



President's Quarterly Report

As at March 31, 2024



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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Introduction

This document includes the following sections:

- President's update: Key initiatives in progress and accomplishments under CIHI's strategic plan for the fourth quarter of 2023–2024 (i.e., January 1 to March 31, 2024)
- CIHI's public releases from January 1 to March 31, 2024
- Corporate Performance Measurement Framework indicators: Board-reported indicators for 2023–2024

President's update

Key initiatives in progress

- CIHI has entered into a formal agreement with Healthcare Excellence Canada to advance the use of data for quality improvement and to support better-informed care and system-level decision-making. The agreement is structured around 4 main areas: building an enhanced support model for data access; advancing safe, quality care in shared priority areas; aligning stakeholder engagement in sparsely populated and rural areas; and addressing Indigenous-specific racism and cultural safety. A deeper strategic alignment will allow both organizations to coordinate relevant and complementary activities and make it easier for our partners to work with us. This initiative demonstrates and builds on our shared commitment to strengthening links between measurement and improvement in support of broader health system needs.
- CIHI continues to work closely with the Public Health Agency of Canada (PHAC) to advance public health priorities. Most recently, we have formalized an agreement to develop a suite of Public Health System performance indicators. This set of indicators, endorsed by the federal, provincial and territorial governments, will enable consistent measurement of and reporting on the performance of Canada's public health systems. CIHI's role as a trusted, neutral convenor is key to advancing the work. Together with PHAC and the provinces and territories, we will establish more transparency and visibility into the performance of public health systems, as well as better accountability to and outcomes for Canadians.

Strategic activities and outcomes

The following are key accomplishments for the fourth quarter of 2023–2024 for each of CIHI's corporate goals.

1 A comprehensive and integrated approach to Canada's health system data

Collaborate with partners to continuously advance the creation, validation and accessibility of health system data

Key accomplishments

- On February 29, 2024, CIHI launched the modernized Canadian Patient Experiences Survey — Inpatient Care — 20M and 6M, along with the related procedure manual and data dictionary. The Canadian Patient Experiences Reporting System is now ready to receive data based on the updated survey. The modernized survey enhances flexibility for jurisdictions and hospitals with more survey and administrative options to meet their patient experience information needs.
- CIHI continued to deliver on Year 5 deliverables for the Pan-Canadian Organ Donation and Transplantation (ODT) Data and Performance Reporting System Project, co-executed with Canada Health Infoway:
 - In January 2024, CIHI hosted 2 virtual focus groups with 35 patients, families and donors from the ODT community to seek their input on what's important to measure, and how they access and use data.
 - On March 6, 2024, CIHI and Canadian Blood Services (CBS) met for a workshop to discuss the future of ODT data and reporting, leveraging the strengths of each organization and working toward complementary reporting given the new Canadian Organ Donation and Transplantation Data System (CanODT). Key clinical experts also participated, and a crowdsourcing activity helped to prioritize a short-list of ideas for consideration based on level of feasibility and impact. This workshop marked an important step in collaboration between CIHI and CBS.
 - On March 28, 2024, CIHI released the Transplantation module of CanODT, the second of 3 modules that will enable CIHI to receive digital ODT data from projects led by Canada Health Infoway and provinces.

- On March 7, 2024, CIHI launched a 60-day public review of a draft data standard and associated architecture for the primary health care interoperability initiative. This major milestone is the first release under the Shared Pan-Canadian Interoperability Roadmap and the first time that CIHI has released a standard for open review.
- On March 14, 2024, CIHI launched the new [Data standards pages](#) on [cihi.ca](#). One of the features of the pages is a new data standards library, which provides a one-stop shop where stakeholders can find all of CIHI's data standards. The new pages also include current contextual information around what data standards are, the data standards life cycle and the foundational role that data standards play — alongside data exchange standards, data modelling and architecture — in ensuring interoperability (i.e., connected care).
- CIHI has completed a year-long evaluation of the Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS) data content standards to ensure a robust, sustainable data set and continued utility for health system use and clinical/operational needs. CIHI assessed each data content standard and prepared recommendations with jurisdictional input from the Pan-Canadian Working Group. The evaluation resulted in recommendations to retain, retain with enhancement or retire specific data elements in the DAD and NACRS, to streamline and align with CIHI's data standards and interoperability initiatives. Next steps will be to build recommendations into the hospital data transformation project to inform the data content for the future integrated hospital system.

2 An expanded offering of analytics, indicators and tools to support health system decision-making

Provide the insight needed to drive better health outcomes across Canada's health systems

Key accomplishments

- On February 1, 2024, CIHI privately released the new indicator Potentially Avoidable Visits to the Emergency Department for Primary Care Sensitive Conditions (PCSCs): All PCSCs and Virtual Care PCSCs through the Data Preview for Indicators Tool. This indicator provides health system leaders with valuable information to monitor the current state of primary care and its relationship to emergency department use, to drive health system improvements in access to primary care (including virtual care) and to better serve patient needs for the right care in the right place.

3

Health information users who are better equipped and enabled to do their jobs

Help build users' capacity by equipping them to make the best use of data, and by convening forums where they can explore solutions together and share best practices

Key accomplishments

- On January 24, 2024, CIHI hosted a webinar on the topic of frailty in which stakeholders gained a better understanding of frailty and learned about strategies for improving care for this patient population. The Canadian Health Information Podcast (CHIP) also released English and French episodes on frailty to improve awareness of the topic.
- As part of the Healthy Data Collective, CIHI hosted monthly webinars to raise awareness around issues related to how health data is used in Canada. On January 31, 2024, CIHI hosted the first of 3 webinars with more than 285 registered individuals. In the second webinar, Ewan Affleck and Tim Murphy shared insights from the [Interoperability Saves Lives](#) report that was published by the Alberta Virtual Care Coordinating Body. In the third webinar, Claire Snyman and Teri Price shared their perspectives on the importance of a patient-centred approach to how health data systems and health care are designed. CIHI's main objective at this time is to increase awareness of the issues and to identify individuals who will want to engage in a 2-day meeting this fall to help set the common agenda for this work.
- CIHI continued to advance cultural safety work. This work is important because it will provide critical health information that will help to hold Canada's health systems accountable and advance the fight against Indigenous-specific racism in Canada's health systems.
 - In January 2024, CIHI hosted in-person meetings of the Cultural Safety Measurement Collaborative at which a preliminary set of guiding principles for selecting cultural safety indicators was developed. Indigenous co-chairs for the collaborative have been identified to help CIHI co-develop its work plan to select indicators.
 - The CIHI Organizational Interventions Measurement Tool to Advance Cultural Safety has been developed and reviewed by an all-Indigenous working group. A guidance resource to support pilot testing of the tool was also developed; the tool will be tested by 4 organizations between April and June.
- In March 2024, CIHI attended the Healthcare Information and Management Systems Society conference in Orlando, Florida. This is a large international conference that connects governments, non-profits, health service providers and IT companies, providing many knowledge exchange and learning opportunities. CIHI delivered 2 presentations: the first, with Health Canada and Canada Health Infoway, shared Canada's journey toward interoperability; the second discussed CIHI's modernization of gender, sex and sexual orientation data standards. Both presentations were well attended and solicited thoughtful questions and feedback, highlighting significant interest in Canada's digital health journey.

CIHI's public releases from January 1 to March 31, 2024

[COVID-19 Hospitalization and Emergency Department Statistics, 2023–2024 \(Q1 to Q2\) — Provisional Data](#): These tables include the most recent information on acute care hospitalizations and emergency department visits for patients with a diagnosis of COVID-19, including volumes, patient demographics, estimated costs, and other key factors such as ICU admission and ventilator use.

[Inpatient Hospitalization, Surgery and Newborn Statistics, 2022–2023](#): This release provides key information on 2022–2023 inpatient hospitalizations, surgeries and childbirth indicators. The tables include data on the top 10 reasons for hospitalizations and surgeries; in-hospital births; and standardized hospitalization rates and average lengths of stay. Additional hospitalization statistics and childbirth indicators are included in the supplementary data tables.

[NACRS Emergency Department Visits and Lengths of Stay by Province/Territory, 2023–2024 \(Q1 to Q2\) — Provisional Data](#): Explore the most recent information on emergency department visits and lengths of stay for participating provinces/territories in Canada, based on provisional data submitted to NACRS.

[The state of the health workforce in Canada, 2022](#): The COVID-19 pandemic placed unprecedented strains on Canada's health care systems, particularly on the health workforce. Data about Canada's health human resources is more important than ever. CIHI has compiled the most recent data on selected health professionals — including physicians, regulated nurses, pharmacists, occupational therapists, physiotherapists and personal support workers — to illustrate the current state of the health workforce.

[Induced Abortions Reported in Canada in 2022](#): These data tables provide information on induced abortions performed in a hospital or a non-hospital setting in Canada. Volume breakdowns by age group and method of abortion are also included.

[Commonwealth Fund survey, 2023](#): The Commonwealth Fund's 2023 International Health Policy Survey looked into the health care experiences of the general population age 18 and older in 10 high-income countries, including Canada. The snapshots cover access to primary health care, and economic factors associated with mental health and access to mental health care services.

[Changes in practice patterns of family physicians in Canada](#): This report presents a high-level look at the practice patterns of family physicians today and how they have changed over the last decade. It describes the subset of family doctors who practise primarily outside of primary care.

[Pharmaceutical Data Tool](#): This tool (designed to replace the *National Prescription Drug Utilization Information System Plan Information Document*) makes key pharmaceutical information more comprehensive for analytical and policy needs. All information related to public drug program design and payment structures, as well as all public drug programs' formulary information, is easily accessible and usable in this tool. Future updates will include analyses related to public drug spending and utilization (including specific topics of interest, such as biologic drugs and expensive drugs for rare diseases).

[Pan-Canadian Prescription Drug Data Landscape](#): This report summarizes information about prescription drug data in Canada (assets, needs, gaps, limitations and opportunities) by jurisdiction. The scope of this report is to identify available sources of prescription drug data in Canada, in 5 categories of data that are not mutually exclusive: public drug programs; private drug plans; drugs for rare diseases; cancer drugs; and drugs administered in hospitals.

[Hospital Mental Health and Substance Use indicators, 2018 to 2022](#): This release includes updated results for 2 indicators: Mental Health and Substance Use Disorder Discharges and Total Days Stayed for Mental Health and Substance Use Disorder Hospitalizations. These indicators provide key metrics regarding inpatient services for individuals diagnosed with mental illness or substance use disorders, including hospitalization discharges, rates and lengths of stay. Indicators are presented by hospital type, age, sex and diagnosis category at the pan-Canadian and provincial/territorial levels.

Corporate performance management report for 2023–2024

This report provides information on CIHI's performance in 2023–2024 based on the revised Performance Management Framework (PMF) and indicators approved by the Board of Directors in March 2023, along with the PMF logic model ([Appendix A](#)).

2023–2024 data for these indicators reflects actual performance; it is not relative to baselines or targets/thresholds. Last year, we focused on establishing baselines, setting targets/thresholds and refining the methodology for new indicators so they could appear in *CIHI's Operational Plan and Budget, 2024–2025*. This year, we will focus on meeting those targets.

At the time of writing, we continue to work with Health Canada toward a performance plan aligned with the recently signed contribution agreement for 2024 to 2026. The new suite of indicators will help us better assess progress on our 2022 to 2027 strategic plan and support a more meaningful understanding of CIHI's impact.

Performance results summary

CIHI has both strategic indicators and watch metrics. Strategic indicators provide a focus for strategic and operational improvement, as well as data and information to support management decision-making that will enable us to achieve our desired outcomes. Watch metrics are “business as usual” measures where improvements are not necessarily expected but results are monitored for changes. Watch metrics ([Appendix B](#)) are reviewed by CIHI's senior management and are brought forward to the Board if results fall beyond accepted thresholds. The exception is 3.1: Access to selected products that provide integrated and comparable data, which we report to the Board because it is of interest to Health Canada.

The table below summarizes results for CIHI's strategic indicators as they appeared in *CIHI's Operational Plan and Budget, 2023–2024*.

Table 1 PMF strategic indicator results by outcome, 2023–2024

Outcome	Indicator	Data source	2023–2024 result	Notes
Adoption of CIHI's health data standards and methodologies	2.1: Percentage of CIHI data standards adopted by provinces/territories	Administrative	50% of standards adopted	Refers to health data content standards. Represents an increase of 3% since previous year.
	2.2: Percentage of CIHI cross-sectoral and patient-centric standards adopted by provinces/territories	Incomplete	Incomplete	Calculation of this indicator not as reliable or useful as expected. Exploring other options to get at this outcome.
Access to integrated and comparable health data	3.1: Access to selected products that provide integrated and comparable data	Administrative	3% increase in access	Of interest to Health Canada for its own reporting. Small net change due to updates to selected products: CIHI Portal, Your Health System (YHS): Insight, YHS: In Brief and Quick Stats. More marketing activities are slated for 2024–2025.
Use of CIHI's data sets, information and analysis	4.1: Satisfaction of end user with accessibility and usability of products	Survey	Not available	Survey launch planned for early 2024–2025.
	4.2: Uptake of selected CIHI tools and products	Administrative	3% increase in uptake	For all CIHI domains. Reflects improvement after a previous year-over-year decline.
Product alignment with system priorities and needs	6.1: Percentage of identified information gaps addressed by new or significantly enhanced data collections related to health information priorities	Administrative	14%	Focuses on priority gaps that CIHI intended to close, based on the Data Advancement Plan.
	6.2: Proportion of new knowledge products aligned with health information priorities	Administrative	60%	Includes priorities that had not been identified in the 2022 to 2027 strategic plan but that have since emerged as federal/provincial/territorial priorities (e.g., pharmaceuticals).

Outcome	Indicator	Data source	2023–2024 result	Notes
Better understanding of health system issues	8.1: Percentage of health system leaders who reported better understanding of health system issues through our engagement activities and products and who reported that CIHI helps them to do their job and make decisions	Survey	Not available	Survey launch planned for early 2024–2025.
Stakeholder confidence in CIHI's products	9.2: Number of active formal partnerships (including new and retained) that align with CIHI priorities	Administrative	14	Written agreement (e.g., letter of intent, terms of reference, memorandum of understanding) between CIHI and another organization holding both parties accountable to undertake work (e.g., with First Nations Health Authority in B.C. on improving access to data, analyses and more).
Improved capability to work with health system data	10.1: Health system decision-makers reported their perception that their jurisdiction has increased its capability to work with health system data	Survey	Not available	Survey launch planned for early 2024–2025.
	10.2: Impact stories report specific elements of built capacity in stakeholders or other elements of our long-term outcomes	Qualitative information	Not applicable	See below for stories.

Additional evidence of CIHI's reach and impact

Additional data for 2023–2024 demonstrates CIHI's reach and continued value, and the impact of our efforts to support health system decision-making and better health for people in Canada.

Social media and impact stories

Our reach includes social media engagement and podcast engagement, as well as stories of how CIHI data and information drive change in care and policy.

Online reach figures include the following:

- Social media engagement: 115,000+ followers across all social media channels (12% increase compared with 2022–2023)
- Podcast engagement: 40,100+ downloads across platforms (3% increase compared with 2022–2023)

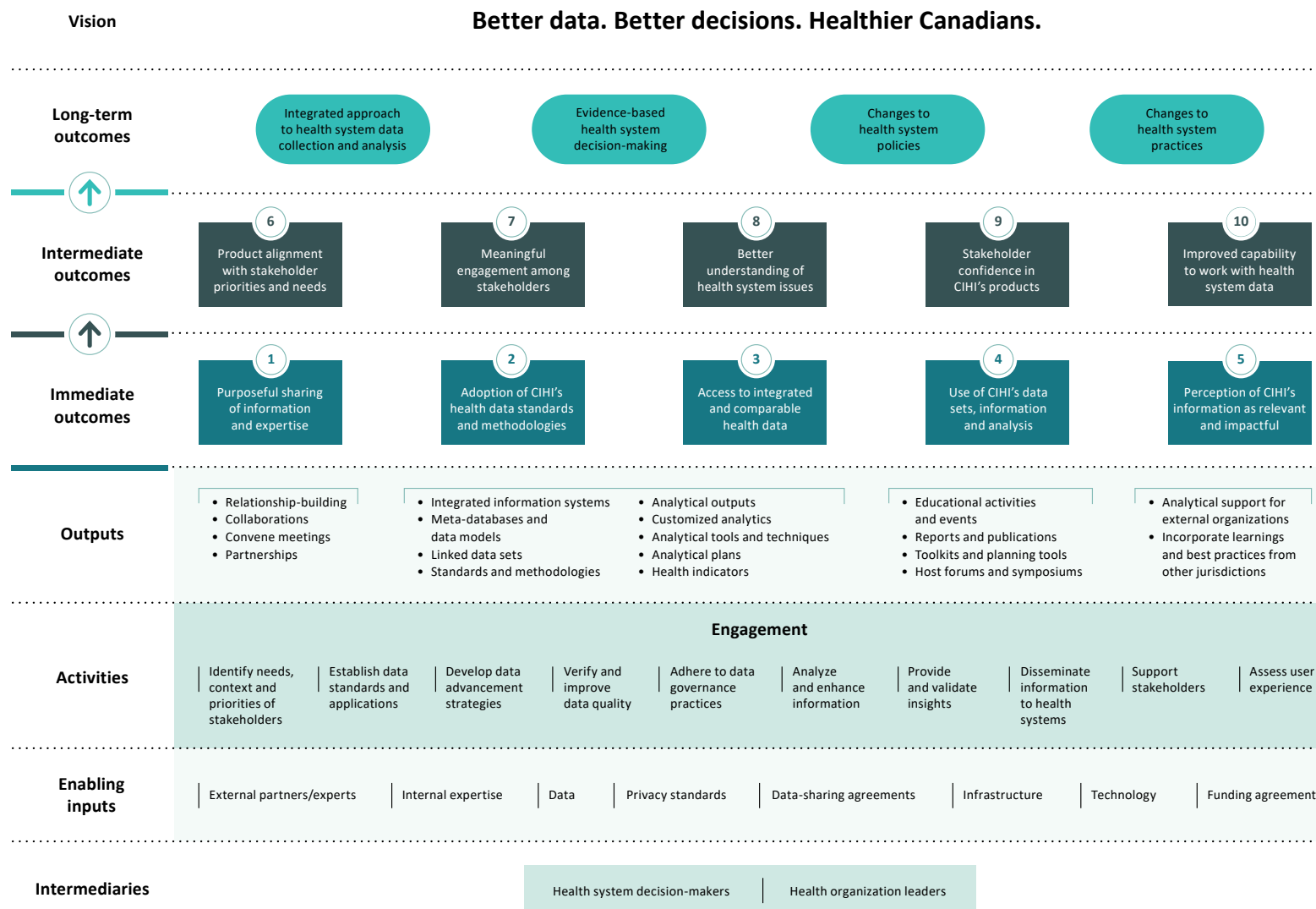
Performance metrics reveal only part of CIHI's impact. Indicator 10.2: *Stories of how CIHI's work has led to improvements in health systems or the health of Canadians* provide real-world examples of stakeholders using evidence from CIHI's products and services to support health system decision-making and improve the health of people living in this country.

Here are some examples, with details in [Appendix C](#):

- High-alert medication list for Canada
- Guidance for race-based, ethnicity and Indigenous data collection for B.C. researchers
- Improving the schizophrenia quality standard to improve care in Ontario
- Reducing potential low-value imaging in Quebec
- Understanding surgical wait times in P.E.I.
- Patient experience in Newfoundland and Labrador

Appendices

Appendix A: CIHI's logic model



Appendix B: Watch metrics

CIHI's watch metrics as they appeared in *CIHI's Operational Plan and Budget, 2023–2024*:

- 1.1: Number of CIHI products released over the past 12 months
- 1.2: Number of fulfilled data requests
- 5.1: Number of times CIHI has been cited or referenced in annual reports, the press, online media and social media
- 7.1: Percentage of engagement activities that meet their expected attendance goals
- 7.2: Percentage of participants who have rated engagement activities as useful and meaningful
- 8.2: Ability to support and fulfill local-level analytics
- 9.1: Client-reported confidence in CIHI and its products

Appendix C: Impact stories

Table C1 High-alert medication list for Canada

Stakeholder	Institute for Safe Medicine Practices (ISMP) Canada, Canadian Medication Incident Reporting and Prevention System (CMIRPS)
CIHI product	National System for Incident Reporting (NSIR)
Problem or issue	<p>High-alert medications are those that, when used incorrectly, have an increased risk of causing harm to patients. They may not result in the most frequent medication incidents, but they are more likely to result in severe incidents when they do occur.</p> <p>Canada lacked a list of high-alert medications. Canadian practitioners had to rely on lists developed in other countries, potentially missing important Canadian context.</p>
Goal	To support Canadian practitioners by developing the Canadian High-Alert Medication List.
Stakeholder action	<p>In February 2024, ISMP Canada published the first Canadian High-Alert Medication List. It developed this data-driven resource using reported medication incident data extracted from NSIR and 3 ISMP data sources. These were combined with environmental scans and consultations with stakeholders, Canadian practitioners, patient safety experts, patients and caregivers.</p>
Impact	<p>Canada now has the Canadian High-Alert Medication List, which can support Canadian practitioners in preventing patient harms and reducing the potential risk of errors caused by these high-alert medications. This list is available in a variety of formats, including quick-read reference posters and a detailed user guide for practitioners.</p> <p>CIHI's NSIR played a key role in providing data about the medications involved in medication incidents in acute care hospitals and long-term care settings in Canada and the resulting severity of those incidents.</p>

Table C2 Guidance for race-based, ethnicity and Indigenous data collection for B.C. researchers

Stakeholder	BC Provincial Health Services Authority (PHSA)
CIHI product	<i>Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada</i>
Problem or issue	PHSA wanted to strengthen the diversity of research participants to ensure that its research was inclusive. It needed a better understanding of the diversity of current research participants to strengthen the quality of data moving forward.
Goal	"[M]ore inclusive research [that] can lead to positive changes that will improve health outcomes and experiences for all patients."
Stakeholder action	PHSA research leaders released a joint statement to encourage engagement with more diverse research participants on October 10, 2023. PHSA — including executive leaders from BC Cancer Research, BC Children's Hospital Research Institute, BC Women's Health Research Institute, BC Mental Health and Substance Use Services Research Institute and the BC Centre for Disease Control — endorsed the collection of race- and ethnicity-based and Indigenous identity data according to the standards developed by CIHI.
Impact	On February 26, 2024, CIHI delivered a capacity-building workshop for more than 450 PHSA researchers to share knowledge and learnings related to race-based, ethnicity and Indigenous identity data collection. Collecting this data is a step toward promoting equity, diversity and inclusion in the research at PHSA.

Table C3 Improving the schizophrenia quality standard to improve care in Ontario

Stakeholders	71 mental health facilities in Ontario with inpatient adult mental health beds, Ontario Hospital Association (OHA), Ontario Ministry of Health
CIHI product	Resident Assessment Instrument–Mental Health (RAI-MH); Ontario Mental Health Reporting System (OMHRS); Operational Reports: Schizophrenia Discharge Report
Problem or issue	<p>Information was being collected manually from mental health facilities on 4 quality standards to support measurement-based care, quality improvement and performance measurement for mental health and addictions. The quality standards incorporate Health Quality Ontario's quality statements, which are based on Schizophrenia: Care in the Community for Adults.</p> <p>A percentage of assessments were not included due to coding errors and auto-population.</p>
Goal	To identify improvement activities for evidence-based care in hospitals, and to support appropriate benchmarking for quality indicators.
Stakeholder action	<p>To standardize the collection and reporting of mental health clinical and administrative information in a single reporting framework, the ministry asked CIHI to integrate new OMHRS data elements. The 5 new mandatory elements allow clinical data to be correlated with socio-demographic data.</p> <p>Subsequent consultation with the OHA Mental Health and Addictions Clinical Advisory Group resulted in modifications to ensure that all assessments submitted for patients with a primary diagnosis of schizophrenia will be included in quality indicator calculations in future Schizophrenia Discharge Reports.</p>
Impact	<p>Evidence-based provincial benchmarks for interventions for mental health and addictions conditions can be better-developed and can support strategies to provide value-based care from hospital to community.</p> <p>OMHRS facilities are now using the schizophrenia data for quality improvement, decision-making and review of treatment protocols and care pathways for better patient outcomes.</p>

Table C4 Reducing potential low-value imaging in Quebec

Stakeholder	Institut national d'excellence en santé et en services sociaux (INESSS)
CIHI product	<i>Overuse of Tests and Treatments in Canada</i> (lower back imaging statistics and methodology)
Problem or issue	Lower back diagnostic imaging may be overused in Quebec, unnecessarily exposing patients to ionizing radiation and leading to further unnecessary examinations or treatments.
Goal	To compare Quebec imaging rates with those for other provinces
Stakeholder action	<p>INESSS collaborated with CIHI to reproduce the methodology for the indicator on diagnostic imaging for lower back pain for a report on the use of medical imaging of the spine in Quebec.</p> <p>INESSS also asked CIHI to provide feedback on a draft of the report, which includes provincial comparisons from CIHI.</p>
Impact	<p>The report will help clinicians and health care managers reduce the number of low-value-added imaging exams. This will improve patient care and help alleviate pressure on the health system.</p> <p>This INESSS-CIHI collaboration could lead to the development of additional indicators addressing other health issues for Quebec.</p>

Table C5 Understanding surgical wait times in P.E.I.

Stakeholder	Prince Edward Island's Office of the Auditor General
CIHI product	CIHI's Wait Times Tool : Surgical wait time data for priority procedures, including interactive visualizations of wait times and procedure volumes by procedure, and trends nationally and by province
Problem or issue	P.E.I.'s Office of the Auditor General (OAG) needed to conduct an official examination of Health PEI's management of surgical wait times. Many patients were not receiving needed surgery within the national benchmark time frames.
Goal	The OAG aimed to identify whether Health PEI had processes in place that would help balance all surgical services with the needs of the population. It examined the specific Health PEI systems and processes for tracking, managing and reporting on patients waiting for cataract surgery, knee replacement surgery and hip replacement surgery, as well as compliance with these systems and processes within Health PEI.
Stakeholder action	The OAG used data from CIHI's Wait Times Tool to identify concerning trends in performance for the surgeries studied, as well as gaps that help explain the issues. Analysis of CIHI's Wait Times Tool data led to the discovery that specific standard procedures were absent and other aspects of policies were not followed. Following completion of the audit, 12 recommendations were made resulting in corrective actions by Health PEI. 2 of those recommendations were specific to CIHI standards
Impact	<p>In December 2023, P.E.I.'s OAG released <i>Surgical Wait Times —Cataract, Knee Replacement and Hip Replacement</i>. This report was used to inform Health PEI, its executive leadership team, the public and physicians, all of which led to improved processes for managing surgical wait times.</p> <p>Health PEI supported the resulting recommendations and agreed to make changes to the way it tracks surgery wait times, making it easier to identify factors causing long wait times, as well as to its wait time calculations and reporting to stakeholders.</p> <p>The report was also the basis for news coverage nationally on CBC and provincially on CTV News in December 2023.</p> <p>Health PEI's use of CIHI's Wait Times Tool has become central to improving wait times in P.E.I., contributing to improved quality of life for patients in the province. There are comprehensive and continued efforts not only to track the percentage of patients being treated within clinically accepted benchmarks but to set standards for wait time management across P.E.I. Ongoing use of CIHI's Wait Times Tool will help ensure that the needs of patients waiting for surgery are highlighted, standards for processes and policies are established and wait times for these priority procedures decrease in P.E.I.</p>

Table C6 Patient experience in Newfoundland and Labrador

Stakeholder	Newfoundland and Labrador Health Services
CIHI product	CIHI's modernized Canadian Patient Experiences Survey — Inpatient Care (CPES-IC-20M and -6M) and accompanying submission standards; pilot data submitted to CIHI's Canadian Patient Experiences Reporting System (CPERS)
Problem or issue	Regional health authorities in Newfoundland and Labrador were using different tools/approaches for patient experience surveying, which did not allow for the comparative reporting and benchmarking that would help improve patient experience in the province.
Goal	To centralize collection and potential reporting of patient experience survey data by standardizing between regions, and strengthening patient experience measurement focus to support improvements in Newfoundland and Labrador
Stakeholder action	<p>Newfoundland and Labrador Health Services participated in the pilot testing of the CPES-IC-20M and -6M. 7 acute care hospitals across 3 regional health authorities built a new mechanism to collect standardized patient experience data.</p> <p>CIHI created the CPES-IC in 2014 to support hospitals in collecting feedback from patients about their quality of care. To ensure that the survey continues to meet health system needs and reflect patient priorities, CIHI modernized it and created 2 survey versions: the CPES-IC-20M and CPES-IC-6M. Newfoundland and Labrador used both survey versions as part of the modernization pilot project.</p>
Impact	<p>For the first time, Newfoundland and Labrador was able to collect patient experience data in a standardized way across regions.</p> <p>This supports quality improvements for all participating hospitals — and perhaps beyond, since other jurisdictions have since expressed interest in learning from Newfoundland and Labrador.</p>

Appendix D: Text alternative

CIHI's logic model

The logic model describes CIHI's enabling inputs, activities, outputs and outcomes (immediate, intermediate and long-term) leading to a vision of Better data. Better decisions. Healthier Canadians.

Intermediaries include health system decision-makers and health organization leaders.

Our enabling inputs are external partners/experts, internal expertise, data, privacy standards, data-sharing agreements, infrastructure, technology and funding agreements.

With these inputs, the following activities, through engagement, are being conducted:

- Identify needs, context and priorities of stakeholders
- Establish data standards and applications
- Develop data advancement strategies
- Verify and improve data quality
- Adhere to data governance practices
- Analyze and enhance information
- Provide and validate insights
- Disseminate information to health systems
- Support stakeholders
- Assess user experience

The outputs will result as follows:

- Relationship-building
- Collaborations
- Convene meetings
- Partnerships
- Integrated information systems
- Meta-databases and data models
- Linked data sets
- Standards and methodologies
- Analytical outputs
- Customized analytics
- Analytical tools and techniques

- Analytical plans
- Health indicators
- Educational activities and events
- Reports and publications
- Toolkits and planning tools
- Host forums and symposiums
- Analytical support for external organizations
- Incorporate learnings and best practices from other jurisdictions

The outputs will ideally produce the following immediate outcomes:

1. Purposeful sharing of information and expertise
2. Adoption of CIHI's health data standards and methodologies
3. Access to integrated and comparable health data
4. Use of CIHI's data sets, information and analysis
5. Perception of CIHI's information as relevant and impactful

The aim of the immediate outcomes is to produce the following intermediate outcomes:

6. Product alignment with stakeholder priorities and needs
7. Meaningful engagement among stakeholders
8. Better understanding of health system issues
9. Stakeholder confidence in CIHI's products
10. Improved capability to work with health system data

The intermediate outcomes will ideally produce the following long-term outcomes:

- Integrated approach to health system data collection and analysis
- Evidence-based health system decision-making
- Changes to health system policies
- Changes to health system practices

All of which will ultimately lead to CIHI's vision: Better data. Better decisions. Healthier Canadians.



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