



President's Quarterly Report

As at March 31, 2023



Canadian Institute
for Health Information

Institut canadien
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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 2022–2023 (i.e., January 1 to March 31, 2023)
- CIHI's public releases from January 1 to March 31, 2023
- Corporate Performance Measurement Framework indicators: Board-reported indicators for 2022–2023

President's update

Key initiatives in progress

In the past few months, CIHI has deepened relationships with key experts in Australia, including the Australian Institute of Health and Welfare (AIHW). Discussions have focused on shared health priorities such as health workforce and aged care.ⁱ CIHI will be leveraging these connections to forge new collaborations and to learn from each other in these critical areas of focus for health systems. This includes plans for a symposium on aged care in December 2023, with a focus on data implementation and incorporation into standardized reporting systems. In addition, CIHI will be consulting with the National Centre for Health Workforce Studies at The Australian National University (ANU) to advance the work being done to build a collaborative centre of excellence for health workforce data.

i. The [Australian Government Department of Health and Aged Care](#) defines aged care as “the support provided to older people in their own home or in an aged care (nursing) home. It can include help with everyday living, health care, accommodation and equipment such as walking frames or ramps.”

Strategic activities and outcomes

The following are key accomplishments for the fourth quarter of 2022–2023 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

- In February 2023, the inaugural meeting of the Digital Health and Data Interoperability Executive Steering Council took place. Through the collaborative efforts of CIHI and Canada Health Infoway, these meetings are intended to drive accountability and accelerate interoperability efforts across the country.
- On March 21, 2023, CIHI gave a presentation to the Patient and Advocate Advisory Committee of Health Canada's Organ Donation and Transplantation Collaborative. In addition to a project update, the presentation focused on the recruitment of patient, family and donor partners to provide input on organ donation and transplantation (ODT) public reporting activities. A total of 4 patient, family and donor partners expressed interest in partnering with CIHI to plan and execute a focus group session next fiscal year.
- CIHI's Data Standards team completed an environmental scan of current practices and future requirements regarding sex and gender data across the provinces and territories, as well as among major acute and primary care software vendors. The results of this scan help fill an important knowledge gap and support CIHI's plans to modernize our sex and gender data content standards, ensuring that they align with international interoperable standards and that they are appropriate for both clinical care and health system use purposes.
- As of March 22, 2023, CIHI has received long-term care (LTC) data via our Integrated interRAI Reporting System (IRRS) for 62 facilities in Nova Scotia. The phased implementation of interRAI Long-Term Care Facilities assessments in the 91 Nova Scotia-based care facilities is expected to be completed by the end of the first quarter of 2023–2024. A promotional information session on IRRS was also delivered at a Canadian Association for Long Term Care (CALTC) quarterly meeting of stakeholders.

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

- CIHI's pilot project with the Canadian Agency for Drugs and Technologies in Health (CADTH) has yielded many successes, including a better understanding of the utilization of glucagon-like peptide 1 receptor agonists with a particular focus on Ozempic, which is used to treat type 2 diabetes mellitus. It is also approved under a different brand name to support weight management. Moving forward, we are shifting our combined efforts toward drugs for rare diseases (DRDs). Together, we will explore opportunities to support real-world evidence and post-market drug evaluation (PMDE) by leveraging CIHI's National Prescription Drug Utilization Information System (NPDUIS) data and CIHI's ability to link to other data sets to gain insight into outcomes.
- On March 9, 2023, CIHI released the *Pan-Canadian Organ Donation and Transplantation Prioritized Indicators* report, which documents an extensive engagement process spanning October 2021 to October 2022 where CIHI hosted 12 forums to explore 10 topics on indicator prioritization. Following these forums, 78 indicators were recommended for future CIHI health system reporting on deceased donations, living donations and transplantations.
- On March 27, 2023, a [peer-reviewed paper on the development and validation of the CIHI Hospital Frailty Risk Measure \(HFRM\)](#) — a relatively new tool that describes the level of frailty in hospitalized seniors — was published in the *Canadian Medical Association Journal* (CMAJ). This publication helps to establish the CIHI HFRM as a valid tool showing good discriminatory power for several adverse outcomes, and it promotes awareness, uptake and use of the tool by health system decision-makers, care delivery managers and researchers to support system-level planning and quality improvement initiatives for Canada's aging population.
- On March 29, 2023, CIHI released a new version of the Physician Resource Planning Tool (PRPT). This version is accessible in both official languages and provides an additional opportunity for provincial and territorial stakeholders to provide feedback that will help to inform the development of future iterations of the tool. The PRPT allows users to create unique projections of physician supply and population demand for health services over 20 years by physician specialty at the provincial/territorial level. This can help health planners to assess the potential effects of changes they want to implement in their jurisdiction. The ability to create customized projections with user-adjustable variables and the integration of demand data makes the tool a valuable resource.
- On March 30, 2023, CIHI released interactive maps that explore the supply of different types of physicians and nurses across Canada's health regions. This 2021 data is available for all physicians, family physicians and specialist physicians. It is also available for all regulated nursing professionals, including nurse practitioners, registered nurses, registered psychiatric nurses and licensed practical nurses.

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

- The First Nations Information Governance Centre (FNIGC) and CIHI continue to work toward the development of a memorandum of collaboration to support First Nations data governance and the establishment of FNIGC data governance centres across the country. As well, CIHI continues to support the First Nations Health Managers Association (FNHMA) with whom we share a memorandum of understanding (MOU). Our most recent efforts are focused on supporting FNHMA's work to redesign the health data components of its credential program courses. CIHI has also engaged with the Métis Nation — Saskatchewan to explore technical and legislative considerations for data access, and participated in early partnership conversations with the Indigenous Primary Health Care Council.
- CIHI continues to prioritize working in partnership to advance cultural safety in health systems. In January 2023, CIHI supported the planning of Indigenous Services Canada's (ISC's) National Dialogue on Data to Address Anti-Indigenous Racism and continues to contribute to conversations about data to address racism through ISC's Indigenous Advisory Circle. In March 2023, CIHI hosted the inaugural meeting of the Cultural Safety Measurement Collaborative, a group of 15 First Nations, Inuit and Métis individuals who will work together over the next 5 years to identify and co-develop a set of indicators for cultural safety in health systems. CIHI is committed to working with members of the Collaborative to co-develop a mixed methodology, leveraging CIHI's experience with indicator development and members' experience with Indigenous methodologies.
- The Canadian Health Information Podcast (the CHIP) continued with new monthly episodes focused on key topics tied to CIHI's strategic plan and priority populations. Cindy Fehr, CEO of the Nurse Practitioner Association of Manitoba, and Stan Marchuk, a B.C. family nurse practitioner, joined the English podcast in January while Christine Laliberté, president of the Quebec Association of Specialized Nurse Practitioners, and Diana Dima of the CIUSSS West-Central Montreal joined the French podcast to discuss the role of nurse practitioners and the plan to get more of them in the field. In February, Dr. Chika Stacy Oriuwa and Dr. Jean-Joseph Condé, a former president of the Canadian Medical Protective Association, spoke with us about the value of race-based data and the importance of Black representation in health care in Canada. The March episodes were tied to the release of our report on surgical wait times in Canada. Dr. David Urbach of the Women's College Hospital and Dr. Etienne Belzile, head of orthopedic surgery for a level 1 trauma centre in Québec, shared their insights into how hospitals and health systems in Canada are trying to deal with the significant backlog of surgeries and what could be done to fix the problems for the long term.

Corporate foundations

Maintaining a strong foundation includes caring for our people, continuously investing in our information technology, remaining committed to managing privacy and security risks, and meaningfully engaging with stakeholders and partners.

- Course 2 of the Indigenous learning bundle was made available to staff as part of the Learning and Professional Development Program. While Course 1 focused on our shared history of colonialism in Canada, Course 2 aimed to evolve the learnings by exploring colonialism as a social determinant of health and shedding light on the ongoing impacts of colonialism on the health and well-being of Indigenous Peoples. Later this year, CIHI will launch Course 3, which focuses on Indigenous world views, perspectives on data and the governance of Indigenous data.
- CIHI continued to promote equity, diversity and inclusion (EDI) by focusing on 3 goals to build a more inclusive organization: building capacity through learning, sharing accountability across the organization, and supporting workforce diversity through inclusive policies and practices. We are pleased to report that more than 700 CIHI employees have now completed Foundations of Equity, Diversity and Inclusion in the Workplace, the micro-credential course offered through Dalhousie University. Individual staff members and teams are now engaging in action-planning activities to incorporate their learnings into day-to-day activities. Several more learning sessions were held with course creator Camille Dundas, most recently focusing on allyship and action planning.
- The federal government announced it was investing \$505 million over 5 years for CIHI, Canada Health Infoway and other partners to modernize Canada's health data system. CIHI was also named in the federal budget with the inclusion of confirmed funding of \$100 million over and above CIHI's base budget, as part of the negotiations on the health transfers with the provinces and territories. The funding allocation is for projects CIHI will help to advance, including indicator development, interoperability and a centre of excellence for health human resources.

CIHI's public releases from January 1 to March 31, 2023

[COVID-19 Hospitalization and Emergency Department Statistics, 2022–2023 \(Q1 to Q2\) —](#)

[Provisional Data](#): These tables include the most recent information on acute care hospitalizations and emergency department (ED) 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.

[Induced Abortions Reported in Canada in 2021](#): 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.

[Inpatient Hospitalization, Surgery and Newborn Statistics, and Childbirth Indicators.](#)

[2021–2022](#): This release provides key information on 2021–2022 inpatient hospitalization, surgery and childbirth indicators. The data 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.

[Mental Health and Substance Use indicators](#): This release includes interactive visualizations and data tables for 3 Mental Health and Substance Use (MHSU) indicators: 30-Day Readmission for MHSU (2013–2014 to 2021–2022), Repeat Hospital Stays for MHSU (2013–2014 to 2021–2022) and Frequent Emergency Room Visits for Help With MHSU (2017–2018 to 2021–2022). Data tables contain additional breakdowns by patient age group, recorded sex or gender, neighbourhood income quintile and geography (urban or rural/remote neighbourhood).

[NACRS Emergency Department Visits and Lengths of Stay, 2022–2023 \(Q1 to Q2\) —](#)

[Provisional Data](#): Explore the most recent information on ED visits and lengths of stay for participating provinces/territories in Canada, based on provisional data submitted to the National Ambulatory Care Reporting System.

[Organ replacement in Canada: CORR annual statistics](#): The Canadian Organ Replacement Register (CORR) annual statistics provide information on organ transplants and donations, as well as on end-stage kidney disease. These statistics examine characteristics, patient outcomes and trends in Canada between 2012 and 2021.

[Surgeries impacted by COVID-19: An update on volumes and wait times](#): This release provides updated information on how many fewer surgeries were performed between March 2020 and September 2022 compared with before the pandemic, as well as updated wait times for priority procedures. It also provides interactive visualizations exploring how long patients wait for a priority procedure and the proportion of patients who receive care within benchmarks for hip and knee replacement, hip fracture repair, cataract surgery, coronary artery bypass graft, radiation therapy, MRI scan and CT scan.

Corporate Performance Measurement Framework indicators: Board-reported indicators 2022–2023

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, which has now been extended through 2023–2024. 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 over the course of the fiscal year ([Appendix B](#)).

CIHI has developed an updated PMF to reflect a new strategic plan and in anticipation of a renewed funding agreement with Health Canada in 2023–2024. Over the course of the year, we plan to transition to the new PMF to measure progress on our 2022 to 2027 strategic plan as well as the impact of our operational work in achieving CIHI's vision, mandate and long-term outcomes.

Overview of the 2022–2023 PMF results

CIHI met or surpassed targets for 3 indicators and partially met the targets for 1 of the board-reported PMF indicators in 2022–2023. These results are similar to those for the previous year.

There continues to be an increase in stakeholder engagement with new information or education relevant to the pandemic (e.g., Your Health System [YHS] tools, collection of data from unanticipated sources). This suggests that stakeholders are continuing to find this information relevant and useful as they support health systems still grappling with COVID-19 and its impacts.

PMF indicators reported to the Board for 2022–2023

The following 5 quantitative indicators were reported:

- Increase of 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/products

To demonstrate how CIHI has contributed to health system improvements and provided value to stakeholders (indicators: ***Extent to which CIHI has contributed to pan-Canadian population health improvements*** and ***Extent to which CIHI has contributed to health system improvements***), CIHI collects qualitative information in the form of impact stories ([Appendix C](#)) that demonstrate how stakeholders are using evidence from a CIHI product or service to support decision-making.

PMF indicators not reported to the Board for 2022–2023

The following 5 indicators were not reported:

- Percentage of data sources included in Integrated eReporting (IeR) against the 2021 target (retired as of April 1, 2018)
- 4 PMF indicators require stakeholder feedback and are reported on every 3 years as part of CIHI's survey cycle. Data was 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 following sections of this report detail the 2022–2023 results for each of the Board-reported indicators.

Performance results for 2022–2023

The table below summarizes the results of CIHI's Board-reported 2022–2023 PMF indicators. Details on individual indicators can be found in the subsequent sections of this report.

Table 1 PMF indicator results, by performance area, 2022–2023

Performance area	Performance Measurement Framework indicators	Frequency	2022–2023 targets	2022–2023 results	Target status
Data and standards (logic model box 7)	1. Increase of coverage of data collection in priority areas	Annually	70%	58%	Not met
Analytical products (logic model box 10)	2. Percentage of analyses released that align with priority population themes	Annually	70%	78%	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: 9,350 sessions (+10% from previous year) WT: n/a† YHS: 62,300 sessions (0% of baseline)	PCE: 6,376 sessions (-19% from previous year) WT: 11,380† sessions (+73% of 2021–2022) YHS: 95,444 (+53% of baseline)	Partially met
	4. Number of linked data files available through third parties	Annually	6	7	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)	160 new users 60% active users	174 new users 72% 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 target for 2022–2023 was not set. Going forward, new targets will be set based on the current annual metrics.

n/a: Not applicable.

PCE: Patient Cost Estimator.

WT: Wait Times.

YHS: Your Health System.

More than just metrics

Performance measurement metrics reflect only part of the picture of CIHI's value to Canada's health systems. CIHI collects impact stories that show how stakeholders are using evidence from a CIHI product or service to support health system decision-making. The following is a list of the 7 impact stories included in this report (see [Appendix C](#) for details).

- Home care services and long-term care in Prince Edward Island
- Guidance for reporting of race and ethnicity in research articles
- Identifying and adopting indicators for public reporting in Yukon
- Drug and technology assessments to inform decision-making related to public drug programs
- Improving the patient experience in a hospital setting in Alberta
- Improving care for people who are hospitalized with schizophrenia in Ontario
- Updating interprovincial billing rates for day surgeries and implementing new rates for specialized mental health and addictions hospitals

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

CIHI's performance framework includes a subset of online tools selected for specific evaluation (Indicator 3). While this does not begin to capture our full reach and expanding set of digital tools, it is something we will endeavour to remedy to align with our vision of performance reporting. Below are some additional metrics that help illustrate our reach and expanding set of digital tools:

- Website: Over 1.2 million sessions on cihi.ca, which is similar to the previous year.
- Media coverage: 78,000 mentions of CIHI in international, national and regional print and broadcast news (almost 6 times higher compared with 2021–2022)
- Social media engagement: 86,000+ followers across all social media channels (an 8.5% decrease compared with 2021–2022)
- Interest in COVID-19 content:
 - 210,000+ sessions on CIHI's COVID-19 resources content
 - 700+ COVID-19 custom data requests from stakeholders and media
 - 900+ downloads and 75+ organizations/stakeholders across the country using CIHI's Health System Capacity Planning Tool
- Podcast engagement: 16,000+ downloads in less than 1 year since launching 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 52 = 36

Actual: 58% of 52 = 30

Activities to increase geographic coverage in priority areas for existing data holdings are those that result in meaningful progress toward obtaining new data or securing a commitment for data standardization. Examples include

- 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 58% of the planned and unplanned activities (30 out of 52) for 2022–2023 (see Table D1 in [Appendix D](#)).

Shifting priorities within the jurisdictions and the impact of the pandemic continued to affect the extent to which CIHI's data advancement plans could be realized for this year.

While the priority during the COVID-19 pandemic has been to preserve the existing data supply, there were several noteworthy data advancements during 2022–2023, including new data to support the Shared Health Priorities (SHP) indicators, as well as new or expanded coverage in several other domains (see Table D2 in [Appendix D](#)).

In addition to the activities listed, CIHI is in discussions with the province of Quebec regarding a mechanism for CIHI to accept, process and report Quebec provisional hospitalization data. Planning is also underway to operationalize Manitoba's commitment to forego encryption of its health care numbers prior to submission to CIHI — a measure that will improve the linkability of its data.

Outputs: Analytical products

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

Target met/exceeded

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

Baseline (2016–2017): 17%

Target: 70%

Actual: 78%

Achievements for 2022–2023

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.

78% of new ad hoc analytical products released in 2022–2023 focused on priority populations. However, a couple of planned releases were deferred to the following fiscal year to align with the release of additional related products. Planned work continued to accommodate ongoing COVID-19 analytical work as well as emerging work related to CIHI's new strategic priorities such as health workforce and virtual care (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 partially met

Definition: Percentage annual increase in access to publicly accessible data

CIHI has a range of online tools through 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 high-quality, integrated data.

Table 2 Results for sessions for selected online interactive tools, 2022–2023

Tool	Target	Actual*
Patient Cost Estimator	9,350 sessions (+17% from previous year)	6,372 sessions (-19% from previous year)
Wait Times	Not applicable†	11,390 [†] sessions (+73% of 2021–2022)
Your Health System: In Brief/In Depth	62,300 (0% from 2020–2021)	95,444 (+53% of 2020–2021)

Notes

* Excluding CIHI internal traffic.

† The Wait Times tool was decommissioned in January 2021 and a new tool was launched in August 2021. The target for 2022–2023 was not set. Going forward, new targets will be set based on the current annual metrics.

The tools selected for evaluation under this indicator have all experienced different variations in user traffic (see Table D4 in [Appendix D](#)). This may be due, in part, to a stakeholder shift in focus toward issues related to the pandemic. The inflexibility of this metric makes it difficult to convey the range and uptake of many of our online tools — something we plan to address with the revised performance metrics in CIHI's new strategic plan for 2022 to 2027.

Patient Cost Estimator

In 2022–2023, sessions in PCE pages decreased by 19% from the previous year. The PCE tool was not heavily promoted during the pandemic as stakeholders focused on COVID-19–related products. The decline in web traffic can be attributed to a 39% decrease in sessions from direct traffic (bookmarks, address bar auto-fill and other unattributable sources) and from redirections from the Government of Canada's website (Canada.ca). Visitor session and page navigation patterns were similar to those observed for the previous fiscal year with the exception of February and March 2022, which had 25% more sessions compared with the same period in 2023. Promotion of this tool is expected to resume in summer 2023.

Wait Times tool

The Wait Times tool was relaunched in August 2021 using a new platform and housed at a new URL. Although the number of sessions increased from 2021–2022, it remained lower than in previous years, likely due to a combination of factors including the change in URL and competing topics of interest related to the pandemic. Moving forward, session targets will be set based on the 2022–2023 actual results.

Your Health System: In Brief and In Depth

In 2022–2023, sessions in YHS: In Brief and In Depth pages increased by 28% and exceeded annual targets by 53%. This growth has been due to an increase in sessions from across the major sources of traffic including Google organic (+16%), direct (+28%), Bing organic (+67%) and Client Relationship Management (CRM) email (+22%).

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

Target met/exceeded

Definition: Number of linked data files available through third parties

Baseline (2016–2017): 1

Target: 6

Actual: 7

In 2022–2023, 3 of the planned files that link CIHI's data to data from other organizations were included in Statistics Canada's Research Data Centres (RDCs). 1 file was delayed, with plans for inclusion in 2023–2024. 3 unplanned files that link CIHI's data were also available in the RDCs (see Table D5 in [Appendix D](#)).

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: 160 (60% active users)

Actual: 173 (72% active users)

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.

We are observing stabilization in use of the tool. Currently there are no active promotional efforts underway. Long-term planning for YHS: Insight will be adjusted based on the Hub roadmap and how that might impact YHS: Insight future usage (see tables D6, D7 and D8 in [Appendix D](#)).

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

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

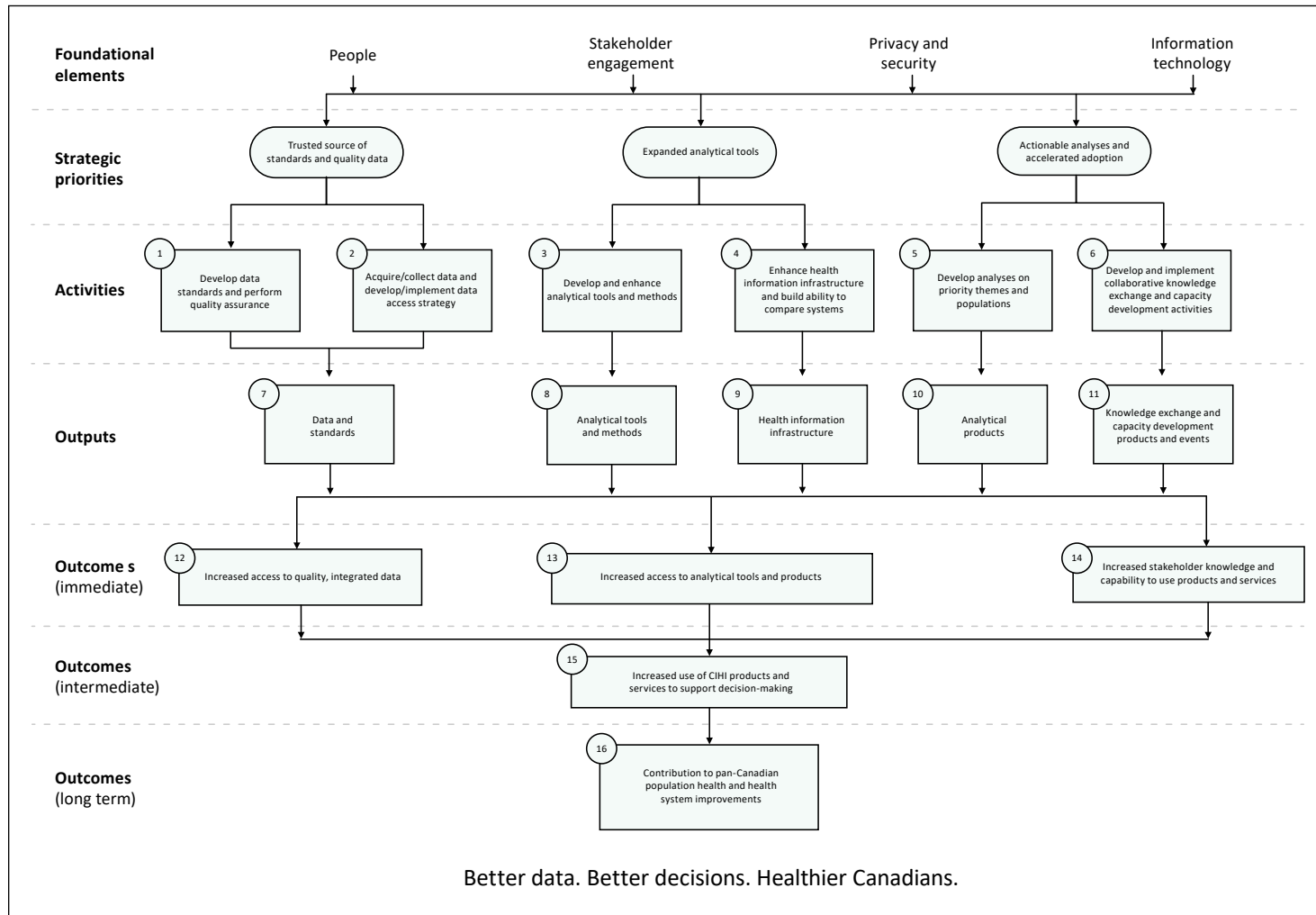
Definition: Examples of actions/decisions implemented based on CIHI's products, tools and/or services that have shown an improvement/change in a health system, population health or health policy

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 initiate an implementation plan to improve an outcome.

For 2022–2023, CIHI collected 7 impact stories to demonstrate how stakeholders are using evidence from a CIHI knowledge product or service to support decision-making in their respective settings (see [Appendix C](#)).

Appendices

Appendix A: CIHI's logic model



Appendix B: Complete list of indicators by performance area

Performance area	Performance indicators	Data sources	Frequency	Board-reported indicator
Outputs				
Data and standards (logic model box 7)	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
Analytical tools and methods (logic model box 8)	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
Health information infrastructure (logic model box 9)	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 (retired in 2018)	No
Analytical products (logic model box 10)	Percentage of analyses released that align with priority population themes	Analytical plan	Annually	Yes
Knowledge exchange and capacity-development products and events (logic model box 11)	Number of capacity-development events or activities	CIHI administrative data	Semi-annually	No

Performance area	Performance indicators	Data sources	Frequency	Board-reported indicator
Immediate outcomes				
Increased access to quality, integrated data (logic model box 12)	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
Increased access to analytical tools and products (logic model box 13)	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
Increased stakeholder knowledge and capability to use products and services (logic model box 14)	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
Intermediate outcomes				
Increased use of CIHI products and services to support decision-making (logic model box 15)	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
Long-term outcomes				
Contribution to pan-Canadian population health and health system improvements (logic model box 16)	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 evaluations	Annually	Yes

Note

n/a: Not applicable.

Appendix C: Impact stories

Table C1 Home care services and long-term care in Prince Edward Island

Stakeholder name	Health PEI
CIHI product	interRAI Home Care Assessment Solution
Problem or issue	Need to understand demand and requirements for home care services and long-term care in P.E.I.
Goal	To use a standardized assessment process to inform decision-making related to the use of home care services and determining eligibility for long-term care
Stakeholder action	Health PEI decided to use CIHI's interRAI Home Care Assessment Solution to aid the process of determining the need for home care services and eligibility for long-term care.
Impact	<p>Health PEI's adoption of CIHI's interRAI Home Care Assessment Solution has helped to inform decision-making related to home care services and long-term care in P.E.I. Adopting this assessment solution has also facilitated the conversion of assessment results into the client care plan as well as the use of electronic case management.</p> <p>Use of the digital assessment solution has led to the addition of a mobile component that enables care providers to complete assessments in the client's home, which gives assessors the chance to obtain a more comprehensive understanding of the client's needs — all while delivering care. Furthermore, the outcome scales and clinical assessment protocols (CAPs) provided by the assessment solution have proven to be valuable resources that help assessors gain a deeper understanding of their clients' needs. In the longer term, Health PEI expects that continued use of CIHI's interRAI Home Care Assessment Solution will continue to help ensure that clients are receiving high-quality care and will facilitate data comparison and analysis at the provincial and territorial levels.</p>

Table C2 Guidance for reporting of race and ethnicity in research articles

Stakeholder name	Canadian Medical Association Journal (CMAJ)
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	Canada and many other high-income countries have a long history of racism and discrimination. The CMAJ recognizes its role in the inadvertent perpetuation of inequity across racialized and ethnic communities through the publication of research articles that do not account for race and ethnicity in cases where it was clinically relevant.
Goal	To put in place a system of guidance for the reporting of race and ethnicity in research articles published by the CMAJ. This will help to standardize reporting and will contribute to a pool of reliable evidence on race and ethnicity in the context of health and health care.
Stakeholder action	In a demonstration of strong leadership, the CMAJ has integrated guidelines presented in CIHI's report <i>Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada</i> into their manuscript submission process.
Impact	These new guidelines are an important step toward measuring and understanding the impact of systemic racism, bias and discrimination in health and health care in Canada. In the longer term, it is expected that these guidelines will lead to an increase in standardized reporting of race and ethnicity in health and health care, and that the evidence will help to inform interventions designed to improve the health of those in racialized and ethnic communities in Canada.

Table C3 Identifying and adopting indicators for public reporting in Yukon

Stakeholder name	Yukon Department of Health and Social Services
CIHI knowledge and expertise	CIHI's Health System Performance indicator expertise — a rapid facilitated process using learnings from development of the Shared Health Priorities indicators
Problem or issue	The Yukon Department of Health and Social Services contributes to indicators reported on by CIHI, but it did not have specific indicators identified to more deeply understand its health care system performance across the territory.
Goal	To identify and adopt indicators of performance of the health care delivery system at the territorial level
Stakeholder action	<p>The Yukon Department of Health and Social Services reached out to CIHI for guidance and expertise regarding a process for selecting territorial-level indicators. Leveraging materials previously developed along with the skills/expertise of staff from CIHI's Western Office and Health System Performance branch, CIHI met with representatives from the Yukon Department of Health and Social Services and the Yukon Hospital Corporation (YHC) to facilitate their selection process. 4 meetings took place in the fall of 2022.</p> <p>Following the selection process, 10 indicators were chosen for reporting in Yukon — many of which are currently being reported by CIHI. The Yukon Department of Health and Social Services and CIHI's Health System Performance branch, in collaboration with the YHC, are now fine-tuning the process for capturing and displaying the indicator set in a dashboard.</p> <p>CIHI's Western Office, with support from CIHI's program areas as needed, will continue to support Yukon with this important work.</p>
Impact	<p>This is part of a larger project to establish the first health authority in the territory and to create an accountability framework to support the relationship between the health authority and the government.</p> <p><i>"We are committed to creating a set of performance indicators to help monitor and improve the health care system in the Yukon. Throughout this process, which included a series of virtual workshops, we appreciated the guidance and support of our CIHI colleagues in the selection of Yukon-specific indicators. Their expertise in health care system performance and monitoring was a key component in the success of our project, and we valued their professionalism and genuine care for the outcome of our project."</i></p> <p>Amy Riske Assistant Deputy Minister Department of Health and Social Services Innovation, Quality and Performance Division Government of Yukon</p>

Table C4 Drug and technology assessments to inform decision-making related to public drug programs

Stakeholder name	Canadian Agency for Drugs and Technologies in Health (CADTH)
CIHI product	National Prescription Drug Utilization System (NPDUIS) data provided via the CIHI-CADTH Collaboration Pilot Project
Problem or issue	Need for a comprehensive understanding of the use of glucagon-like peptide-1 receptor agonists (GLP-1 RAs), with a focus on Ozempic (semaglutide injection), which is used to treat type 2 diabetes mellitus (T2DM) but is also approved under a different brand name to support weight management
Goal	To support CADTH's drug and technology assessments in ways that inform decision-making related to public drug programs
Stakeholder action	CADTH collaborated with CIHI to collect and assess real-world drug claims data to shed light on utilization patterns, suspected use outside T2DM, combined therapy, differences in formulary coverage and the significant increase in expenditures.
Impact	<p>In September 2022, CADTH released <i>Current Utilization Patterns of Glucagon-Like Peptide-1 Receptor Agonists</i> (informed by collaboration with CIHI). CADTH used this report to inform stakeholders on the real-world utilization, safety and effectiveness of and expenditures related to Ozempic, which is available on the Canadian market. The report brought awareness regarding off-criteria use, the need for pan-Canadian strategies to curb public and private drug program spending, the impact of formulary coverage policies on spending, and changes in prescribing patterns of Ozempic.</p> <p>This report was also the basis of strong news coverage, including <i>The Globe and Mail</i> article Canadians seek diabetes medication as replacement for weight-loss drug during arrival delays (August 18, 2022).</p> <p>In the longer term, providing real-world evidence to public drug program managers will inform cost-effective decision-making regarding formulary coverage and management strategies. Continued observation of trends in prescribing patterns will help to identify the need for prescribing guidelines to curb inappropriate use, as needed.</p>

Table C5 Improving the patient experience in a hospital setting in Alberta

Stakeholder name	Alberta Health Services (AHS)
CIHI product	CIHI's Canadian Patient Experiences Reporting Tool and accompanying standards, data submitted to the Canadian Patient Experiences Reporting System (CPERS)
Problem or issue	Need for an understanding of what contributed to unfavourable patient experiences in a hospital setting in Alberta
Goal	To improve the patient experience in a hospital setting in Alberta
Stakeholder action	<p>The data from CIHI's Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) aims to improve the quality of care received in Canada's hospitals by providing patients, health care professionals and hospitals with standardized and comparable information on patients' feedback about their acute care hospital experience.</p> <p>Based on CPES-IC data, AHS learned that some specific aspects of patients' experiences in the hospital setting were less than favourable. Following an additional targeted survey of patients, AHS learned that 1 of the key issues for patients was disruption caused by ambient noise.</p> <p>Based on information gleaned from the surveys, AHS implemented several strategies to reduce noise and improve the patient experience, such as closing doors and supplying patients with noise reduction ear plugs.</p>
Impact	AHS's monitoring of and response to the patient experience in a hospital setting are central to improving patient-centred care. Its continued efforts on this front will help to ensure that the experiences and needs of in-hospital patients are well understood and that any issues experienced by patients in hospital are addressed appropriately.

Table C6 Improving care for people who are hospitalized with schizophrenia in Ontario

Stakeholder name	Ontario Hospital Association, Ontario Health, ICES, Ontario Ministry of Health and Ontario-based hospitals participating in the Ontario Mental Health Reporting System (OMHRS)
CIHI product	Enhanced OMHRS that includes new data elements to support the collection of specific information related to care provided according to Ontario Health's Schizophrenia quality standard
Problem or issue	There is a need for improved quality of care for people who are hospitalized with schizophrenia in Ontario.
Goal	To improve the quality of care by aligning with best practice standards and evidence-based practice for people who are hospitalized with schizophrenia in Ontario
Stakeholder action	As part of a broader initiative led by the Ontario Hospital Association, CIHI undertook enhancements to OMHRS to facilitate the acceptance of new data specific to the Schizophrenia quality standard. This allows stakeholders to capture specific data, to receive and compare results of indicators related to this standard, and to identify processes deemed a priority for quality improvement.
Impact	<p>The inclusion of this data collection reminds clinicians of the quality standard and encourages them to consider specific treatment options for patients with schizophrenia.</p> <p>While new data elements and reporting requirements were implemented on April 1, 2022, improvements in CIHI indicator results were observed (from Q1 to Q2, 2022–2023), indicating an increased awareness of the quality standard and an increased interest in understanding both the new data collection and the indicator results.</p> <p>In the longer term, it is expected that identification of gaps and variations in care will lead to improved care for people with schizophrenia in Ontario. As well, the indicators may be used in a funding formula to incentivize quality of care.</p>

Table C7 Updating interprovincial billing rates for day surgeries and implementing new rates for specialized mental health and addictions hospitals

Stakeholder name	Interprovincial Health Insurance Agreements Coordinating Committee (IHIACC), composed of provincial and territorial representatives from ministries of health and Health Canada
CIHI product	Hospital interprovincial billing rates
Problem or issue	Interprovincial billing rate enhancements are required for <ul style="list-style-type: none"> • Day surgeries • Emergency mental health and addictions hospital services
Goal	To update interprovincial billing rates to include tiered rates for day surgeries and new rates for specialized mental health and addictions hospitals
Stakeholder action	IHIACC noted a need for increased granularity of day surgery cost categories to allow for more reasonable cost-recovery for day surgeries. CIHI split existing day surgery rates into 3 cost categories: low, medium and high.
Impact	<p>On April 1, 2021, hospitals began using the updated day surgery rates to reciprocally bill when these services were provided to patients from another province or territory. The grouping of IHIACC day surgery rates into low-, medium- and high-cost categories has led to more accurate cost-recovery by hospitals for these services. On a larger scale, the improved estimates help to ensure that the full sum of payments made — representing transfers of money between jurisdictions — better reflects the true cost for services rendered annually at the provincial/territorial level. These improved estimates will also enable provinces and territories to better predict spending on interprovincial billing services and inform hospital funding decisions related to fiscal budgets.</p> <p>Effective April 1, 2023, mental health and addictions hospitals that were previously ineligible for inclusion in reciprocal billing can begin using IHIACC interprovincial billing rates to submit claims for emergency services provided to patients outside of their respective province or territory. Hospitals that provide more than 50% of services focused on mental health and addictions can now use reciprocal billing to recover costs when providing care to patients from a different province or territory. These new rates will help to improve access to emergency mental health services for people in Canada. The inclusion of specialized mental health hospitals in interprovincial billing simplifies the transfer of claims and payments between jurisdictions and helps to ensure that patients are not burdened by the process of submitting these claims.</p>

Appendix D: Details on accomplishments for 2022–2023

Table D1 Number of activities to increase coverage of priority areas in existing data holdings, 2022–2023

Data holding	Planned activities	Number of activities completed
Inpatient mental health (clinical)	0	0
Community mental health (new as of 2017–2018)	0	0
Child and youth mental health	0	0
Narcotic monitoring system	0	0
Home care	6	1
Palliative care/end of life	0	0
Primary health care EMR	2	0
Prescription drugs (claims data)	1	1
Medication/radiation incidents	0	1
Patient experience (acute care)	3	1
Patient-reported outcome measures (PROMs)	4	3
Long-term care (clinical)	2	1
Ambulatory clinics	0	0
Emergency department	4	0
Joint replacements (new as of 2019–2020)	1	2
Organ failure and replacement (new as of 2019–2020)	1	1
Organ Donation and Transplantation Data and Reporting System (deceased donation) (new as of 2022–2023)	4	0
Organ Donation and Transplantation Data and Reporting System (transplantation) (new as of 2022–2023)	0	0
Organization-level financial and statistical (MIS)	1	1
Health expenditures — macro (National Health Expenditure Database)	0	0
Patient-level physician billing	2	1
Patient costs — acute (new as of 2019–2020)	0	0
Patient costs — long-term care	0	0
Physician payments and service utilization	0	0
Occupational therapists (new as of 2021–2022)	0	0
Personal support workers (new as of 2022–2023)	0	1

Data holding	Planned activities	Number of activities completed
Aggregate health workforce supply and demographics (new as of 2022–2023)	0	1
Insured persons repository	1	0
Wait times — home care (SHP indicator)	7	3
Wait times — mental health (SHP indicator)	9	8
Navigation of Mental Health and Substance Use Services (SHP indicator) (new as of 2022–2023)	1	1
Early Intervention for Mental Health and Substance Use Among Children and Youth (SHP indicator) (new as of 2022–2023)	1	1
Commonwealth Fund Physician Survey	2	2
Total	52	30

Table D2 Areas of noteworthy advancements in data to increase coverage of priority areas in existing data holdings

Type of data	Jurisdiction
Long-term care clinical in IRRS	N.S.
Home care in IRRS	P.E.I.
Patient-level physician billing	N.L.
Personal support workers	Alta.
More detailed aggregate workforce (psychotherapists/counsellors)	P.E.I., N.B., Que., Ont.
Chronic renal failure patients on renal replacement therapy	Que.
Expanded hip/knee replacement prostheses	Ont., Alta.
Expanded PROMs — hip and knee replacement	Ont., Man., Alta.
Expanded patient-reported experience measures (PREMs) — acute care	N.S.
Linkable drug claims	N.B.
Expanded medication/radiation incidents	Ont.
Navigation of mental health and substance use services (survey data)	All
Early intervention for mental health and substance use among children and youth (survey data)	All
Expanded and more comparable pan-Canadian wait times — home care and mental health services	Multiple jurisdictions

Table D3 Analytical products released in 2022–2023

Priority populations
Death at Home or in Community (SHP)
Access to Palliative Care in Canada
Common Challenges, Shared Priorities (SHP companion report)
Navigation of Mental Health and Substance Use Services (SHP)
Early Intervention for Mental Health and Substance Use Among Children and Youth (SHP)
Care for Children and Youth With Mental Disorders — Infographic and data tables
Drug Use Among Seniors in Canada
Physician Cost of Virtual Mental Health Care in Canada
Non-priority populations
Overuse of Tests and Treatments in Canada
PREMs facility-level public reporting

Table D4 Number of sessions for selected online interactive tools, 2022–2023*

Tool	Actual sessions, 2019–2020	Actual sessions, 2020–2021	Actual sessions, 2021–2022	Annual target, 2022–2023	Actual sessions, 2022–2023
Patient Cost Estimator	11,058	8,071	7,952	9,350 (+17% of 2021–2022)	6,372 (-19% of 2021–2022)
Wait Times	41,473	22,940 [†]	6,590	Not applicable [†]	11,390 [†] (+73% of 2021–2022)
Your Health System: In Brief/In Depth	69,284	62,261	74,448	62,300 (0% of 2020–2021)	95,444 (+53% of 2020–2021)

Notes

* Excluding CIHI internal traffic.

† The Wait Times tool was decommissioned in January 2021 and a new tool was launched in August 2021. The target for 2022–2023 was not set. Going forward, new targets will be set based on the current annual metrics.

Table D5 Linked data files

Linked data file targets for 2022–2023	Planned	Linked data files completed
1. Canadian Vital Statistics Death Database (CVSD) linked to the DAD, NACRS, OMHRS (all deaths)	Yes	Yes
2. A comprehensive analysis of the Pathways to Education Program on health and crime outcomes of eligible participants (requiring the use of the DAD, NACRS and OMHRS)	Yes	Yes
3. Canadian Perinatal Health Surveillance (requiring the use of the DAD)	Yes	Yes
4. Linking the Canadian Community Health Survey (CCHS) (2015 to 2021) to the T1 Family File, Hospital Mental Health Database (HMHDB), NACRS and CVSD	Yes	No
5. Updating the CCHS multilink project (making current use of the DAD, NACRS and OMHRS), with the possible inclusion of new CIHI data (e.g., Home Care Reporting System [HCRS], Continuing Care Reporting System [CCRS])	Yes	No
6. Linked CCRS and residential care survey data	Yes	No, delayed
7. 2016 CanCHEC (Canadian Census Health and Environment Cohort): Linkage of the 2016 Census of Population (Long Form) to Mortality, Cancer, Hospital Administrative Files, and T1 Family File	No	Yes
8. Linkage of APEX-AMI (Assessment of Pexelizumab in Acute Myocardial Infarction) Clinical Cohort to Hospitalization and Socio-Economic Data	No	Yes
9. The Out-of-Pocket Burden of Cancer Care for Patients and Survivors in Canada	No	Yes
10. The Impact of Surgery on Work and Earnings for Those With Degenerative Conditions of the Spine, Hip and Knee	No	Yes

Table D6 New registered users and active users of YHS: Insight

Metric	Baseline, 2016–2017	Annual target, 2022–2023	Annual actual, 2022–2023
New registered users	176	160	174
Percentage of active users*	44%	60%	72%

Note

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

Table D7 Number of new registered YHS: Insight users

Annual baseline, 2016–2017	Annual target, 2022–2023	Actual, April to September 2022	Actual, October 2022 to March 2023
176	160	90	83

Table D8 Percentage of active* YHS: Insight users

Annual baseline, 2016–2017	Annual target, 2022–2023	Actual, April to September 2022	Actual, October 2022 to March 2023
45%	50%	48%	50%

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.

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