



CIHI's Performance Measurement Framework

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Canadian Institute
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Organizational profile

Overview of organization

The Canadian Institute for Health Information (CIHI) was created in 1994 by an agreement between the federal, provincial and territorial governments in response to the recommendations of the National Task Force on Health Information (in the Wilk Report),¹ presented to the Conference of Deputy Ministers of Health in 1991. The task force suggested that better health information systems were necessary to ultimately improve the health of Canadians.

The report of the task force concluded that

. . . it is the predominant view of researchers, health care providers, policy analysts and managers that significant improvements can be achieved, both in the health of Canadians and in resource management, if health information could be made more reliable, comparable, extensive and available.^{1 (p. 6)}

CIHI was initiated through a merger of 2 legacy organizations: the Hospital Medical Records Institute and the Management Information Systems Group. It began with 3 databases and 112 employees. Operational for more than 20 years now, CIHI has funding agreements with Health Canada and all provinces and territories, runs 28 databases, provides hundreds of analytical products and has more than 700 full-time employees.

CIHI serves as a focal point for Canada's health data, playing a leadership role in the development and coordination of a common approach to health information in Canada through the provision of high-quality, unbiased, comparable information about health care delivery in Canada, the performance of Canadian health systems and the factors that affect Canadians' health.

CIHI's **mandate** is to deliver comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum of care in Canada. CIHI's stakeholders use its broad range of health databases, measurements and standards, together with CIHI's evidence-based reports and analyses, in their day-to-day decision-making. CIHI protects the privacy of Canadians by ensuring the confidentiality, integrity and availability of its health care information.

CIHI's mandate is supported by a **vision** to support *better data, better decisions and healthier Canadians*.

Consistent with its vision and mandate, CIHI has identified 3 strategic goals to guide its efforts and actions from 2016 to 2021:

- **Be a trusted source of standards and quality data:** Deliver more timely, comparable and accessible data across the health continuum.
- **Expand analytical tools to support measurement of health systems:** Deliver reporting tools, methods and information that enable improvements in health system performance and population health.
- **Produce actionable analysis and accelerate its adoption:** Collaborate with stakeholders to increase their ability to use data and analysis to accelerate improvements in health systems and the health of populations.

Need for the institute

Since CIHI's inception in 1994, the Canadian health information landscape has changed significantly, with data-driven decision-making becoming increasingly important to the effective functioning of health systems at all levels. A recent evaluation of CIHI, completed by Health Canada in December 2014, found CIHI to be relevant and identified a continued need for comparable health information pertaining to the full spectrum of care.

CIHI is currently the only organization in a position to collect such information at the pan-Canadian level although provincial level capacity increased significantly over the last decade. CIHI provides a mechanism that is respectful of jurisdictional roles and responsibilities in meeting Canadians' expectations for federal involvement in health and contributes to inform decisions geared toward system sustainability and responsiveness to population needs (Health Canada, internal document, 2014).

In addition, the last evaluation had no formal recommendations. Respecting the complex environment in which CIHI operates, the report highlighted considerations for the future, including modernizing its mandate and refining stakeholder engagement strategies. In 2015, CIHI embarked on a pan-Canadian consultation exercise to renew its mandate and strategic goals for 2016 to 2021. CIHI's Board of Directors approved the new mandate and goals, and also endorsed the new Corporate Stakeholder Communications and Engagement Strategy (March 2016). As of the 2016–2017 fiscal year, both considerations have been implemented.

CIHI's mandate continues to enable the vision of better data to support better decisions to ultimately improve the health of Canadians. A strong commitment to its stakeholders and responsiveness to stakeholder needs are key enablers to achieving its mandate and vision.

Alignment with stakeholder priorities, including federal government priorities

CIHI's goals and operations are designed to align with the priorities of its key stakeholders, including funders and policy-makers at all levels of government, health services organizations, associations and research bodies. CIHI consistently consults with key stakeholders through a variety of processes to help ensure that its priorities align with the needs of its funders and stakeholders, including the provinces, which play a key role in funding CIHI as well as in supplying data to CIHI. Mechanisms utilized to engage stakeholders include periodic stakeholder surveys, pan-Canadian consultations and ongoing collaborations with health organizations and governments, both in Canada and internationally.

Results of CIHI's most recent stakeholder survey (conducted by an independent firm in 2015) identified that a strong majority of stakeholders from all levels (i.e., government, health services organizations, associations, research bodies) had positive impressions of CIHI. In particular, the results identified that the majority of stakeholders agreed that CIHI is a credible source of data and information, providing a balanced perspective on health data and analysis: 77% of stakeholders highly agreed that CIHI's data and information are relevant to their area of practice, and 64% had high levels of agreement regarding CIHI's responsiveness to the needs and priorities of its clients and stakeholders.

While it has always had a high level of engagement with its stakeholders, CIHI has formally reinforced its commitment to meaningful engagement in its 2016 to 2021 strategic plan by stating it will ensure that stakeholders' needs are at the core of everything CIHI does by listening and adapting, delivering value and relevance, and making it easier for stakeholders to work with CIHI. This commitment to stakeholders is supported by the formal Corporate Stakeholder Communications and Engagement Strategy that helps support focused engagement and collaboration with CIHI's key stakeholders.

By working in partnership with federal, provincial and territorial ministries of health, CIHI continues to align its activities with those of its funders and policy-makers. CIHI's office structure includes main offices located in Ottawa and Toronto, with other offices located in Victoria and Montréal. This regional structure supports CIHI's stakeholder engagement activities and its ability to align with stakeholder priorities.

With respect to federal priorities, CIHI's alignment can be determined against sources such as speeches from the throne and federal budget documents over a number of years. In its 2011 and 2013 throne speeches, the then-current federal government expressed its support for protecting health and, specifically, patient safety as priorities. In 2014, the Minister of Health acknowledged the importance of data in advancing innovative and cost-effective health care

practices. Continuing in 2015, the government acknowledged the importance of continuing to support improvements to the effectiveness (improved health and quality of life) and efficiency of the health care system and restated its commitment to universally accessible health care for Canada.

The alignment of CIHI with federal government priorities has also been documented through at least 2 evaluative exercises where the findings were as follows:

While the provinces and territories are primarily responsible for the delivery of health care, the federal government supports the provincial/territorial role by undertaking other health-related functions, such as the collection, analysis, interpretation, publication and distribution of information (Government of Canada, 1985; Health Canada, 2006, 2011b). These functions relate directly to CIHI's mandate, which is to lead the development and maintenance of comprehensive, accurate and integrated health information that enables sound health policy and effective health system management.²

In a review of the past five years of Health Canada Reports on Plans and Priorities (RPP), the department expressed its ongoing commitment to the “generation and sharing of knowledge and information on which personal decision-making, regulations and standards, and innovation in health rely. Specifically, the RPP stated that Health Canada was committed to its role as information provider. To achieve health system innovation, an identified key initiative was to “support development and dissemination of knowledge and information” through funding for the Health Information Initiative. The 2011–2012 Health Canada Departmental Performance Report further stressed the department's continued and important role “to be an information provider and to work closely with provincial and territorial governments to develop national approaches to health system issues, and promote the pan-Canadian adoption of best practices.” As CIHI's primary role is that of a national health information provider and the HII is an information sharing enabler, it is clearly aligned to Health Canada's strategic priorities.³

Goals and priorities

Underlying CIHI's renewed strategic goals are a series of priorities that focus the operations of the organization on its stakeholders' and partners' priorities. Ultimately, CIHI intends to champion timely and accessible pan-Canadian health data and information and to provide products and services that are relevant to its stakeholders' priorities to enable and accelerate improvements in health care, health system performance and population health across the continuum of care. In support of this, CIHI has committed to the following priorities under each strategic goal within its 2016 to 2021 strategic plan:

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

Priorities

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

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

Priorities

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

Strategic goal 3: Produce actionable analysis and accelerate its adoption

Priorities

- Produce analyses that contribute new information and insights, working with external partners and with intended end-users to create a culture of co-development
- Engage with stakeholders to enable better use of health data and information
- Provide customized products and services to support local decision-making needs

Supporting these goals and priorities, CIHI's main activity areas include the development of standards and methodologies, the creation and maintenance of pan-Canadian databases that hold reliable and comparable health data, the dissemination of relevant analytical products and the promotion of improved understanding and use of health information in a way that ensures the privacy of Canadians.

To further focus its activities under these goals, CIHI has defined specific areas of priority and focus for the next 5 years under 2 broad categories:

- **Populations:** Seniors and aging; mental health and addictions; First Nations, Inuit and Métis; and children and youth
- **Health system performance themes:** Patient experience; quality and safety; outcomes; and value for money

As referenced in the section “Alignment with stakeholder priorities, including federal government priorities” above, a cornerstone of CIHI’s priorities and goals over the next 5 years is a clear commitment to stakeholders to ensure that stakeholders’ needs are at the core of everything we do to provide products, information and services that are pertinent, timely and meaningful, thereby contributing to better health systems and improved health for Canadians. This will be achieved by

- **Listening and adapting to changing stakeholder needs** such that CIHI can continue to align its products and services with the priorities of its stakeholders;
- **Delivering value and relevance** by focusing its analytics and reporting on areas of strategic importance; and
- **Making it easier to work with CIHI** by improving access to data, products and services and by framing information to meet stakeholder needs through responsive and collaborative mechanisms.

CIHI works to increase the understanding and use of data through education, capacity-building and knowledge exchange, reporting tools and strategies, and by helping stakeholders use the insights and analyses from the information in their day-to-day decision-making while reducing duplication of effort and cost. Our stakeholders themselves use the data collected as well as information from other sources to produce relevant, timely and actionable analyses that respond to important questions about Canada’s health systems and to assist policy-makers, health system managers and practitioners in making informed decisions.

Target population and key stakeholders

As described in the section Goals and priorities above, CIHI’s 2016 to 2021 strategic plan reflects a strong commitment to its stakeholders. CIHI’s targeted beneficiaries include 5 core groups of stakeholders:

- **Funders and policy-makers, including federal, provincial and territorial ministries of health:** This group benefits from programs and initiatives that provide the foundation for measuring performance and outcomes that are linked to the provision of health services, health expenditures, etc., through timely access to quality data/reports that respond to emerging issues and through the development of evidence-based policies and programs. Ultimately, CIHI seeks to support these stakeholders through more efficient data analysis and comparable pan-Canadian data.

- **Health services organizations, including regional health authorities and local health integration networks, health managers and health professionals:** This group benefits from standardized and comparable pan-Canadian data, information and reports to measure performance over time, to assess variations in performance as well as performance relative to peers, and to use information to develop better programs and initiatives to suit local environments and better manage health care delivery.
- **National/provincial/territorial associations and organizations:** This group benefits from the efficiencies of collaborative and co-creation opportunities to support better information to inform decision-making of relevance to their respective members.
- **Research and knowledge translation bodies, including academic communities, health quality councils, non-government organizations, researchers and international bodies:** This group benefits from high-quality research, timely access to data/reports for teaching and research, and independent analyses that can help support targeted research and knowledge efforts aimed at improving health systems.
- **The Canadian general public and the private sector:** This group benefits from timely access to comparable reporting on pan-Canadian health system information, including insights into health care experiences and the health care system at large, from an independent and objective source.

Governance and organization

CIHI is an independent not-for-profit corporation that is governed by a Board of Directors drawn from federal, provincial and territorial governments, and health-related groups. The Board is the final authority on all matters related to the general structure and development of CIHI and fulfills 4 core roles: stewardship, advisory, fiduciary and monitoring.

The Board is made up of

- 10 regional directors, where each of 5 regions (British Columbia, Prairies, Ontario, Quebec and Atlantic) is represented by 2 directors (5 nominated by the provincial governments and 5 associated with a region and not associated with the government);
- 2 directors from the federal government (the deputy minister of Health Canada and the assistant chief statistician of Statistics Canada);
- 1 territorial representative, from the government or a non-government sector;
- 2 directors at large not associated with government; and
- 1 director at large, independent of the government or non-government organizations, who will act as the chair.

CIHI's structure supports its pan-Canadian approach. As referenced previously, CIHI's main offices are located in Ottawa and Toronto and are supported by regional offices in Victoria and Montréal.

Internal management is primarily the role of the president and chief executive officer along with 8 senior executives representing the major functional areas of Research and Analysis, Programs, Information Management/Technology, Strategic Communications and Stakeholder Relations, Corporate Services and Regional Operations.

CIHI currently identifies its core strengths as

- Identifying health information and priorities;
- Coordinating and promoting standards and data quality;
- Developing and managing health system databases and registries;
- Developing comparable measures of health system performance;
- Conducting analyses in the areas of population health and health services; and
- Building capacity and conducting education sessions.

Underpinning CIHI's entire operations are 4 foundational elements that are critical to the success of its mandate and strategic goals:

- **People:** CIHI strives to be an employer of choice, and to support and maintain an engaged, motivated employee base that is productive and committed to the organization.
- **Stakeholder engagement:** CIHI's collaborations with national and international health organizations and governments enable Canadians to benefit from collective expertise in an efficient and cost-effective manner. CIHI's ongoing engagement with its stakeholders also increases knowledge translation and advances thinking for health systems in Canada through greater dialogue and exchange.
- **Privacy and security:** CIHI has a strong commitment to maintaining data privacy and security that is consistent with best practices and legislative requirements.
- **Information technology:** CIHI's information management and technology infrastructure are critical to providing accurate, secure, available and accessible data to stakeholders.

Resources

CIHI is primarily resourced through a funding agreement with Health Canada. Funding contributions via bilateral agreements are also received from each province and territory. The revenue allocations over the prior 4-year period and the current year are as follows:

Table Statement of operations: Revenue (audited financial statements)*

Revenue	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017
Core Plan†	16,713,725	17,050,273	17,390,658	17,390,658	17,390,658
Sales	2,262,785	2,370,426	2,807,812	2,736,178	2,573,011
Funding — Health Canada	81,048,945	78,735,392	81,777,582	78,757,641	78,906,717
Funding — Other‡	5,209,830	2,218,267	3,646,415	2,711,649	2,484,987
Other revenue	273,044	264,245	237,402	221,836	180,000
Total	105,508,329	100,638,603	105,859,869	101,817,962	101,535,373

Notes

* 2016–2017 represents the budget approved by the Board.

† Core Plan revenue relates to a set of health information products and services offered to Canadian health care facilities, regional health authorities and provincial/territorial ministries of health.

‡ Other funding support is received from provincial/territorial governments, the federal government and other organizations for specific projects.

Logic model

Overview of logic model

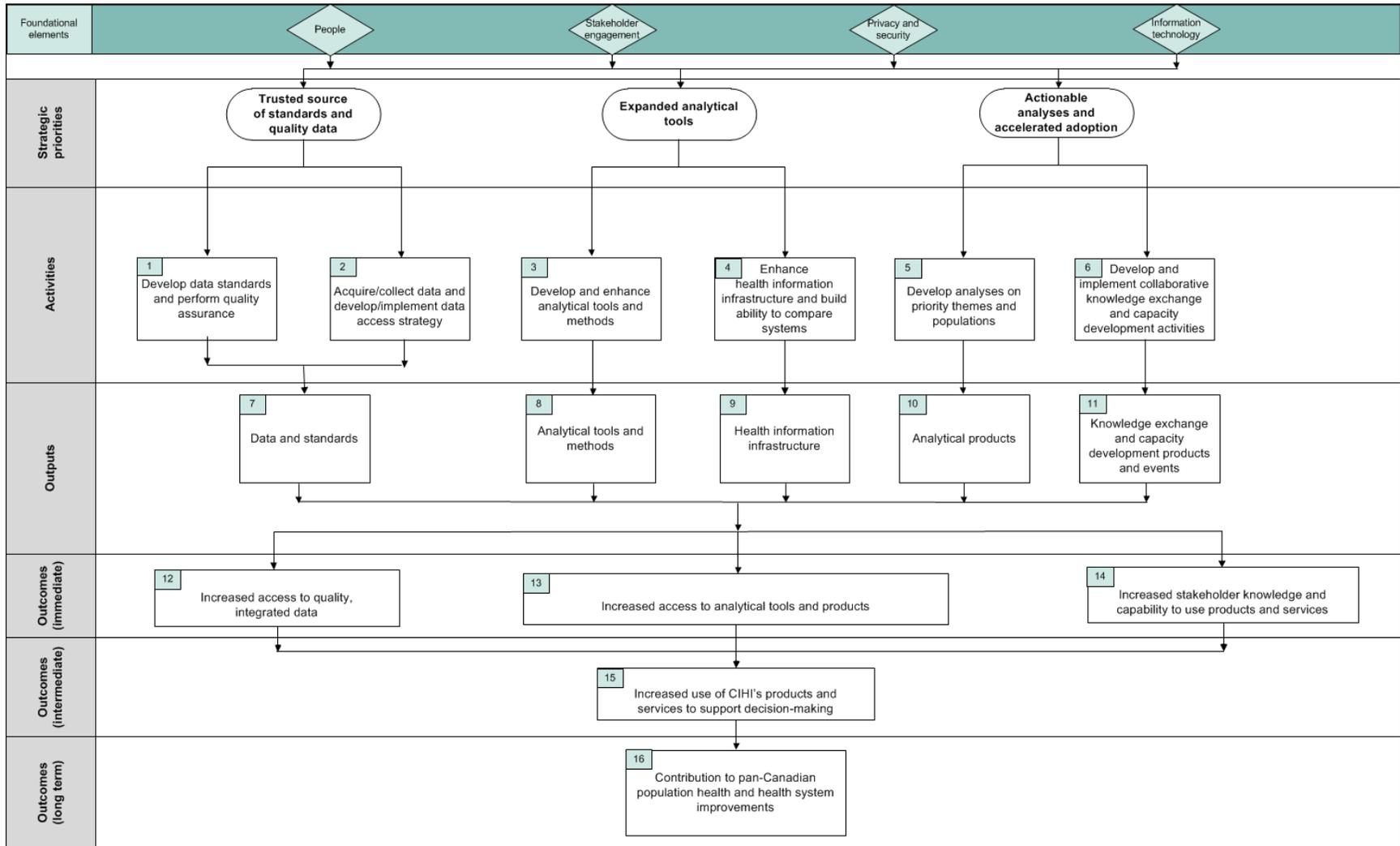
The logic model for CIHI identifies the causal or logical relationships between activities, outputs and outcomes.

CIHI's logic model has 3 core streams of activities:

1. The first are those activities undertaken in relation to the development and provision of standards and data (Standards and quality data).
2. The second are those activities undertaken to develop and provide tools and products (Analytical tools).
3. The third are activities related to knowledge exchange and capacity development (Analyses and adoption).

These 3 streams ultimately come together to contribute to the same intermediate and long-term outcomes. This section describes each logic model element and the factors and assumptions that affect CIHI's ability to achieve its intended outcomes.

Figure CIHI's logic model



Better data. Better decisions. Healthier Canadians.

CIHI activities and outputs

In addition to financial resources, CIHI's foundational elements (people, stakeholder engagement, privacy and security, and information technology) are the core inputs to CIHI's activities. As noted in the Organizational profile section, CIHI's engagement with its stakeholders is particularly critical to

- Understanding stakeholder needs to inform activities and the development of outputs targeted to areas of priority;
- Facilitating collaborations and active stakeholder participation; and
- Promoting CIHI's products and data to encourage uptake and use and to demonstrate the value and relevance of CIHI's products and data.

CIHI's stakeholder engagement activities are guided by the formal Corporate Stakeholder Communications and Engagement Strategy.

In the logic model, there are a total of 6 key activities producing 5 outputs. Working from left to right in the figure, these are described in detail below. The box numbers in parentheses relate to the numbered boxes in the figure.

Activity stream 1: Standards and quality data

There are 2 activities leading to 1 output under the Standards and quality data activity stream:

Activity: Develop data standards and perform quality assurance (Box 1). 2 of the core activities conducted by CIHI relate to the development and promotion of data standards and the conduct of quality assurance activities. This includes activities conducted to obtain consensus on health information standards, to develop standards in priority areas and support their adoption, and to conduct core quality assurance activities, including those designed to increase the timeliness of data receipt and exchange.

Activity: Acquire/collect data and develop/implement data access strategy (Box 2).

The second of the 2 core activities related to the Standards and quality data stream is CIHI's process to acquire and collect data in priority areas, including the implementation of its data access strategy. These activities include using more flexible data collection tools and streamlining the data collection process.

- **Related output (Box 7):** These activities directly result in the development of **data and standards**. A key component of the activities in Box 1 is CIHI's program of work to review standards and requirements for data submission to identify and eliminate redundant data across holdings. This is expected to result in an enhanced and optimized library of data standards and enhanced data quality tools and assessments.

As well, key components of the activities in Box 2 directly result in the development of accessible data sources in priority areas. These data sources will include an extension of current data coverage to priority areas, such as person-centred data and vulnerable populations, and enhanced coverage of existing data holdings.

Activity stream 2: Analytical tools

There are 2 activities leading to 2 outputs under the Analytical tools activity stream:

Activity: Develop and enhance analytical tools and methods (Box 3). In this activity, CIHI works to develop new tools and methods and to enhance existing tools and methods, such as through the use of predictive analytics and improved data linkage capability.

- **Related output (Box 8):** These activities directly result in the development of enhanced **analytical tools and methods**, including e-reporting tools and other tools and products that reflect stakeholder needs and that are innovative in nature.

Activity: Enhance health information infrastructure and build ability to compare systems (Box 4). A key activity under this stream relates to health information infrastructure upgrades required to support new analytical products and methods developed through Box 3, as well as the provision of enhanced case-mix methods and decision-support tools. These activities include the redesign and enhancement of CIHI's website and activities conducted to improve the comparability of data between health systems and the overall development and implementation of the digital strategy.

- **Related output (Box 9):** These activities directly result in the development of an enhanced **health information infrastructure** and of integrated health system information. Included in this output is an improved website that will create a more intuitive user experience and that improves access to content and data, including priority health system performance themes, sectors and populations. In addition, the development of an enhanced infrastructure refers to an upgraded IT infrastructure that is capable of supporting new and enhanced products and services, including the production of more integrated information.

Activity stream 3: Analyses and adoption

There are 2 activities leading to 2 outputs under the Analyses and adoption activity stream:

Activity: Develop analyses on priority themes and populations (Box 5). This activity refers to an analytical program of work that is focused on priority themes and populations, in co-development with end users.

- **Related output (Box 10):** These activities directly result in the development of **analytical products** or enhanced analyses through analytical and health indicator products that reflect priority areas and the local needs of stakeholders.

Activity: Develop and implement collaborative knowledge exchange and capacity development activities (Box 6). This activity involves exchanging CIHI knowledge with stakeholders in ways that enable stakeholders to see the relevance of the knowledge to their own situation and that provide a level of understanding that enables them to use the knowledge. The exchange of information and knowledge is multi-directional. CIHI's capacity development activities relate to working with stakeholders to share CIHI's expertise to help stakeholders (mainly those responsible for policy-making and system management) meet their goals.

- **Related output (Box 11):** These activities directly result in the development of well-implemented **knowledge exchange and capacity development products and events**, such as webinars, conferences and other forums for information exchange. Well-implemented knowledge exchange includes important topics, solid agendas and events with the right people and stakeholders participating.

Immediate outcomes

There are 3 immediate outcomes resulting from CIHI's outputs that contribute to the "better data" component of CIHI's vision. There is some degree of interconnectivity between each of the immediate outcomes:

Increased access to quality, integrated data (Box 12). The main immediate outcome of the core Standards and quality data activities and outputs (enhanced standards, quality assessments and data sources in priority areas) is an increase in the availability of and access to timely, integrated, comparable and high-quality data that is relevant and useful to stakeholders. By enhancing CIHI's library of standards, the utility of data standards will be improved, thereby contributing to increased standardization. By improving the integration of data with other data sources, such as provincial health ministries, the overall efficiency of the process of creating, submitting and accessing priority data will be improved and the overall burden on stakeholders will be reduced as access to data moves closer to the source.

Increased access to analytical tools and products (Box 13). The main immediate outcome of the Analytical tools activities and outputs is an increase in the availability of and access to tools and products that reflect stakeholder priorities and provide for cross-system comparability. This in turn results in more relevant and integrated information and an enhanced ability for comparison.

Increased stakeholder knowledge and capability to use products and services (Box 14). The main immediate outcome of the Analyses and adoption activities and outputs is an increase in stakeholder knowledge and an increased ability to use CIHI data, products and services. Implicit in this outcome is the intention among stakeholders to use CIHI data and products and an enhanced understanding of how CIHI data and products can be used in their roles to initiate health system change.

Intermediate outcome

The 3 immediate outcomes described above directly contribute to the achievement of 1 intermediate outcome, as defined below.

Increased use of CIHI's products and services to support decision-making (Box 15).

The increased access and stakeholder knowledge and capacity to use CIHI products and services will result in an increase in the actual use of CIHI products and services by all stakeholders to inform their decision-making, including the adoption of standards. Implicit in this outcome are a high level of confidence in CIHI's products and services and recognition of CIHI as a leader and the go-to source for relevant and quality standards, data and information among its stakeholders. This outcome directly relates to the "better decisions" component of CIHI's vision.

Long-term outcome

Contribution to pan-Canadian population health and health system improvements (Box 16).

Over the long term, CIHI will contribute to improved population health, health policy and management of pan-Canadian health systems through improved decision-making that results from the use of CIHI's products and services. This directly reflects the "healthier Canadians" component of CIHI's vision. While CIHI has limited, indirect influence on the achievement of this long-term outcome, the achievement of all previously identified outcomes contributes to this result.

Performance measurement indicators

Overview of indicators

Performance measurement refers to the systematic collection and analysis of information and data to monitor CIHI's progress in achieving its intended objectives. Key performance indicators are measured regularly in order to provide CIHI with information for management, learning and accountability purposes. The following table outlines the performance indicators, data collection methods, responsibility for collection and frequency of measurement in monitoring CIHI's outputs and outcomes.

The strategy focuses on 4 levels identified in the logic model and provides specific details with respect to the performance area, the key performance indicators, data collection methodologies and sources, the frequency of collection, baseline data and targets where appropriate, anticipated dates to achieve the targets, and the responsibility for data collection.

Performance area	Performance indicators	Data sources	Frequency	Board-reported indicator
Outputs				
a) Data and standards (logic model, Box 7)	i) Number of planned standards enhancements completed by CIHI	CIHI administrative data <i>(based on established plan: Operational Plan)</i>	Annually	No
	ii) Number of planned data quality assessments completed by CIHI	CIHI administrative data <i>(based on established plan)</i>	Annually	No
	iii) Increase of coverage of data collection in priority areas	CIHI administrative data <i>(based on established plan: Operational Plan)</i>	Annually	Yes
b) Analytical tools and methods (logic model, Box 8)	i) Percentage of planned new and enhanced analytical tools completed by CIHI	CIHI administrative data <i>(based on established plan: Operational Plan)</i>	Annually	No
	ii) Percentage of planned new and enhanced methods completed by CIHI	CIHI administrative data <i>(based on established plan: Operational Plan)</i>	Annually	No
c) Health information infrastructure (logic model, Box 9)	i) Percentage of planned health information infrastructure enhancements completed within the year	CIHI administrative data <i>(based on established plan)</i>	Annually	No
	ii) Percentage of databases included in integrated e-reporting against the 2021 target	CIHI administrative data <i>(based on established plan)</i>	Annually	No
d) Analytical products (logic model, Box 10)	i) Percentage of analyses released that align with priority population themes	Analytical Plan	Annually	Yes
e) Knowledge exchange and capacity development products and events (logic model, Box 11)	i) Number and type of knowledge exchange and capacity development products and events	CIHI administrative data <i>(based on established plan)</i>	Annually or semi-annually	No

Performance area	Performance indicators	Data sources	Frequency	Board-reported indicator
Immediate outcomes				
f) Increased access to quality, integrated data (logic model, Box 12)	i) Increase in access to CIHI's public data	CIHI administrative data	Quarterly (annual targets)	Yes
	ii) Percentage of improvement in the quality of the data accessed	CIHI administrative data	Annually	No
	iii) Number of linked data files available through third parties	CIHI administrative data	Annually	Yes
g) Increased access to analytical tools and products (logic model, Box 13)	i) Level of stakeholder satisfaction with access to and usefulness of tools and products	Surveys (including online)	Stakeholder survey every 3 years, and other activities in-between years	Yes
	ii) Increase in total number of users of CIHI's private online tools/products	CIHI administrative data	Semi-annually (annual targets)	Yes
h) Increased stakeholder knowledge and capability to use products and services (logic model, Box 14)	i) Percentage of stakeholders (target group) reporting increased knowledge (awareness) of CIHI products and services in their setting	Surveys (including online)	Stakeholder survey every 3 years, and other activities in-between years	Yes
		Evaluation after sessions (about pre- and post-session knowledge)		
	ii) Percentage of stakeholders (target group) reporting increased capability to use CIHI products and services in their setting	Surveys (including online)	Stakeholder survey every 3 years, and other activities in-between years	Yes
		Evaluation after sessions (about pre- and post-session knowledge)		
Intermediate outcome				
i) Increased use of CIHI's products and services to support decision-making (logic model, Box 15)	i) Percentage of stakeholders who report using evidence from a CIHI knowledge product or service to support decision-making in their setting	Participant follow-up surveys	6–12 months follow-up after events	Yes
		Surveys	Stakeholder survey every 3 years	
		Case studies	Annually	

Performance area	Performance indicators	Data sources	Frequency	Board-reported indicator
Long-term outcome				
j) Contribution to pan-Canadian population health and health system improvements (logic model, Box 16)	i) Extent to which CIHI has contributed to pan-Canadian population health improvements	Vignettes (showcasing the contribution)	Annually	Yes
		External evaluation by funders	Per funding agreement	
	ii) Extent to which CIHI has contributed to health system improvements	Vignettes (showcasing the contribution)	Annually	Yes
		External evaluation by funders	Per funding agreement	

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