSETS	
CURRENT		
Cash	355,922	108,546
Investments (Note 2)	21,737	240,438
Accounts receivable	489,682	394,514
Prepaid expenses	96,579	98,892
	963,920	842,390

See accompanying notes to the financial statements

COACH: CANADA'S HEALTH INFORMATICS ASSOCIATION
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2016

	2016 \$	2015 \$
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	44,798	72,922
Government remittances payable	44,149	14,743
Deferred revenue (Note 3)	482,095	426,259
	571,042	513,924
NET ASSETS		
Unrestricted net assets	379,109	316,037
Scholarship Fund (Note 4)	13,769	12,429
	392,878	328,466
	963,920	842,390

See accompanying notes to the financial statements

COACH: CANADA'S HEALTH INFORMATICS ASSOCIATION
STATEMENT OF CHANGES IN NET ASSETS
 FOR THE YEAR ENDED MARCH 31, 2016

	Unrestricted Net Assets \$	Scholarship Fund \$	2016 Total \$	2015 Total \$
Balance, beginning of year	316,037	12,429	328,466	302,486
Excess of revenues over expenses for the year	63,072	-	63,072	24,695
Funds received	-	1,340	1,340	1,285
Balance, end of year	379,109	13,769	392,878	328,466

See accompanying notes to the financial statements

COACH: CANADA'S HEALTH INFORMATICS ASSOCIATION
STATEMENT OF OPERATIONS
 FOR THE YEAR ENDED MARCH 31, 2016

	2016 \$	2015 \$
REVENUES		
Conference and events (Note 5)	558,107	577,697
Forums	344,985	308,009
Practices	295,485	304,325
Membership services	230,467	243,949
Professionalism	87,595	75,524
Corporate services	492	(1,335)
	1,517,131	1,508,169
EXPENSES		
Corporate services	1,018,012	989,954
Conference and events	148,777	145,618
Forums	147,647	212,314
Professionalism	98,124	77,078
Membership services	34,165	46,618
New programs	6,715	5,570
Practices	619	6,322
	1,454,059	1,483,474
EXCESS OF REVENUES OVER EXPENSES FOR THE YEAR	63,072	24,695

See accompanying notes to the financial statements

COACH: CANADA'S HEALTH INFORMATICS ASSOCIATION
STATEMENT OF CASH FLOWS
 FOR THE YEAR ENDED MARCH 31, 2016

	2016 \$	2015 \$
CASH WAS PROVIDED BY (USED IN):		
OPERATING ACTIVITIES		
Cash receipts from membership fees	536,120	496,703
Cash receipts from conference and events	558,107	577,697
Cash receipts from professionalism	87,595	75,524
Cash receipts from practices	295,485	274,075
Cash receipts from (to) ATKC	-	(1,762)
Interest received	492	(1,335)
Scholarship Fund	1,340	1,285
Cash paid to suppliers	(1,450,464)	(1,450,852)
Change in cash and equivalents	28,675	(28,665)
Cash and equivalents, beginning of year	348,984	377,649
Cash and equivalents, end of year	377,659	348,984
Cash and equivalents consist of the following:		
Cash	355,922	108,546
Investments	21,737	240,438
	377,659	348,984

See accompanying notes to the financial statements

PURPOSE OF THE ORGANIZATION

COACH: Canada's Health Informatics Association was incorporated on October 25, 1976 as a not for profit organization without share capital under the Canada Not-for-profit Corporations Act. The mission of COACH is to promote understanding and adoption of health informatics within the Canadian health system through professional development, advocacy and a strong and diverse membership.

The organization is a not-for-profit organization under section 149(1) of the Income Tax Act (Canada) and as such, is exempt from the payment of corporate income taxes.

1. SIGNIFICANT ACCOUNTING POLICIES

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Handbook and include the following significant accounting policies

Financial Instruments

The Association initially measures its financial assets and liabilities at fair value. The Association subsequently measures all its financial assets and financial liabilities at amortized cost. Changes in fair value are recognized in the statement of operations.

Financial assets measured at amortized cost include cash and accounts receivable. Financial liabilities measured at amortized cost include accounts payable.

Use of Estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the reporting date and the reported amounts of revenues and expenses for the reporting period. Actual results could differ from these estimates. These estimates are reviewed periodically and adjustments are made, as appropriate, in the statement of operations in the year they become known.

Continued...

1. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents

Cash and cash equivalents consist of cash on hand and fixed income investments with maturities of less than 90 days.

Investments

Investments include all investments with original maturities greater than three months but less than one year. Investments are classified as held for trading and are recorded at market value.

Prepaid Expenses

Prepaid expenses are recorded for goods and services being received in the next fiscal year but paid for in the current fiscal year.

Revenue Recognition

The organization follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

All revenues, with the exception of interest, are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Amounts received in advance of the year of service are recorded as deferred revenue, and subsequently recorded as revenue in the year of service.

Interest is recognized as income when received.

The unrealized gain or loss on investments, being the difference between book value and fair value, is included in the statement of operations. Transaction costs are expensed as incurred.

Donated Property and Services

During the year voluntary services were provided. Because these services are not normally purchased by the Association, and because of the difficulty of determining their fair value, donated services are not recognized in these statements.

Continued...

COACH: CANADA'S HEALTH INFORMATICS ASSOCIATION
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2016

2. INVESTMENTS

The investments consist of the following:		
	2016	2015
	\$	\$
Guaranteed investment certificate; .55%, maturing March 7, 2017	21,737	-
Guaranteed investment certificate; .65%, maturing March 7, 2016	-	21,597
Investment savings account; interest payable based on market rates	-	218,841
	21,737	240,438

The Association's investment policy states that 100% of the investments are to be invested in instruments backed by either the Federal or Provincial Governments or the Canadian Deposit Insurance Corporation.

3. DEFERRED REVENUE

Deferred revenue represents membership fees received in advance of the year of membership.

4. SCHOLARSHIP FUND

The purpose of the scholarship fund is to provide financial assistance to students to pursue post-secondary studies in health informatics.

As at March 31, 2016 \$13,769 (2015: \$12,429) of the cash held by the Association are committed to the Scholarship fund.

Continued...

5. ANNUAL CONFERENCE

The annual conference revenue represents the organization's share of the net surplus from the conference. The total conference revenue in the March 31, 2016 fiscal year was \$1,656,005 (March 31, 2015 fiscal year: \$1,690,304) and total conference expenses in the March 31, 2016 fiscal year were \$1,148,895 (March 31, 2015 fiscal year: \$1,093,994).

The conference is hosted by three parties: COACH, CIHI and Canada Health Infoway. There is a 3 year agreement in place. The revenue split for 2016 is COACH 80%, CIHI 12.5% and Infoway 7.5%. The revenue split for 2017 and 2018 will be COACH 80%, CIHI and Infoway each 10%.

6. COMMITMENTS

- (a) The Association is committed to a contract with Base Consulting for management services for the operation of the organization for the period September 1, 2015 to August 31, 2017. The commitment for the March 31, 2017 fiscal year is \$125,800, the commitment for the March 31 2018 fiscal year is \$96,000.
- (b) The Association is committed to a contract for the period January 1, 2015 to December 31, 2016 for the provision of consulting services as the Executive Director, Forums and Practice. The monthly obligation under the contract is \$12,878.
- (c) The Association is committed to a contract for the period April 1, 2016 to October 31, 2016 for the provision of Senior program coordinator duties. The monthly obligation under the contract is \$5,921.
- (d) The Association is committed to a three year contract with International Conference Services for management of the annual conference for 2016, 2017, and 2018. The annual obligation under the contract is \$182,000 for 2016, \$187,000 for 2017 and \$192,000 for 2018. In addition, International Conference Services is paid a profit share of 20% of any surplus in excess of \$400,000.

Continued...

7. FINANCIAL INSTRUMENTS

The Association is exposed to various risks through its financial instruments. The following presents the Association's risk exposures and concentrations at March 31, 2016.

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Association's credit risk would occur with their accounts receivable. Actual exposure to credit losses has been minimal in prior years. The allowance for doubtful accounts is \$0 (2014: \$0).

Liquidity Risk

Liquidity risk is the risk the Association will encounter difficulties in meeting obligations associated with financial liabilities. The Association is exposed to this risk mainly in respect of its accounts payable. The Association expects to meet these obligations as they come due by generating sufficient cash flow from operations. There has been no change in the risk assessment from the prior period.

Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risks: currency risk, interest rate risk and other price risk.

Currency Risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The Association is not exposed to foreign currency risk.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Association is not exposed to fair value risk due to changes in market rates of interest.

Other Price Risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Association is not exposed to other price risk.

CONGRATULATIONS CPHIMS-CA PROFESSIONALS!

The following professionals earned the Certified Professional in Healthcare Information Management Systems–Canada (CPHIMS-CA) credential in 2015 – 2016. Visit www.coachorg.com for the complete list of CPHIMS-CAs.



Mahmood Ahmad
Gala Alexandra Arh
David Banh
Lauren Bell
Lisa Busgang
Sarah Cameron
Robert Cheng
Brian Chou
Megan Courtney
Michael Cuff
Yaron Derman
Barb Duffey-Rosenstein
Kathy Eyben
Judy Fleming
Rosemary Foster
Laurie Frame
Debbie Fung
Ioan Gavriluuc
Alain Guez
Marie Hamasoor
Samantha (Priya) Jayaratna
Sara Khan

Hitesh Khurana
Colin Latter
Paul Lawrence
Herman Lee
Kenny Liang
Christina Lim
Lillian Ly
Pravin Guptha Medmi Eric
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Patricia Moreno
Marisha Nozdryn-Plotnicki
Wendy Odell
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Jack Ranieri
Marnie Richards
Sebastien Roy
Penelope Salvarakis

Anubha Sant
Syed Amir Sedighi
Zohreh Shamandi
Colleen Shepherd
Casper Shyr
Yusuf (Mark) Siddiqui
Robin Silver
Todd St. Aubin
David Thabet
Virgina Thomas
Krysti Tissington
Lynsey Turchet
Michelle Turner
Amrita Tyagi
Daniel Vokas
Sarah Wickham
John Woodward

LIFE MEMBERS

The term of office for COACH and Canadian Society of Telehealth (CST) Past Presidents is shown in brackets after their names. COACH's CTF: Canadian Telehealth Forum has represented the telehealth community since CST and COACH merged April 1, 2010.

Bill Childs
Trevor Craddock^{CST} (2008–10)
Bill Dartnell (1996–98)
Dr. Robert Filler^{CST} (2000–02)
John Flint (1980–82)
Neil Gardner (2012–14)
Kathryn Hannah (1990–92)
*Al Haskell (1986–88)
Chris Helyar (1994–96)
John Hendriks (1988–90)
Melville Hodge
*Dr. Max House^{CST}

*Steven Huesing (1975–78)
Dr. Penny Jennett^{CST} (2002–04)
Pat Jeselon (1998–2000)
Lydia Lee (2010–12)
Shelagh Maloney (2006–08)
John McKenna (1984–86)
Linda Miller (2008–10)
Judy Moran-Fuke (1982–84)
Don Newsham (2004–06)
Robb Palmer
Laurie Poole^{CST} (2006–08)
Denis Protti (1978–80)

Gil Sampson (2002–04)
John Schinbein
Dr. Richard Scott^{CST} (2004–06)
Brendan Seaton (2000–02)
Colin Shanks
David Shires
Brian Shorter (1992–94)
Dr. Mo Watanabe^{CST} (1998–2000)
*Robert Zuckerman

*Deceased



Thank you Volunteers!

You are the Heart and
Soul of our Association!

Your time and talents benefit all members
and the health informatics profession.

Hats off to you!

For volunteer opportunities, visit coachorg.com.

ASSOCIATION CANADIENNE
D'INFORMATIQUE DE LA SANTÉ



CANADA'S HEALTH
INFORMATICS ASSOCIATION

ABOUT COACH

COACH: Canada's Health Informatics Association is *the voice of health informatics (HI) in Canada*, promoting the adoption, practice and professionalism of HI. COACH represents a diverse community of accomplished, influential professionals who work passionately to make a difference in advancing healthcare through information technology. HI is the intersection of clinical, IM/IT and management practices. Members are dedicated to realizing their full potential as professionals and advancing HI through access to information, talent, credentials, recognition, programs and a broad range of services and specialized resources.

ASSOCIATION CANADIENNE
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