



# President's Quarterly Report

As at March 31, 2022



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé

All rights reserved.

The contents of this publication may be reproduced unaltered, in whole or in part and by any means, solely for non-commercial purposes, provided that the Canadian Institute for Health Information is properly and fully acknowledged as the copyright owner. Any reproduction or use of this publication or its contents for any commercial purpose requires the prior written authorization of the Canadian Institute for Health Information. Reproduction or use that suggests endorsement by, or affiliation with, the Canadian Institute for Health Information is prohibited.

For permission or information, please contact CIHI:

Canadian Institute for Health Information

495 Richmond Road, Suite 600

Ottawa, Ontario K2A 4H6

Phone: 613-241-7860

Fax: 613-241-8120

[cihi.ca](http://cihi.ca)

[copyright@cihi.ca](mailto:copyright@cihi.ca)

© 2022 Canadian Institute for Health Information

How to cite this document:

Canadian Institute for Health Information. *President's Quarterly Report as at March 31, 2022*. Ottawa, ON: CIHI; 2022.

Cette publication est aussi disponible en français sous le titre *Rapport trimestriel du président au 31 mars 2022*.

# Table of contents

Introduction . . . . .	4
President’s update . . . . .	4
Strategic activities and outcomes . . . . .	4
Corporate Performance Measurement Framework indicators: 2021–2022 . . . . .	7
Performance results for 2021–2022 . . . . .	9
More than just metrics . . . . .	10
CIHI’s reach and impact: Snapshot of the past year . . . . .	10
Outputs: Data and standards . . . . .	11
Outputs: Analytical products . . . . .	12
Immediate outcomes: Increased access to quality, integrated data . . . . .	13
Long-term outcomes: Contribution to pan-Canadian population health and health system improvement . . . . .	17
Appendices . . . . .	18
Appendix A: CIHI’s logic model . . . . .	18
Appendix B: List of indicators by performance area . . . . .	19
Appendix C: Impact stories . . . . .	21
Appendix D: Details on accomplishments for 2021–2022 . . . . .	27
Appendix E: Text alternative . . . . .	31

# Introduction

This document includes the following sections:

- President's update: Recent strategic activities beyond the fourth quarter, as well as key accomplishments in the fourth quarter of 2021–2022 (i.e., January 1 to March 31, 2022)
- Corporate Performance Measurement Framework indicators: Board-reported indicators for 2021–2022

## President's update

### Strategic activities and outcomes

The COVID-19 pandemic continues to impact CIHI's activities as we adjust our products and services to respond to federal, provincial and territorial stakeholders' priority information needs. The following are key accomplishments for each of CIHI's corporate goals for the fourth quarter of 2021–2022, reflecting a mix of planned strategic work and emerging COVID-19–related priorities.

#### **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**

- In the fourth quarter, CIHI completed the roll-out of the National Ambulatory Care Reporting System (NACRS) to all Saskatchewan emergency departments. This will allow insights on visits and patient demographics through the use of clinical, administrative and service-specific data related to emergency departments.
- In March 2022, CIHI received 3 years of personal support worker data from the College of Licensed Practical Nurses of Alberta. This data will help decision-makers plan for, manage, monitor and evaluate health human resources (HHR). The data will be included in reports on the supply, distribution, education and employment characteristics of HHR in Canada.

## Priority themes and populations

- In March 2022, CIHI released pan-Canadian minimum standards for collecting race-based and Indigenous identity data in health systems, along with guidance on their use. Race-based and Indigenous identity data is essential for measuring health inequalities and for identifying inequities that stem from racism, bias and discrimination. Data governance practices, community engagement and processes for the safe collection of data help to ensure that data collection benefits the community, and that the potential for harm is reduced. These standards and guidance can be used by health organizations to inform actions and interventions to improve health equity among racialized groups.

## 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

- In January 2022, CIHI's Patient Cost Estimator, a tool to estimate the average cost of various services provided in hospitals, was enhanced. It now includes the estimated average cost of physician services provided to inpatients during their hospital stays for 6 jurisdictions. This new information will provide stakeholders with a more comprehensive cost estimate of hospital services.
- On February 11, 2022, CIHI refreshed the secure Data Preview for Indicators Tool in anticipation of the Your Health System (YHS) spring public release. The refresh included updated results for existing indicators and contextual measures, as well as 5 new patient-reported experience measures (PREMs). Webinars were held to demo YHS and the Canadian Patient Experiences Survey: Comparative Results tool, increase awareness of the upcoming release and provide an opportunity for stakeholders to ask questions. As part of the PREMs data preview, an instructional guide was shared with stakeholders to support their review and to highlight additional privately available PREMs (23 in total). These tools allow stakeholders to see the big health system picture and explore how their health care system is performing.

## 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

- On January 24, 2022, as part of the CIHI–Canada Health Infoway organ donation and transplantation (ODT) project, CIHI released 2 episodes of the Canadian Health Information Podcast discussing what can be done to improve organ donation and transplantation in Canada. The episodes featured Dr. Joseph Kim and Sandra Holdsworth in English, and Dr. Matthew Weiss and Sylvie Charbonneau in French.
- Between January and March 2022, CIHI hosted 3 forums where stakeholders prioritized indicators for ODT system performance reporting. The forums focused on kidney, heart and pancreas transplantation. These sessions are part of a series that was launched in fall 2021 and have since identified more than 65 ODT indicators that will be prioritized for future CIHI reporting from the pan-Canadian ODT repository that is under development. The remaining sessions will focus on liver, lung and intestine transplantation, and will be completed in Q1 2022–2023.
- On March 24, 2022, CIHI released a set of products showcasing results from the Commonwealth Fund's 2021 survey. This year's survey focused on older adults and looked at the health of seniors, primary and specialist care, hospital care, home care, end-of-life care planning and the overall perception of the health system. International comparisons between Canada and its peers give Canadians the opportunity to understand areas where we are doing well and areas where we could improve. This year, the results also provide valuable information about how the pandemic impacted seniors and their experience with health systems.

# Corporate Performance Measurement Framework indicators: 2021–2022

CIHI's Performance Measurement Framework (PMF) and logic model were designed to guide the measurement of CIHI's progress in achieving its strategic plan for 2016 to 2021 as well as the work laid out in our contribution agreement with Health Canada. The logic model ([Appendix A](#)) identifies the causal or logical relationships between activities, outputs and outcomes. To help measure these outputs and outcomes, CIHI developed a set of 19 performance measurement indicators, which are reported on at varying frequencies ([Appendix B](#)). Due to the COVID-19 pandemic, CIHI extended its strategic plan through 2021–2022. The Health Canada contribution agreement was also extended, through 2022–2023, meaning that CIHI will be using this PMF for an additional year.

## Overview of 2021–2022 PMF results

Overall, CIHI met or surpassed targets for 3 of the 5 PMF indicators that have targets. PMF targets are set based on CIHI's capacity to deliver on planned work identified at the beginning of the fiscal year. Given the ongoing pandemic environment and emerging priorities, we adjusted our plans over the course of the year to better meet stakeholder needs. This re-prioritization reflects CIHI's ability to respond to emerging needs; however, it's difficult to incorporate these changes in our current framework and indicators. We will address this challenge in our next PMF.

At this time, we are able to report on the following 7 indicators:

### Outputs

- Increase of coverage of data collection in priority areas
- Percentage of analyses released that align with priority population themes

### Immediate outcomes

- 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/products

### Long-term outcomes

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

To demonstrate how CIHI has contributed to health system improvements and provides value to stakeholders, CIHI collects impact stories ([Appendix C](#)). These stories demonstrate how stakeholders are using evidence from a CIHI product or service to support decision-making.

PMF indicators not reported for 2021–2022

- Percentage of data sources included in Integrated eReporting (IeR) against the 2021 target (retired as of April 1, 2018)
- The following 4 indicators, which require stakeholder feedback, are reported on every 3 years. They were last reported on in 2020–2021:
  - 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 who report using evidence from a CIHI knowledge product or service to support decision-making in their setting

The next section of this report details the 2021–2022 results for each of the Board-reported indicators.



# Performance results for 2021–2022

The table below summarizes the results of CIHI's Board-reported 2021–2022 PMF indicators. Details on individual indicators can be found in the subsequent sections of this report.

**Table 1** PMF indicator results, by performance area, 2021–2022

Performance area	Performance Measurement Framework indicator	Frequency	2021–2022 target	2021–2022 result	Target status
Data and standards (logic model box 7)	1. Increase of coverage of data collection in priority areas	Annually	70%	43%	Not met
Analytical products (logic model box 10)	2. Percentage of analyses released that align with priority population themes	Annually	70%	70%	Met/exceeded
Increased access to quality, integrated data (logic model box 12)	3. Increase in access to CIHI's public data Products: • PCE: Sessions* • WT tool: Sessions* • YHS: In Brief/In Depth: Sessions*	Semi-annually (annual targets)	PCE: 8,475 sessions (+5%) WT: 16,589 <sup>†</sup> sessions (-60% of a typical year) YHS: 62,261 sessions (0%)	PCE: 7,952 (-1%) WT: 6,272 <sup>†</sup> (-85% of a typical year) YHS: 74,448 (20%)	Not met
	4. Number of linked data files available through third parties	Annually	1	1	Met/exceeded
Increased access to analytical tools and products (logic model box 13)	5. Increase in total number of users of CIHI's private online tools/products	Semi-annually (annual targets)	100 new users 50% active users	173 new users 63% active users	Met/exceeded
Contribution to pan-Canadian population health and health system improvements (logic model box 16)	6. Extent to which CIHI has contributed to pan-Canadian population health improvements	Annually	n/a	Impact stories in Appendix C	n/a
	7. Extent to which CIHI has contributed to health system improvements	Annually	n/a	Impact stories in Appendix C	n/a

## Notes

\* Session: 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.

† The Wait Times tool was decommissioned on January 12, 2021, and a new tool was launched in August 2021. The PMF target for 2021–2022 was set to see a decrease of 60% of a typical year (pre-COVID-19).

n/a: Not applicable.

PCE: Patient Cost Estimator.

WT: Wait Times.

YHS: Your Health System.

## More than just metrics

Performance measurement metrics don't present a full picture of CIHI's value to Canada's health systems. CIHI collects impact stories to show how stakeholders are using evidence from a CIHI product or service to support decision-making. Below is a list of impact stories (see [Appendix C](#) for details).

- COVID-19 impact — Addressing the broader health care impacts of the pandemic
- Establishment of First Nations Data Centres
- Use of CIHI's Commonwealth Fund chartbook and data tables to identify Manitoba's baseline performance in primary care
- Use of CIHI tools for decision-making related to care — Labrador–Grenfell Regional Health Authority
- Understanding quality of primary health care EMR data in Newfoundland and Labrador
- Optimizing nurse practitioner scopes of practice in Prince Edward Island
- Caregiver needs and issues among Royal Bank of Canada employees
- COVID-19 impact — Effects on hospitalizations and surgeries in Manitoba

## CIHI's reach and impact: Snapshot of the past year

CIHI's performance framework includes a small subset of online tools selected for specific evaluation (Indicator 3). This doesn't begin to capture our reach and expanding set of digital tools — something we will endeavour to fix in our future vision of performance reporting. Below we have included a snapshot of key usage metrics for 2021–2022:

- Website: Over 1.2 million sessions on [cihi.ca](#)
- Media coverage: 13,110 mentions of CIHI in international, national and regional print and broadcast news (an increase of 68% compared with 2020–2021 due to pandemic coverage)
- Social media engagement: More than 94,000 followers across all social media channels (a 9% increase compared with 2020–2021)
- Podcast engagement: More than 15,000 downloads in less than 1 year since launching the Canadian Health Information Podcast (the CHIP)

## Outputs: Data and standards

### Indicator 1: Increase of coverage of data collection in priority areas

#### Target not met

Definition: Percentage of activities achieved to increase geographic coverage of priority areas in existing data holdings that have been identified in the operational plan

**Baseline (2016–2017):** 19

**Target:** 70% of 53 = 37

**Actual:** 43% of 53 = 23

Primary activities to increase geographic coverage in priority areas for existing data holdings are those that result in meaningful progress in obtaining new data or securing a commitment for data standardization; examples of these activities are

- Acquiring data in a new jurisdiction or expanding coverage in existing jurisdictions;
- Obtaining more detailed information (linkable data), or obtaining data on a more frequent basis;
- Securing an ongoing feed of data for use without restriction;
- Obtaining agreement to work with the data without restriction;
- Supporting the jurisdiction in adapting its own standard to better align with CIHI's standard; and
- Securing commitment to adopt a national standard.

CIHI completed 43% of the planned and unplanned activities (23 out of 53) for 2021–2022 (see Table D1 in [Appendix D](#)).

The pandemic continued to affect the extent to which the year's data advancement plans could be realized. However, CIHI did receive new data, which was required to support both the Shared Health Priorities (SHP) indicators and unanticipated data requests related to the COVID-19 pandemic.

While the priority during the COVID-19 pandemic has been to preserve the existing data supply, there were several noteworthy advancements in data during 2021–2022, including data that provides the foundation for the SHP indicator reporting (see Table D2 in [Appendix D](#)).

## Outputs: Analytical products

### Indicator 2: Percentage of analyses released that align with priority population themes

#### Target not met

Definition: Percentage of ad hoc analytical plan products released that align with priority populations

**Baseline (2016–2017):** 17%

**Target:** 70%

**Actual:** 70%

#### Achievements for 2021–2022

The priority populations from CIHI's strategic plan for 2016 to 2022 are

- Seniors and aging;
- Mental health and substance use;
- First Nations, Inuit and Métis; and
- Children and youth.

70% of new ad hoc analyses focused on priority populations in 2021–2022. Products of planned work continue to be rescheduled to accommodate new COVID-19 analytical work. In some cases, planned work was rolled into another product (e.g., the self-harm product was included with the release of Impact of COVID-19 on Canada's health care systems) or the work was completed but the release was deferred to the beginning of the following fiscal year (see Table D3 in [Appendix D](#)).

# Immediate outcomes: Increased access to quality, integrated data

## Indicator 3: Increase in access to CIHI's public data

### Targets not met

Definition: Percentage annual increase in access to publicly accessible data

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

**Table 2** Results for sessions for selected online interactive tools, 2021–2022

Tool	Target	Actual*
<b>Patient Cost Estimator</b>	8,475 sessions (+5% from previous year)	7,952 sessions (-1% from previous year)
<b>Wait Times</b>	16,589 <sup>†</sup> sessions (-60% from typical year)	6,272 <sup>†</sup> sessions (-85% of a typical year)
<b>Your Health System: In Brief/In Depth</b>	62,261 (0% from previous year)	74,448 (20% of typical)

#### Notes

\* Excluding CIHI internal traffic.

† A new Wait Times tool was launched and available for only 7 months of 2021–2022. The PMF target was set at 40% of a typical year (pre-COVID-19).

### Patient Cost Estimator

In 2021–2022, the PCE had a 1% decrease (-119 sessions) in overall traffic; this is an insignificant change from the previous fiscal year (see Table D4 in [Appendix D](#)). There has been little promotion of PCE over the past 2 years, which has led to the traffic stabilizing. However, this speaks to the regularity of the PCE user base. There was a slight increase in the amount of email traffic, driven primarily by CIHI's News and Upcoming Releases emails, in addition to an increase in referral traffic (organizations linking to the tool), which also shows a positive uptake of the tool even though overall traffic has not changed.

## **Wait Times tool**

The Wait Times tool was decommissioned on January 12, 2021, when the hosting platform reached end of life. This led to the tool being offline for 8 months until it was relaunched in August 2021. The PMF target for 2021–2022 was set to see a decrease of 60% (16,589 sessions) of a typical year, 2019–2020 (pre–COVID-19). In the 7 months the tool was available, there were 6,272 sessions, which represents an 85% decrease compared with a typical year (see Table D4 in [Appendix D](#)). Since its relaunch, the tool has not received any significant promotion, which has limited the awareness of the tool's redevelopment and new location on [cihi.ca](#). A release of wait time information is planned for May 2022, which will result in increased traffic.

## **Your Health System: In Brief and In Depth**

YHS had a 20% increase in traffic (12,187 sessions) compared with the previous year (see Table D4 in [Appendix D](#)). Both YHS: In Brief and In Depth were promoted via email and social media during the year, with the fall release seeing especially strong performance that carried through from November 2021 into February 2022. The fall 2021 release included the first indicator results impacted by COVID-19 (2020–2021 data) and was deliberately partnered with the Impact of COVID-19 on Canada's health care systems product for co-release. The pandemic context and co-release of information could explain the increased number of sessions during this time frame.

## Indicator 4: Number of linked data files available through third parties

### Target met

Definition: Number of linked data files available through third parties

**Baseline (2016–2017): 1**

**Target: 1**

**Actual: 1**

In 2021–2022, 1 of the planned files that link CIHI's data to data from other organizations was included in Statistics Canada's Research Data Centres:

- Canadian Vital Statistics Death Database (CVSD) linked to the Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS) and Ontario Mental Health Reporting System (OMHRS) (all deaths)

## Indicator 5: Increase in total number of users of CIHI's private online tools/products

### Target met/exceeded

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

**Baseline (2016–2017):** 176

**Target:** 100

**Actual:** 173

YHS: Insight is a secure online tool that allows health system stakeholders to explore their indicator results by accessing and drilling down to the underlying patient record-level data.

The total number of new registered users (173) increased from last year (153) and exceeded the target (100) (see tables D5 and D6 in [Appendix D](#)). The increase is possibly a return to normalization from the previous year's impact of the pandemic where we saw a decrease.

Of 954 registered users for 2021–2022, 63% were active users. That is a 5% increase compared with 2020–2021 and it is the highest level of activity recorded since 2016–2017 (see Table D7 in [Appendix D](#)).



# Long-term outcomes: Contribution to pan-Canadian population health and health system improvement

## Indicators 6 and 7: Extent to which CIHI has contributed to population health and health system improvements

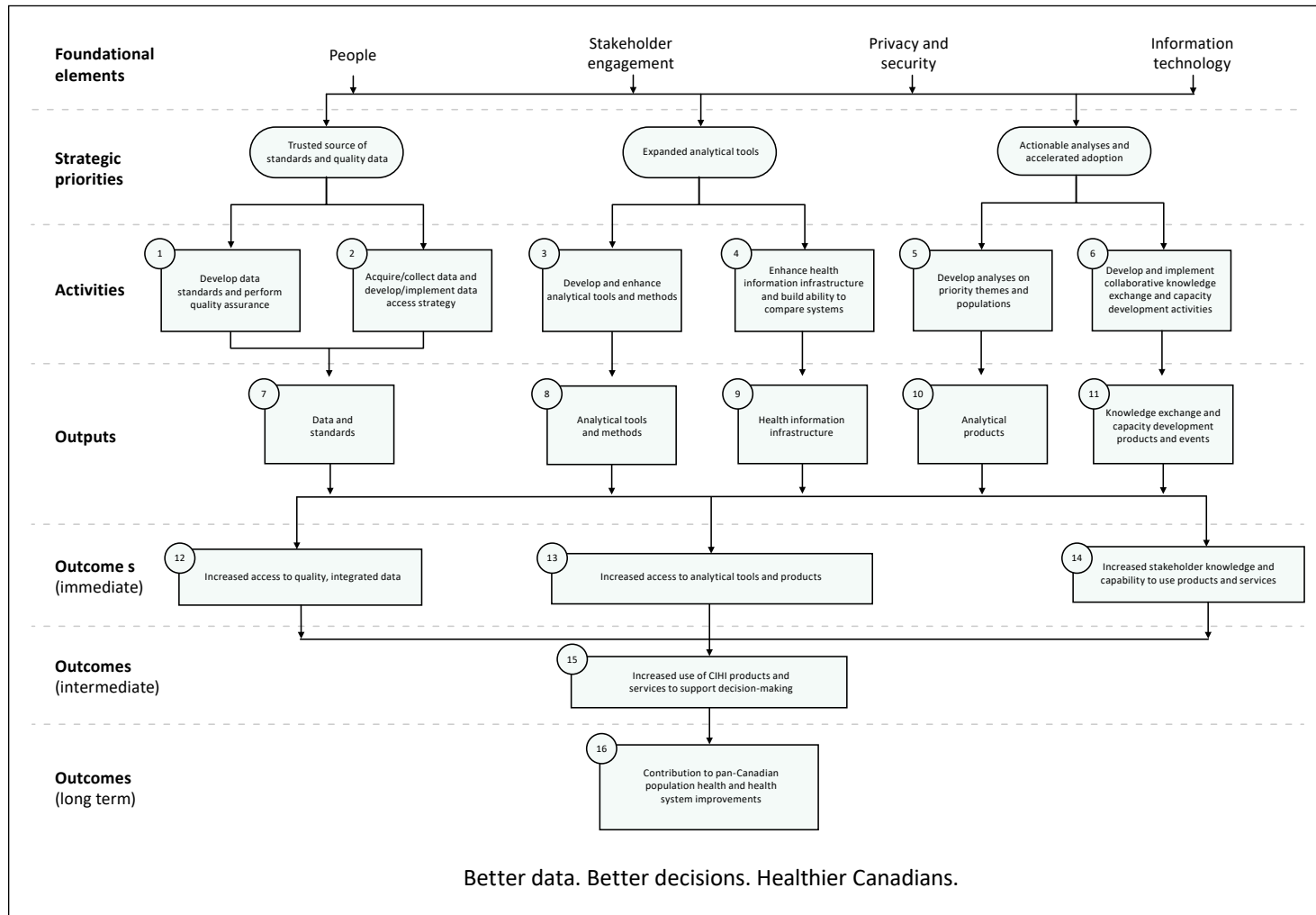
Definition: Examples of actions/decisions implemented based on CIHI's products, tools and/or services that have shown an improvement/change in a health system, population health or health policy

To track long-term outcomes related to how CIHI's products and services are contributing to population health and health system improvements, we follow up with stakeholders to learn how they've used our products and services to identify an issue and to trigger an implementation plan to improve an outcome.

For 2021–2022, CIHI collected 8 impact stories to demonstrate how stakeholders are using evidence from a CIHI knowledge product or service to support decision-making in their setting (see [Appendix C](#)). The stories highlight a range of uses from addressing the broader health care impacts of the pandemic to the establishment of First Nations Data Centres.

# Appendices

## Appendix A: CIHI's logic model



## Appendix B: List of indicators by performance area

Performance area	Performance indicators	Data sources	Frequency	Board-reported indicator
<b>Outputs</b>				
<b>Data and standards (logic model box 7)</b>	Number of planned new and major standards enhancements completed by CIHI	CIHI administrative data	Annually	No
	Number of planned data quality assessments completed by CIHI	CIHI administrative data	Annually	No
	Increase of coverage of data collection in priority areas	CIHI administrative data	Annually	Yes
<b>Analytical tools and methods (logic model box 8)</b>	Percentage of planned new and enhanced analytical tools completed by CIHI	CIHI administrative data	Annually	No
	Percentage of planned new and enhanced methods completed by CIHI	CIHI administrative data	Annually	No
<b>Health information infrastructure (logic model box 9)</b>	Percentage of planned health information infrastructure enhancements completed within the year	CIHI administrative data	Annually	No
	Percentage of data sources included in Integrated eReporting against the 2021 target (retired)	n/a	n/a	No
<b>Analytical products (logic model box 10)</b>	Percentage of analyses released that align with priority population themes	Analytical plan	Annually	Yes
<b>Knowledge exchange and capacity-development products and events (logic model box 11)</b>	Number of capacity-development events or activities	CIHI administrative data	Semi-annually	No

Performance area	Performance indicators	Data sources	Frequency	Board-reported indicator
<b>Immediate outcomes</b>				
<b>Increased access to quality, integrated data (logic model box 12)</b>	Increase in access to CIHI's public data	CIHI administrative data	Semi-annually (annual targets)	Yes
	Percentage improvement in the quality of the data accessed	CIHI administrative data	Annually	No
	Number of linked data files available through third parties	CIHI administrative data	Annually	Yes
<b>Increased access to analytical tools and products (logic model box 13)</b>	Level of stakeholder satisfaction with access to and usefulness of tools and products	Surveys Evaluations	Stakeholder survey every 3 years, and other activities in between survey years	Yes
	Increase in total number of users of CIHI's private online tools/products	CIHI administrative data	Semi-annually (annual targets)	Yes
<b>Increased stakeholder knowledge and capability to use products and services (logic model box 14)</b>	Percentage of stakeholders (target group) reporting increased knowledge (awareness) of CIHI products and services in their setting	Surveys Evaluations	Stakeholder survey every 3 years, and other activities in between survey years	Yes
	Percentage of stakeholders (target group) reporting increased capability to use CIHI products and services in their setting	Surveys Evaluations	Stakeholder survey every 3 years, and other activities in between survey years	Yes
<b>Intermediate outcomes</b>				
<b>Increased use of CIHI products and services to support decision-making (logic model box 15)</b>	Percentage of stakeholders who report using evidence from a CIHI knowledge product or service to support decision-making in their setting	Surveys Evaluations	Stakeholder survey every 3 years, and other activities in between survey years	Yes
<b>Long-term outcomes</b>				
<b>Contribution to pan-Canadian population health and health system improvements (logic model box 16)</b>	Extent to which CIHI has contributed to pan-Canadian population health improvements	Vignettes External evaluations	Annually	Yes
	Extent to which CIHI has contributed to health system improvements	Vignettes External evaluation	Annually	Yes

**Note**

n/a: Not applicable.

## Appendix C: Impact stories

**Table C1** COVID-19 impact — Addressing the broader health care impacts of the pandemic

<b>Stakeholder name</b>	<b>Canadian Medical Association and Deloitte</b>
<b>CIHI product</b>	Impact of COVID-19 on Canada's health care systems (November 2020 release) Unintended consequences of COVID-19: Impact on harms caused by substance use (May 2021 release)
<b>Problem or issue</b>	The consequences of the COVID-19 pandemic extend beyond the effects of the virus itself to broader health impacts on Canada's health care systems and the wellness of Canadians
<b>Goal</b>	To advocate for enhanced funding commitments to return to pre-pandemic levels of patient care.
<b>Stakeholder action</b>	The Canadian Medical Association commissioned Deloitte to develop the report <a href="#">A Struggling System: Understanding the Health Care Impacts of the Pandemic</a> , which was released in November 2021. The report used CIHI's data to quantify the pandemic's impact on substance use disorders, home care assessments and surgical wait times during the early months of the pandemic.
<b>Impact</b>	The report garnered significant media attention (784 media mentions, 60 interviews) when it was released in November 2021. On March 25, 2022, the federal government announced \$2 billion in additional health care funding to address immediate pandemic-related health care system pressures, particularly the backlogs of surgeries, medical procedures and diagnostics.

**Table C2** Establishment of First Nations Data Centres

Stakeholder name	First Nations Information Governance Centre (FNIGC)
<b>CIHI information and support</b>	<p>CIHI provided information and support to the FNIGC and its regional partners to assist with efforts toward the continued development and implementation of the First Nations Data Governance Strategy, with the end goal of establishing First Nations–led information and data governance centres across the country.</p> <p>Leveraging expertise with respect to building health data governance, surveillance and research capacities across jurisdictions, CIHI was able to offer practical advice and insight to help guide the groundbreaking work of FNIGC. Leaders from across CIHI (e.g., Governance and Strategy, Information Technology and Services, Information Quality, Client Affairs managers) met with FNIGC representatives to share lessons learned and practical tips and to answer questions.</p> <p>CIHI also prepared a policy document for FNIGC outlining how the broader health data ecosystem would mutually benefit First Nations and other levels of government in Canada by helping to address important information and capacity gaps impacting First Nations Peoples.</p>
<b>Problem or issue</b>	<p>There are long-standing structural issues with respect to Canada's ability to close data gaps related to First Nations health. These issues have restricted the equitable participation of First Nations in Canada's health data systems — systems that must uphold respect for First Nations data sovereignty.</p>
<b>Goal</b>	<p>The goal was to share knowledge, expertise and advice with First Nations for the purposes of data capacity-building by leveraging CIHI's capacities and trusted relationships with FNIGC.</p>
<b>Stakeholder action</b>	<p>FNIGC used the information CIHI provided as a key input and for benchmarking to help inform the phased implementation of the First Nations Data Governance Strategy.</p>
<b>Impact</b>	<p>The strategy is a multi-year undertaking with very few precedents. It will advance much-needed respectful and sustainable data partnerships between First Nations and Canada while helping to narrow the gaps in data that negatively impact First Nations Peoples, enabling the data sovereignty rights of First Nations as a foundation to self-governance and self-determination. Over time, better data and a data infrastructure managed by First Nations will improve well-being and facilitate progress toward reconciliation.</p>

**Table C3** Use of CIHI's Commonwealth Fund chartbook and data tables to identify Manitoba's baseline performance in primary care

<b>Stakeholder name</b>	<b>Department of Family Medicine, University of Manitoba and Provincial Clinical Lead, Primary Care, Shared Health</b>
<b>CIHI product</b>	Commonwealth Fund chartbook and data tables
<b>Problem or issue</b>	The need for patients to access high-quality primary care in Manitoba.
<b>Goal</b>	To identify areas that require improved access to primary care in Manitoba.
<b>Stakeholder action</b>	<p>Shared Health Manitoba engaged the Department of Family Medicine at the University of Manitoba to improve access to primary care in Manitoba using a collaborative approach to bring together data, access theory and quality improvement methodology. The project team is using metrics from the Commonwealth Fund report, specifically the primary care questions 22 to 25, to identify Manitoba's baseline performance.</p> <p>For Phase 1 of the project, the team developed an Access Improvement Model (AIM) and a quality improvement training and support program designed to improve access to primary care in Manitoba. During this training, participating clinics will review the Commonwealth Fund's primary care questions as part of their current state assessment in order to identify local opportunities for improvement.</p>
<b>Impact</b>	The project team and Shared Health Manitoba are establishing system metrics to monitor access to primary care as well as the impact of the AIM initiative. Performance will include markers from quality indicators from each component of the Quadruple Aim framework.

**Table C4** Use of CIHI tools for decision-making related to care — Labrador–Grenfell Regional Health Authority

<b>Stakeholder name</b>	<b>Labrador–Grenfell Regional Health Authority</b>
<b>CIHI product</b>	CIHI's performance measurements for long-term care (LTC), other measures, tools and services such as Your Health System, relevant e-reports and the Learning Centre
<b>Problem or issue</b>	Labrador–Grenfell Health identified high rates of usage of antipsychotics and restraints, and high rates of falls in LTC. Also, Labrador–Grenfell Health observed a sharp spike in alternate level of care (ALC) from 2020–2021 to 2021–2022, which brought challenges in acute care facilities related to ALC clients, especially older adults.
<b>Goal</b>	To use CIHI data to monitor performance indicators for Labrador–Grenfell Health with the goal of improving client outcomes across LTC and ALC, and improving patient safety and quality.
<b>Stakeholder action</b>	<p>The LTC Program is focusing on priority clinical performance indicators identified with high rates of usage of antipsychotics and restraints, and high rates of falls. The following action was taken to lower rates for the inappropriate use of antipsychotic medications:</p> <ul style="list-style-type: none"> <li>• Ensured medications are not used inappropriately by conducting an in-depth review of medications on admission;</li> <li>• Developed a protocol for assessing, describing and monitoring inappropriate use of antipsychotic medications; developed a policy on inappropriate use of antipsychotic medications; and developed alternate ways of promoting mental health;</li> <li>• Provided orientation and ongoing education for LTC employees; and</li> <li>• Regularly monitored and reviewed the use of antipsychotic medications.</li> </ul> <p>To lower the rates of restraint use, a policy was developed and put in place.</p> <p>To lower the rates of falls, a policy was developed and put in place alongside orientation and ongoing education for employees.</p> <p>Labrador–Grenfell Health decision-makers are using CIHI's ALC data to gain a better understanding of this population to improve client outcomes.</p>
<b>Impact</b>	<p>Labrador–Grenfell Health was able to set annual targets to decrease the use of antipsychotic medications and restraints and the incidence of falls in LTC.</p> <p>Labrador–Grenfell Health is currently reviewing and improving discharge planning processes to reduce the number of ALC clients in acute care facilities.</p>



**Table C5** Understanding quality of primary health care EMR data in Newfoundland and Labrador

<b>Stakeholder name</b>	<b>Newfoundland and Labrador Centre for Health Information (NLCHI) and Newfoundland and Labrador Department of Health and Community Services (NLDHCS)</b>
<b>CIHI product</b>	CIHI conducted a data quality assessment on primary health care (PHC) electronic medical record (EMR) data provided by NLCHI. Results were documented in a data quality report and an interactive Excel report.
<b>Problem or issue</b>	An interest in making better use of PHC EMR data for secondary use.
<b>Goal</b>	To evaluate and understand the quality of PHC EMR data, its flow from point of care to NLCHI and its fitness for health system use.
<b>Stakeholder action</b>	Findings from the report that highlighted opportunities for improvement of PHC EMR data for secondary use were presented to the Newfoundland and Labrador EMR Management Committee and Data Governance Committee and the NLCHI Leadership Committee.
<b>Impact</b>	These findings have informed decision-making around the current and future secondary use of PHC EMR data, health system planning and data quality initiatives in the province. Enhanced PHC EMR data quality will improve the data and information available for front-line care, inform health system planning and facilitate secondary use of the data. NLCHI was pleased with the collaboration and a Phase 2 project is planned for the future.

**Table C6** Optimizing nurse practitioner scopes of practice in Prince Edward Island

<b>Stakeholder name</b>	<b>Prince Edward Island Department of Health and Wellness</b>
<b>CIHI product</b>	Nurse practitioner scopes of practice in Canada, 2020
<b>Problem or issue</b>	Ensure health professionals are working to full scope to provide services where needed.
<b>Goal</b>	To optimize the nurse practitioner (NP) scope of practice in P.E.I.
<b>Stakeholder action</b>	The NP scopes of practice analysis was used by the PEI Department of Health and Wellness to understand the variation in landscape for NP scopes across Canada and how scopes in P.E.I. relate to other comparable jurisdictions.
<b>Impact</b>	With this information and based on the data from other provinces, the PEI Department of Health and Wellness was able to determine that P.E.I. had a relatively progressive scope of practice for NPs. However, this analysis also identified areas that remain available for P.E.I. to optimize the NP role in its health care system (e.g., admitting to hospital).  The NP scope of practice analysis work conducted by CIHI provides the PEI Department of Health and Wellness with valuable information that will enable it to focus its resources and attention on specific barriers to expanding NP scopes of practice, specifically regulatory or policy barriers. It will also enable the PEI Department of Health and Wellness to engage in more focused discussions with stakeholders about the current state, existing barriers, and pathways to expanding NP scope of practice. The PEI Department of Health and Wellness valued the support the analysis provided as it works to address its health care workforce needs.

**Table C7** Caregiver needs and issues among Royal Bank of Canada employees

<b>Stakeholder name</b>	<b>Royal Bank of Canada (RBC)</b>
<b>CIHI product</b>	SHP indicator: Caregiver Distress
<b>Problem or issue</b>	RBC required more information about caregiver needs and issues to support its employees.
<b>Goal</b>	To increase awareness with the goal to influence programs/supports for RBC employees who are also caregivers.
<b>Stakeholder action</b>	RBC has Employee Resource Groups across the country and one such group is i-CARE, which was established to provide support to RBC employees who are also caregivers. The SHP Caregiver Distress indicator and results were presented to RBC employees in British Columbia on June 16, 2021, to educate employees about real caregiver needs and issues. RBC also used this data to equip its leadership with education on this topic, thus impacting the culture of care and potentially sparking conversations around employee leaves.
<b>Impact</b>	Education will ensure that leaders can better support employees who are caregivers by implementing existing benefits more creatively and potentially transforming these benefits in the future. Supporting informal caregivers also decreases the burden on formal health care workers, which saves resources for the health care system. <sup>i</sup> Educating employees has the potential for positive long-term outcomes, both for the well-being and work-life balance of RBC employees and for the health and well-being of the individuals they provide care for.

**Table C8** COVID-19 impact — Effects on hospitalizations and surgeries in Manitoba

<b>Stakeholder name</b>	<b>Shared Health Manitoba and Manitoba Health</b>
<b>CIHI product</b>	Impact of COVID-19 on Canada's health care systems (July 2021 and December 2021 releases), and Surgery reductions and COVID-19 hospitalizations (a custom analysis)
<b>Problem or issue</b>	COVID-19 hospitalization rates and the impact on surgeries and diagnostics in Manitoba.
<b>Goal</b>	To understand comparative provincial COVID-19 hospitalization census rates and corresponding reductions in surgical volumes in waves 2 and 3 of the pandemic, to help with planning for post-pandemic recovery.  The main finding was that Manitoba had the highest per-capita COVID-19 hospitalization rate of all provinces and also had the largest reductions in surgery volume.
<b>Stakeholder action</b>	Shared Health Manitoba and Manitoba Health combined CIHI's report with local data to confirm the timing and level of impact of COVID-19 hospitalizations on surgical volumes in Manitoba.
<b>Impact</b>	The CIHI results complemented local data and experience, which led to the establishment of Manitoba's Diagnostic and Surgical Recovery Task Force to address the backlog in services that resulted from the COVID-19 pandemic.

i. Canadian Institute for Health Information. [Unpaid caregiver challenges and supports](#). Accessed April 20, 2022.

## Appendix D: Details on accomplishments for 2021–2022

**Table D1** Number of activities to increase coverage of priority areas in existing data holdings, 2021–2022

Data holding	Planned activities	Number of activities completed
Inpatient mental health (clinical)	1	0
Community mental health (new as of 2017–2018)	1	0
Child and youth mental health	0	0
Narcotic monitoring system	0	0
Wait times — Mental health (SHP indicator)	9	8
Home care	6	1
Wait times — Home care (SHP indicator)	6	4
Palliative care/end of life	0	0
Primary health care EMR	3	2
Prescription drugs (claims data)	4	2
Medication/radiation incidents	2	0
Patient experience (acute care)	5	1
Patient-reported outcome measures (PROMs)	1	1
Long-term care (clinical)	4	0
Ambulatory clinics	0	0
Emergency department	5	2
Joint replacements (new as of 2019–2020)	1	0
Organ failure and replacement (new as of 2019–2020)	1	0
Organization-level financial and statistical (MIS)	7	0
Health expenditures — macro (National Health Expenditure Database)	0	0
Patient-level physician billing	6	6
Patient costs — acute (new as of 2019–2020)	1	0
Patient costs — long-term care	1	0
Physician payments and service utilization	0	0
Occupational therapists (new as of 2021–2022)	1	1
Insured persons repository	8	0
<b>Total</b>	73 (includes engagement) 70% of 53 (target)	27 (includes engagement) 23 (excluding engagement)

**Table D2** Areas of noteworthy advancements in data

Type of data	Jurisdiction
Emergency department	P.E.I.
Long-term care clinical	Sask., Man.
More detailed aggregate workforce	All
Home care	P.E.I.
Primary health care EMR	N.L.
Expanded patient-reported experience measures in acute care	Ont.
Linkable drug claims	N.S.
Patient-level physician billing (established a feed and received data)	N.L., B.C.
Emergency department — mental health and substance use	Sask., Que.
New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home (indicator)	N.B.
Caregiver Distress (indicator; improved home care data)	Alta.
Expanded pan-Canadian wait time data for home care and mental health services	Multiple jurisdictions

**Table D3** Analytical products released in 2021–2022

<b>Priority populations</b>
Impact of COVID-19 on Canada's health care systems (December 2021 update of LTC, home care and mental health analysis)
Unintended consequences of COVID-19: Impact on harms caused by substance use
Unintended consequences of COVID-19: Impact on self-harm behaviour
Wait Times for Home Care Services (SHP indicator)
Using Canadian Acute Care Data to Develop a Frailty Measure to Inform Quality of Care and Research on Seniors
Wait Times for Community Mental Health Counselling (SHP indicator)
Commonwealth Fund survey, 2021 (older adults)
Common Challenges, Shared Priorities: Measuring Access to Home and Community Care and to Mental Health and Substance Use Services in Canada — Volume 3 (SHP Year 3 report)
How many long-term care beds are there in Canada?
<b>Non-priority populations</b>
Impact of COVID-19 on patient experience in acute care hospitals
Virtual care: A major shift for physicians in Canada
Virtual care: A major shift for Canadians receiving physician services
Impact of COVID-19 on accidental falls in Canada

**Table D4** Number of sessions for selected online interactive tools, 2021–2022\*

<b>Tool</b>	<b>Actual sessions, 2019–2020</b>	<b>Actual sessions, 2020–2021</b>	<b>Annual target, 2021–2022</b>	<b>Actual sessions, 2021–2022</b>
<b>Patient Cost Estimator</b>	11,058	8,071	8,475 (+5% of 2020–2021)	7,952 (-1% of 2020–2021)
<b>Wait Times</b>	41,473	22,940 <sup>†</sup>	16,589 <sup>†</sup> (-60% of typical year)	6,272 <sup>†</sup> (-85% of a typical year)
<b>Your Health System: In Brief/In Depth</b>	69,284	62,261	62,261 (0% of 2020–2021)	74,448 (+20% of 2020–2021)

**Notes**

\* Excluding CIHI internal traffic.

† The Wait Times tool was decommissioned on January 12, 2021, and a new tool was launched in August 2021. Therefore, the PMF target for 2021–2022 was set to see a decrease of 60% of a typical year.

**Table D5** New registered users and active users of YHS: Insight

Metric	Baseline, 2016–2017	Annual target, 2021–2022	Annual actual, 2021–2022
New registered users	176	100	173
Percentage of active users*	44%	50%	63%

**Note**

\* Active users accessed Insight 2 or more times during a 6-month period (April to September or October to March).

**Table D6** Number of new registered YHS: Insight users

Annual baseline, 2016–2017	Annual target, 2021–2022	Actual, April to September 2021	Actual, October 2021 to March 2022
176	100	81	92

**Table D7** Percentage of active\* YHS: Insight users

Annual baseline, 2016–2017	Annual target, 2021–2022	Actual, April to September 2021	Actual, October 2021 to March 2022
45%	50%	46%	46%

**Note**

\* Active users accessed Insight 2 or more times during a 6-month period (April to September or October to March).

# Appendix E: 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.

**CIHI Ottawa**

495 Richmond Road  
Suite 600  
Ottawa, Ont.  
K2A 4H6  
**613-241-7860**

**CIHI Toronto**

4110 Yonge Street  
Suite 300  
Toronto, Ont.  
M2P 2B7  
**416-481-2002**

**CIHI Victoria**

880 Douglas Street  
Suite 600  
Victoria, B.C.  
V8W 2B7  
**250-220-4100**

**CIHI Montréal**

1010 Sherbrooke Street West  
Suite 602  
Montréal, Que.  
H3A 2R7  
**514-842-2226**

---

cihi.ca

18866-0822

