President's Quarterly Report and Review of Financial Statements

As at September 30, 2019

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President's update

Strategic activities and outcomes

The following are key accomplishments for each of the corporate goals for the second quarter of 2019–2020.

1   Be a trusted source of standards and quality data

Deliver more timely, comparable and accessible data across the health continuum.

Key accomplishments

Outreach, stakeholder and collaboration activities

- As of July 29, 2019, following year-end closure of the Canadian Joint Replacement Registry (CJRR) for 2018–2019, national coverage of hip and knee prosthesis data is now 75%, up from 72% the previous year. Significant advances were made in several provinces — including Newfoundland and Labrador, Nova Scotia and Alberta — due to efforts to implement CJRR data submission through the Discharge Abstract Database (DAD) and to expand submission to the CJRR legacy system. CJRR is the only national medical device registry in Canada.

- As part of its record linkage activities, Statistics Canada has linked the patient records in the DAD, the National Ambulatory Care Reporting System (NACRS) and the Ontario Mental Health Reporting System (OMHRS) to the Canadian Vital Statistics Death Database. In August 2019, CIHI received a refresh of the 12 years of linked CIHI–death data. In addition, 5 more years of data were received, for a total of 17 years of linked CIHI–death data. This linked data set increases the analytical and research value of the CIHI files by including information about deaths that occurred after discharge from an acute care hospital or an emergency department. This linked data can be used to develop and validate health care indicators and to perform survival and outcome analyses on acute hospital data.

- CIHI has been supporting the Ontario Ministry of Health's Bundled Care Funding Program by collecting data via NACRS Clinic Lite. This system captures information on rehab services provided in a clinic setting after patients have been discharged from the hospital following hip and knee replacement surgery. By the end of August 2019, 100 sites had been onboarded; this will provide a more complete picture of services provided to patients throughout the continuum of care.

- In February 2019, CIHI convened the Data Access Support Hub (DASH) working group for the Strategy for Patient-Oriented Research (SPOR) Canadian Data Platform. The DASH working group includes representation from 11 provincial/territorial data centres, as well as CIHI and Statistics Canada. Since then, the working group has developed an inventory of data access processes and requirements across Canada. In September 2019, CIHI led the working group in defining the central intake process and concierge service model for the DASH. These are crucial first steps toward making jurisdictional data access processes transparent to researchers, and providing coordinated support for multi-jurisdictional research.

- Nova Scotia submitted patient experience data for acute inpatient care for the first time to CIHI's Canadian Patient Experiences Reporting System (CPERS) in September 2019. Nova Scotia is the sixth province to submit data to CPERS, increasing CIHI's ability to report on quality of care from the patient's perspective.

- In September 2019, CIHI participated in an international meeting for health system patient-reported outcome measures (PROMs) users in Brussels, Belgium. At this meeting, CIHI presented an overview of the Canadian PROMs Program that included highlighting leadership with the Organisation for Economic Co-operation and Development (OECD) for a hip and knee PROMs working group to develop comparable international reporting across programs.

- Monitoring of vaping-related disorders is of national and international interest. Since there was no specific ICD-10/ICD-10-CA code to denote this disorder, CIHI worked closely with the World Health Organization (WHO), which convened an international meeting on September 24, 2019. Within the week, WHO issued guidance to the international classification network on the coding of vaping-related disorders. The new coding direction for vaping-related disorders was communicated to clients via a national advisory group and was formally communicated via bulletin on October 1, 2019.

2 Expand analytical tools to support measurement of health systems

Deliver reporting tools, methods and information that enable improvements in health care, health system performance and population health.

Key accomplishments

Outreach, stakeholder and collaboration activities

- OECD Health Statistics 2019 was released on July 2, 2019. This online database contains comparable statistics on health and health systems across 35 OECD member countries. CIHI contributes data to the Canadian segment of the OECD Health Database, which includes information on health care spending, health care services and health resources.

Priority themes and populations

- On September 19, 2019, the results for 10 Acute Care indicators in Your Health System: Insight were refreshed with updated methodologies. Methodology updates ensure the continued relevance of Health System Performance indicators. They are done every 3 years to coincide with changes to standards in classification systems (ICD-10-CA and CCI), clinical administrative databases (DAD and NACRS) and case-mix methodologies.

3 Produce actionable analysis and accelerate its adoption

Collaborate with stakeholders to increase their ability to use data and analysis to accelerate improvements in health care, health systems and the health of populations.

Key accomplishments

Outreach, stakeholder and collaboration activities

- CIHI presented data on population health needs, health service use and expenditures to the Saskatchewan Ministry of Health on July 4, 2019, and to the Northwest Territories Department of Health and Social Services and the Territorial Health and Social Services Authority on July 18, 2019. The purpose was to help frame a strategic dialogue on the priorities of interest for our stakeholders. These discussions help us to be responsive and relevant to our stakeholders. They also contribute to ensuring a successful renegotiation of our bilateral agreements.

- On July 22, 2019, CIHI conducted a webinar for the Atlantic Strategic Advisory Collaborative, which provided an overview of the local analytics approach that CIHI uses to serve Western jurisdictions. The purpose of the webinar was to improve alignment between information needs of health system decision-makers and CIHI deliverables.

- On August 14, 2019, CIHI facilitated a workshop with the Northwest Territories government and health authority to identify community-based physical rehab indicators for performance measurement and evaluation. CIHI is able to share the learnings and resulting list of indicators with other stakeholders who may be interested.

Priority themes and populations

- In August 2019, CIHI released the last in a series of 4 new capacity-building courses: Measuring Health Inequalities — Reporting Your Findings. This course provides guidance on how to identify and report key findings from a health inequalities analysis. These courses, together with the Measuring Health Inequalities Toolkit resources, will support routine measurement of health inequalities in Canada. As health systems strive to ensure equitable access to care, this analysis is critical for monitoring progress and reducing health inequities.

Financial highlights and statements

In March 2019, CIHI's Board of Directors approved *CIHI's Operational Plan and Budget, 2019–2020* for up to $113.5 million, including $113.2 million for operations and $300,000 in capital expenditures.

Based on year-to-date progress made, as well as activities planned for the remainder of the year to achieve the strategic goals outlined in *CIHI's Strategic Plan, 2016 to 2021*, management estimates that CIHI's overall year-end projection will be approximately $115.2 million, reflecting additional sources of revenue.

Known financial variances to the approved budget

The following represents the significant known annual financial variances to the approved budget based on the current review and second-quarter results:

- The Board-approved budget includes an annual funding allocation of up to $87.7 million from Health Canada. Subsequently, there was an approved carryforward of $750,000 from 2018–2019 to bring the revised Health Canada funding for 2019–2020 to $88.5 million. Projected annual expense spending also increased by the same amount. The carryforward projects were for the following initiatives: opioid environmental scan, recruitment and space optimization based on organizational growth, improvement of digital tools and web reporting, closure of data gaps and modernization of data streams, modernization of IT infrastructure and stakeholder engagement.

- In addition, CIHI and Canada Health Infoway continue to work with Health Canada to secure an additional $500,000 in funding that will be used to develop a vision and plan for a modernized organ donation and transplantation data management and reporting system. This is the first year of a 5-year initiative.

- Provincial funding from the Ontario government has increased by $355,000, most of it explained as follows: $241,000 related to the National Ambulatory Care Reporting System (NACRS) Clinic Lite Web-Entry project to capture bundled care outpatient rehabilitation data; and $92,000 related to the continuation of the Data Surveillance project. Associated expenses were reflected in the year-end projection.

- The Quebec government and the Fédération des médecins omnipraticiens du Québec will contribute $213,000 toward the completion of the Quebec specialists remuneration study. Associated expenses were reflected in the year-end projection.

- This fiscal year, CIHI anticipates spending approximately $108,000 that will be received from the University of British Columbia to fund additional staff to support the work on the multi-year Strategy for Patient-Oriented Research (SPOR) initiative. This is less than the $350,000 anticipated due to a delay in the start of the project.

- Some reallocations were made based on the results of our mid-year review exercise. Some savings were identified, such as a $260,000 reduction in occupancy expense due to lower operating and realty taxes for the Ottawa office, and $300,000 that is no longer required for capital acquisitions. These have been reinvested to support key priorities, such as the migration to the cloud project.

Known year-to-date financial variances

- Although the actual results for the 6-month period ended September 30, 2019, show a year-to-date underspending compared with the budget, these differences are largely due to timing. Other than the items listed above, the annual results are expected to be in line with the budget.

- Management will continue to monitor the operating budget to ensure resources are best allocated to meet CIHI's deliverables and commitments in the current fiscal year, as well as to achieve notable progress toward its strategic goals.

Financial statements

- Financial statements included in the following section present CIHI's financial position as at September 30, 2019, with detailed results of operations for the first 6 months of the fiscal year.

- Notes to the financial statements provide details related to specific lines of each statement.

- The closing balances of the balance sheet accounts in the following section are reasonably in line with the organization's operating cycle.

Balance sheet ($000)
as at September 30, 2019

Balance sheet	September 30, 2019 $	March 31, 2019 (audited) $
Assets		
Current assets		
Cash and short-term investments *(note 1)*	7,676	6,840
Accounts receivable *(note 2)*	6,479	8,256
Prepaid expenses *(note 3)*	4,072	3,887
Total current assets	**18,227**	**18,983**
Long-term assets		
Capital assets *(note 4)*	3,848	4,565
Total long-term assets	**3,848**	**4,565**
Total assets	**22,075**	**23,548**
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued liabilities *(note 5)*	6,146	6,669
Unearned revenue *(note 6)*	2,114	1,378
Deferred contributions — Health Information Initiative *(note 7)*	3,002	4,217
Total current liabilities	**11,262**	**12,264**
Long-term liabilities		
Deferred contributions — expenses of future periods *(note 8)*	293	293
Deferred contributions — capital assets *(note 9)*	1,891	2,246
Lease inducements *(note 10)*	1,538	1,654
Total long-term liabilities	**3,722**	**4,193**
Net assets	**7,091**	**7,091**
Total liabilities and net assets	**22,075**	**23,548**

Notes to balance sheet as at September 30, 2019

1. **Cash and short-term investments:** Presented net of outstanding cheques as at September 30, 2019. Current short-term investments include $6.0 million in term deposits, which will yield 1.93% and mature within 73 days.

2. **Accounts receivable:** Relates to the sale of products and services. Also composed of $4.3 million related to the provision of the Core Plan through provincial and territorial bilateral agreements as well as $879,000 from the Ontario government related to contributions for specific programs and projects.

3. **Prepaid expenses:** Represents payments that have yet to be recognized as expenses, consisting of software and maintenance, rent to landlords for office space and other expenses.

4. **Capital assets:** Presented net of accumulated amortization, including computers and telecommunications equipment, furniture and leasehold improvements. The capital assets are amortized over their estimated useful lives using the straight-line method: 5 years for computer hardware/software and office/telecommunications equipment; 10 years for furniture; and lease term for leasehold improvements. Assets acquired during the year are amortized beginning in the month of acquisition.

5. **Accounts payable and accrued liabilities:** Operational in nature. The accounts payable is mostly current (less than 30 days). The accrued liabilities represent goods received and services rendered up to the end of the quarter (e.g., external and professional services, advisory groups, travel) as well as payroll and benefit accruals.

6. **Unearned revenue:** Includes contributions received for which expenses have yet to be incurred. The balance includes $1.1 million in funding contributions received from the British Columbia Ministry of Health for special projects and $1.0 million in Core Plan billings related to the third quarter. The contributions are recognized as revenue in the same period as the related expenses are incurred.

7. **Deferred contributions — Health Information Initiative:** Related to contributions received from Health Canada but not yet recognized as revenue. The contributions are recognized as revenue in the same period as the related expenses are incurred.

8. **Deferred contributions — expenses of future periods:** Represents long-term unspent restricted contributions. The funding is recognized as income to match the occurrence of specific expenditures for projects and activities.

9. **Deferred contributions — capital assets:** Represents contributions provided for the purpose of capital assets acquisitions. The deferred contributions are recognized as revenue on the same basis as the amortization of the related capital assets.

10. **Lease inducements:** Represents leasehold improvement allowances, other inducements and free rent received/provided over the years for the Toronto and Ottawa offices. The inducements are amortized over the period of their respective leases.

Operating budget ($000)
for the 6-month period ended September 30, 2019

Operating budget	Actual year to date $	Approved budget year to date $	Variance $	Year-end projection (12 months) $	Approved budget (12 months) $
Revenue					
Sales *(note 1)*	939	797	142	2,482	2,415
Core Plan *(note 2)*	9,210	9,210	—	18,420	18,420
Health Information Initiative *(note 3)*	42,777	44,623	(1,846)	89,868	88,625
Funding — other *(note 4)*	1,579	1,284	295	3,702	3,017
Other revenue *(note 5)*	99	66	33	170	130
Total revenue	**54,604**	**55,980**	**(1,376)**	**114,642**	**112,607**
Expenses					
Compensation *(note 6)*	43,248	43,321	73	87,380	86,580
External and professional services *(note 7)*	1,921	2,366	445	6,391	6,340
Travel and advisory committee *(note 8)*	1,458	2,067	609	3,902	4,067
Office supplies and services *(note 9)*	280	300	20	727	614
Computer and telecommunications *(note 10)*	4,134	4,105	(29)	9,410	7,914
Occupancy *(note 11)*	3,563	3,821	258	7,432	7,692
Corporate provision *(note 12)*	—	—	—	—	—
Total expenses	**54,604**	**55,980**	**1,376**	**115,242**	**113,207**
Excess of revenue over expenses	**—**	**—**	**—**	**(600)**	**(600)**

Notes to operating budget for the 6-month period ended September 30, 2019

1. **Sales:** Includes CIHI's products and services over and above those sold as part of the Core Plan (e.g., on a fee-for-service basis).

2. **Core Plan:** Represents subscription revenue from the bilateral agreements with provincial and territorial governments.

3. **Health Information Initiative:** Represents Health Canada's current-year funding allocation recognized as revenue to match the operating expenses incurred. As well, it includes deferred contributions received in prior years recognized as revenue to match the capital assets amortization.

4. **Funding — other:** Represents contributions from provincial and territorial governments and from other agencies for special projects (e.g., Ontario Opioid Overdose Surveillance System, Patient-Reported Outcome Measures, Paediatric Rehabilitation Reporting System project, Quebec specialists remuneration study) or specific programs (e.g., Ontario Mental Health Reporting System, Ontario Trauma Registry, Ontario Health Based Allocation Model). The funding is recognized as revenue in the same period as the related expenses are incurred.

5. **Other revenue:** Includes interest income generated from the bank accounts and short-term investments, as well as miscellaneous income.

6. **Compensation:** Includes salaries, benefits and pension expense for both full-time employees and agency/contract staff.

7. **External and professional services:** Includes accruals for services rendered to date. At the end of September, the unrecorded contractual commitments pertaining to this fiscal year are in the order of $1.4 million.

8. **Travel and advisory committee:** Includes travel expenses for staff and for members of the Board of Directors and of advisory committees, as well as facility costs relating to CIHI's education sessions and externally hosted meetings.

9. **Office supplies and services:** Includes printing, postage/courier/distribution, office equipment and supplies, insurance costs, and equipment, furniture and leasehold improvements of a capital nature under $2,500.

10. **Computer and telecommunications:** Includes supplies, software/hardware support and maintenance, minor software costs and upgrades, telecommunications line charges and long distance charges, cloud computing costs, capital purchases under $2,500 and depreciation of computers and telecommunication assets.

11. **Occupancy:** Includes rent, facility maintenance and depreciation of furniture and leasehold improvements.

12. **Corporate provision:** Set aside by management; essentially a contingency for emerging issues and year-end adjustments.

Internal performance measurement

The Canadian Institute for Health Information's (CIHI's) Performance Measurement Framework (PMF) and logic model was designed to guide the measurement of CIHI's progress in achieving its strategic plan for 2016 to 2021. The logic model (Appendix A) identifies the causal or logical relationships between activities, outputs and outcomes. To measure these outputs and outcomes, CIHI developed 19 performance measurement indicators, 11 of which are reported to the Board of Directors. Appendix B lists the 19 indicators by performance area and frequency of reporting, as well as the 2019–2020 targets.

At this time, we are reporting on the semi-annual results (April 1 to September 30, 2019) for the following 2 indicators:

- Increase in access to CIHI's public data

- Increase in total number of users of CIHI's private online tools/products

Annual results for the following 7 PMF indicators will be reported at the June 2020 Board meeting:

- Increase in coverage of data collection in priority areas

- Percentage of analyses released that align with priority population themes

- Increase in access to CIHI's public data

- Number of linked data files available through third parties

- Increase in total number of users of CIHI's private online tools and products

- Extent to which CIHI has contributed to pan-Canadian population health improvements

- Extent to which CIHI has contributed to health system improvements

The following indicators that require stakeholder feedback are reported on a 3-year cycle. They were last reported in 2017–2018 and will be reported again in June 2021.

- Level of stakeholder satisfaction with access to and usefulness of tools and products

- Percentage of stakeholders (target group) reporting increased knowledge (awareness) of CIHI products and services in their setting

- Percentage of stakeholders (target group) reporting increased capability to use CIHI products and services in their setting

- Percentage of stakeholders (target group) who report using evidence from a CIHI knowledge product or service to support decision-making in their setting

1 Be a trusted source of standards and quality data

Deliver more timely, comparable and accessible data across the health continuum.

Indicator: Increase in access to CIHI's public data

Logic model box 12: Immediate outcomes — Increased access to quality, integrated data

> Definition: Annual increase in access to publicly accessible data

CIHI has a range of online tools in which aggregate data is publicly available. We are monitoring 3 of them — the Patient Cost Estimator (PCE), the Wait Times tool and Your Health System (YHS), which has 2 public sections: In Brief and In Depth — because they are key analytical tools that we will continue to enhance to ensure increased public availability of quality, integrated data.

Change in reporting and methodology

To take advantage of industry standard technology and provide in-depth reporting, CIHI has implemented Google Analytics and retired WebTrends, the previous digital analytics platform.

As part of an improved reporting methodology, CIHI will no longer be reporting on PMF indicators using the page views metric; going forward, the session metric will be used. A session is considered the standard metric for high-level reporting and is a more accurate measure of traffic and usage of a site/tool or group of pages on a site/tool. The definition of a session is a set of user interactions on a website or web tool within a given period. For example, a single session can contain multiple page views, events or social interactions.

Results

From April 1 to September 30, 2019, the PCE had 5,768 sessions — a 35% increase compared with the same reporting period last year. This increase was the result of marketing campaigns designed to drive traffic to the tool as well as residual impact from related product releases and updates throughout the reporting period.

From April 1 to September 30, 2019, the Wait Times tool had 18,058 sessions — a 2% increase compared with the same reporting period last year. The 2019 Wait Times data refresh occurred in March 2019 (just before the start of the current reporting period), while the 2018 data refresh occurred in April 2018 (just after the start of the reporting period). As a result, a large volume of traffic driven to the tool in 2019 was not reflected in the current reporting period.

From April 1 to September 30, 2019, YHS: In Brief and In Depth had a combined 30,439 sessions. A data refresh and the release of CIHI's new Shared Health Priorities (SHP) indicators took place at the end of May 2019. Both releases were supported by marketing campaigns to build awareness and drive traffic to YHS. Google Analytics data collection for YHS: In Brief and In Depth did not start until May 31, 2018; therefore, we adjusted the number of sessions using historical web trend data to account for an April 1, 2018, data collection start date.

Semi-annual achievements and targets for 2019–2020

Table 1   Sessions for selected online interactive tools, 2019–2020*

Tool	April to September 2018	Actual, April to September 2019	Annual target, 2019–2020
Patient Cost Estimator	3,756[†]	5,786	+5%
Wait Times	17,784[‡]	18,058	0%
Your Health System: In Brief/In Depth	26,688[§]	30,439	+5%**

Notes

*   All data is collected using actual monthly sessions and excludes internal CIHI traffic.

†   For the previous year (2018–2019), the PCE Google Analytics data collection period was April 6 to September 30, 2018, which included 3,653 sessions. We adjusted the number of sessions using historical web trend data to account for an April 1, 2018, data collection start date.

‡   For the previous year (2018–2019), the PCE Google Analytics data collection period was April 11 to September 30, 2018, which included 16,812 sessions. We adjusted the number of sessions using historical web trend data to account for an April 1, 2018, data collection start date.

§   For the previous year (2018–2019), the YHS: In Brief and In Depth Google Analytics data collection period was May 31 to September 30, 2018, which included 16,808 sessions. We adjusted the number of sessions using historical web trend data to account for an April 1, 2018, data collection start date.

**   CIHI ran a paid social media campaign in 2018–2019 for YHS: In Brief and In Depth that significantly increased web traffic. No social media campaign is planned for 2019–2020; therefore, the target of a 5% increase will be measured from a typical year, the most recent being 2017–2018.

2 Expand analytical tools to support measurement of health systems

Deliver reporting tools, methods and information that enable improvements in health care, health system performance and population health.

Indicator: Increase in total number of users of CIHI's private online tools/products

Definition: Semi-annual increase in total number of users of YHS: Insight

YHS: Insight is a secure online tool that provides authorized users with a closer look at various standardized indicators and summary measures of health system performance. The information provided in Insight helps health system stakeholders explore and unpack their indicator results by allowing them to access and drill down to the underlying patient record-level data.

From April 1 to September 30, 2019, there were 90 new registered users of Insight, compared with 100 new users in the same period last year. There was a 16 percentage point decrease in the percentage of active users compared with the same period last year: 40% of registered users were active users in the first 2 quarters of 2019–2020, compared with 56% in the same period in 2018–2019. Active users are defined as those who accessed Insight 2 or more times during the period.

Semi-annual achievements and targets for 2019–2020

Table 2   Number of new registered YHS: Insight users

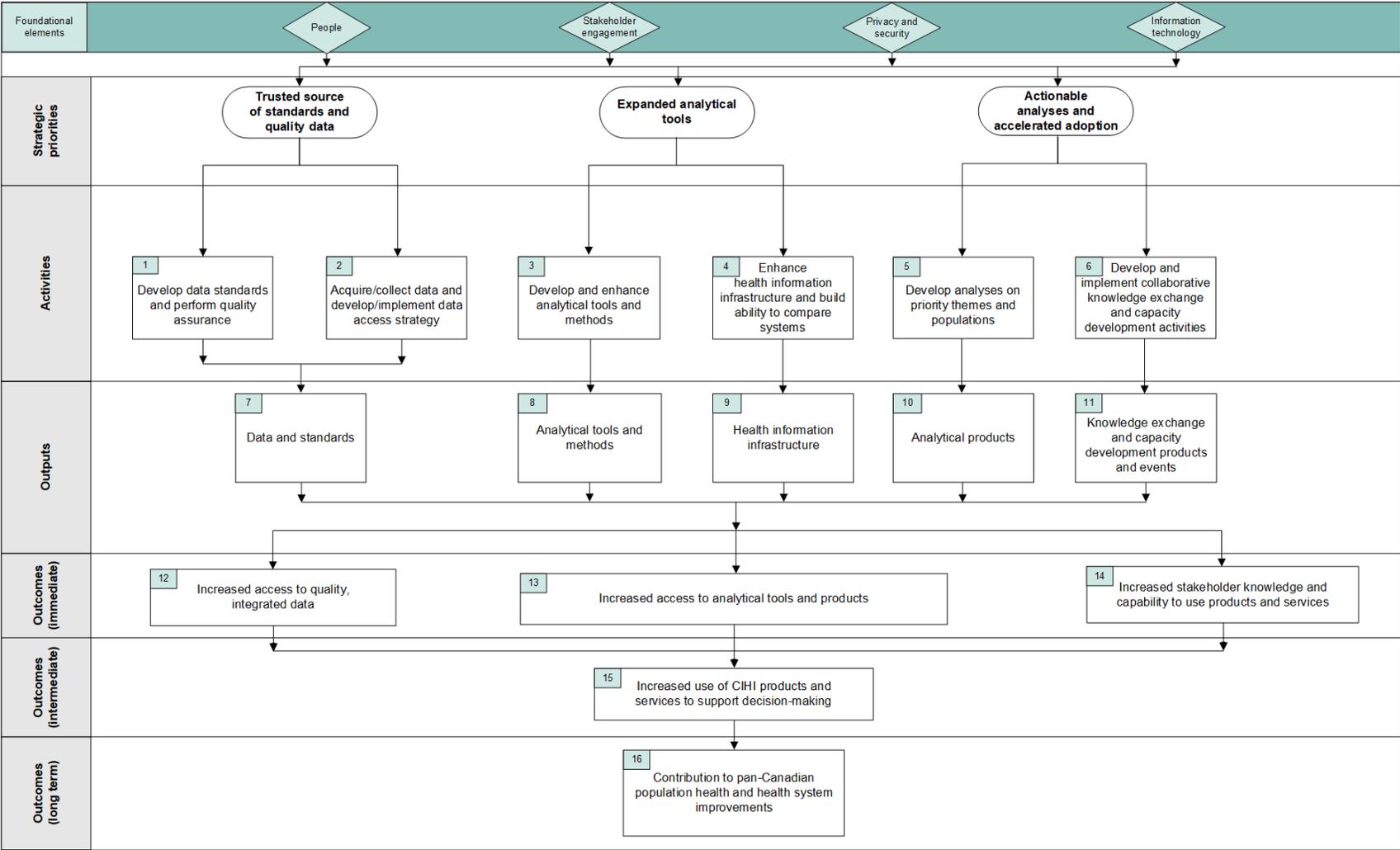| Annual baseline, 2016–2017	Actual, April to September 2018	Actual, October 2018 to March 2019	Actual, April to September 2019	Annual target, 2019–2020
176	100	108	90	100

Table 3   Percentage of active* YHS: Insight users

Annual baseline, 2016–2017	Actual, April to September 2018	Actual, October 2018 to March 2019	Semi-annual, April to September 2019	Annual target, 2019–2020
44%	56%	56%	40%	65%

Note
*   Active users accessed Insight 2+ times during the period.

Appendix A: CIHI's logic model

Foundational elements	People	Stakeholder engagement	Privacy and security	Information technology

Strategic priorities	Trusted source of standards and quality data	Expanded analytical tools	Actionable analyses and accelerated adoption

Activities

1 Develop data standards and perform quality assurance	2 Acquire/collect data and develop/implement data access strategy	3 Develop and enhance analytical tools and methods	4 Enhance health information infrastructure and build ability to compare systems	5 Develop analyses on priority themes and populations	6 Develop and implement collaborative knowledge exchange and capacity development activities

Outputs

7 Data and standards	8 Analytical tools and methods	9 Health information infrastructure	10 Analytical products	11 Knowledge exchange and capacity development products and events

Outcomes (immediate)

12 Increased access to quality, integrated data	13 Increased access to analytical tools and products	14 Increased stakeholder knowledge and capability to use products and services

Outcomes (intermediate)

15 Increased use of CIHI products and services to support decision-making

Outcomes (long term)

16 Contribution to pan-Canadian population health and health system improvements

Better data. Better decisions. Healthier Canadians.

Appendix B: Performance Measurement Framework 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.

Table B1 Performance Measurement Framework indicators and targets for 2019–2020

Performance area	Performance Measurement Framework indicators	Frequency	2019–2020 targets	2019–2020 target details
Data and standards (logic model box 7)	1. Number of planned new and major standard enhancements completed by CIHI	Annually	5	New standards: 2 1. International/OECD PROMs standard for hip and knee arthroplasty 2. Child and youth mental health assessment standard Enhanced standards: 3 1. OMHRS diagnosis codes 2. Assessment standard in long-term care 3. Assessment standard in home care
	2. Number of planned data quality assessments completed by CIHI	Annually	27	Number of planned data quality assessments
	3. Increase of coverage of data collection in priority areas*	Annually	70%	48 activities planned to increase coverage

Performance area	Performance Measurement Framework indicators	Frequency	2019–2020 targets	2019–2020 target details
Analytical products (logic model box 8)	4. Percentage of planned new and enhanced analytical tools completed by CIHI	Annually	100%	Enhancement: 1 YHS: In Brief and In Depth
	5. Percentage of planned new and enhanced methods completed by CIHI	Annually	100%	New methods: 7 1. Predictive modelling project 2. Hospital Stays for Harm Caused by Substance Use 3. Frequent Emergency Room Visits for Help With Mental Health and/or Addictions 4. Hospital Stay Extended Until Home Care Services or Supports Ready 5. Frailty Index 6. Self-Injury, Including Suicide 7. Caregiver Distress Enhanced methods: 4 1. Long-term care quality indicators 2. Home care quality indicators 3. Patient experience measures: mode adjustment 4. Facility-level indicators

Performance area	Performance Measurement Framework indicators	Frequency	2019–2020 targets	2019–2020 target details
Health information infrastructure (logic model box 9)	6. Percentage of planned health information infrastructure enhancements completed within the year	Annually	100%	Enhanced infrastructure: 4 1. Cloud: Migration of CIHI data centre to Amazon Web Services 2. Operational report infrastructure upgrades 3. Business intelligence tool upgrades 4. Platform infrastructure and content management system upgrades to support cihi.ca
	7. Percentage of data sources included in Integrated eReporting (IeR) against the 2021 target	Annually	n/a[†]	Indicator retired as of April 2018
Analytical products (logic model box 10)	8. Percentage of analyses released that align with priority population themes*	Annually	65%	Planned products related to priority populations: 7 Planned products not related to priority populations: 4
Analytical products (logic model box 10)	9. Number of capacity development events or activities	Semi-annually (annual targets)	117	Includes • Self-study products • Workshops • Web conferences • Forums Target adjustment from 74 to 117 based on finalizing commitments in winter 2019.

Performance area	Performance Measurement Framework indicators	Frequency	2019–2020 targets	2019–2020 target details
Increased access to quality, integrated data (logic model box 12)	10. Increase in access to CIHI's public data* Products: • Patient Cost Estimator (PCE): Sessions • Wait Times (WT) tool: Sessions • Your Health System (YHS): In Brief/ In Depth: Sessions	Semi-annually (annual targets)	PCE: 5% increase WT: Maintain current level YHS: 5% increase from 2017–2018	Target for WT tool is set to maintain current numbers since there are fewer resources to enhance the tool. Target adjustment for YHS: A paid social media campaign in 2018–2019 significantly increased web traffic. Given that no such campaign is planned for 2019–2020, we are targeting a 5% increase from a typical year, the most recent of which is 2017–2018.
	Percentage improvement in the quality of the data accessed	Annually	2% increase	• 2018–2019: 38% of data with little or no data quality concerns • 2019–2020: 40% of data with little or no data quality concerns
	11. Number of linked data files available through third parties*	Annually	5	1. Canadian Community Health Survey linked to DAD, NACRS and OMHRS 2. Canadian Cancer Registry linked to DAD and NACRS 3. Canadian Vital Statistics Death Database linked to DAD, NACRS and OMHRS 4. DAD, NACRS and OMHRS linked to Canadian Vital Statistics Death Database 5. Cancer in Young People in Canada cohort linked to DAD, NACRS and OMHRS

Performance area	Performance Measurement Framework indicators	Frequency	2019–2020 targets	2019–2020 target details
Increased access to analytical tools and products (logic model box 13)	12. Level of stakeholder satisfaction with access to and usefulness of tools and products*	Stakeholder survey every 3 years	n/a	A target will be determined in 2021–2022 based on the January 2018 stakeholder survey. To be supported by an interim measure.
	13. Increase in total number of users of CIHI's private online tools/products*	Semi-annually (annual targets)	100 new users (annual) 60% active users (6-month period) 65% active users (annual — 12 months)	Active users are defined as those who access Insight 2 or more times during the period.
Increased stakeholder knowledge and capability to use products and services (logic model box 14)	14. Percentage of stakeholders (target group) reporting increased knowledge (awareness) of CIHI products and services in their setting*	Stakeholder survey every 3 years	n/a	A target will be determined in 2021–2022 based on the January 2018 stakeholder survey. To be supported by an interim measure.
	15. Percentage of stakeholders (target group) reporting increased capability to use CIHI products and services in their setting*	Stakeholder survey every 3 years	n/a	A target will be determined in 2021–2022 based on the January 2018 stakeholder survey. To be supported by an interim measure.

Performance area	Performance Measurement Framework indicators	Frequency	2019–2020 targets	2019–2020 target details
Increased use of CIHI products and services to support decision-making (logic model box 15)	16. Percentage of stakeholders who report using evidence from a CIHI knowledge product or service to support decision-making in their setting*	Stakeholder survey every 3 years, and follow-up 6 to 12 months after events	n/a	A target will be determined in 2021–2022 based on the January 2018 stakeholder survey. To be supported by an interim measure.
Contribute to pan-Canadian population health and health system improvements (logic model box 16)	17. Extent to which CIHI has contributed to pan-Canadian population health improvements*	Annually	n/a	Examples of how CIHI has contributed
	18. Extent to which CIHI has contributed to health system improvements*	Annually	n/a	Examples of how CIHI has contributed

Notes
* Performance Measurement Framework indicators that are reported to CIHI's Board of Directors.
† As of July 2018, IeR has changed to the Hub. The development of the Hub will address CIHI's need to have 1 data source for multiple data holdings.
OECD: Organisation for Economic Co-operation and Development.
PROM: Patient-reported outcome measure.
OMHRS: Ontario Mental Health Reporting System.
DAD: Discharge Abstract Database.
NACRS: National Ambulatory Care Reporting System.
n/a: Not applicable.

Appendix C: Text alternative

Logic model

The logic model describes CIHI's foundational elements, strategic priorities, activities, outputs and outcomes (immediate, intermediate and long term) in a logical flow.

Our foundational elements are people, stakeholder engagement, privacy and security, and information technology.

With these elements, we developed strategic priorities (as mentioned elsewhere in this document). The priorities in this model have been shortened to read "trusted sources of standards and quality data," "expanded analytical tools" and "actionable analyses and accelerated adoption."

In order to achieve our strategic priorities, the following activities are being conducted:

Trusted sources of standards and quality data

1. Develop data standards and perform quality assurance
2. Acquire/collect data and develop/implement a data access strategy

Expanded analytical tools

3. Develop and enhance analytical tools and methods
4. Enhance the health information infrastructure and build the ability to compare systems

Actionable analyses and accelerated adoption

5. Develop analyses on priority themes and populations
6. Develop and implement collaborative knowledge exchange and capacity-development activities

The outputs will result as follows:

- Activities 1 and 2 will produce data and standards.
- Activities 3 and 4 will produce analytical tools and methods, and a health information structure.
- Activities 5 and 6 will produce analytical products, and knowledge exchange and capacity-development products and events.

The aim of all outputs is to produce the immediate outcomes of

- Increased access to quality, integrated data;

- Increased access to analytical tools and products; and

- Increased stakeholder knowledge and capability to use products and services.

The aim of the immediate outcomes is to produce an intermediate outcome of increased use of CIHI products and services to support decision-making, which will ideally produce the long-term outcome of CIHI contributing to pan-Canadian population health and health system improvements.