Measuring and reporting on health system performance in Canada: Opportunities for improvement

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Created by the 2003 *First Ministers' Accord on Health Care Renewal*, the Health Council of Canada is an independent national agency that reports on the progress of health care renewal. The Council provides a system-wide perspective on health care reform in Canada, and disseminates information on leading practices and innovation across the country. The Councillors are appointed by the participating provincial and territorial governments and the Government of Canada.

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Foreword

The need to improve the overall performance of Canada's health care system has become a common point of discussion among health care leaders and policy-makers as we draw closer to the end of the current health accords and begin to see more clearly the new opportunities and challenges that will form the context for our future health system.

The Kirby and Romanow reports of 2002 and 2003 called for better accountability in the health care system, not only for money spent but also for the quality of health care. Similarly, in the 2003 and 2004 health accords, commitments to improve the health care system included the overarching intentions to improve accountability and performance reporting.

Almost a decade later, the data capacity of national organizations such as Health Canada, the Canadian Institute for Health Information, and Statistics Canada has improved, and data reporting activity has increased at the provincial level through health quality councils, provincial health ministries, and other agencies. However, despite this enhanced activity in health data reporting, we have made only limited steps towards achieving better accountability for health care spending and performance.

So what has to improve? Ideally, for governments to hold the health system accountable for performance, they need to set clearer policy goals and implementation targets. These in turn need to be accompanied by appropriate measurable indicators that tell us how targets are being achieved—and ultimately, whether policy goals are being addressed.

Similarly, for the public to hold governments accountable, governments need to be clear about their goals and how they intend to achieve them. We need independent public reports of health system performance to determine where there are successes or shortfalls.

In this paper we present several examples where goal-driven strategic health planning and performance reporting are being used as part of initiatives to improve accountability in health care systems, both within Canada and internationally. We also present some ideas to stimulate discussion about how to improve performance reporting in Canada given its existing capacity, which, in turn, can support improved accountability for health system performance in Canada.

As you contemplate the future of Canada's health care system, we hope that this paper is a timely and useful contribution to the conversation.

Sincerely,

Dr. Jack Kitts
Chair, Health Council of Canada

Introduction

"We want to be able to ensure the dollars we invest in health care will go where they're most needed. We want accountability and we want results."[1]

—Minister of Health Leona Aglukkaq, speaking to the Canadian Medical Association, August 2011

The 2003 *First Ministers' Accord on Health Care Renewal* and the 2004 *10-Year Plan to Strengthen Health Care* laid out agreements between the federal government and the provinces and territories to improve health care.[2,3] They also came with additional health funding support from the federal government that included an annual 6% escalator in funding for 10 years, to end in 2013/14.[4] The Health Council of Canada was created from these health accords, with a mandate to monitor and report to Canadians on their implementation. As a means of being accountable to Canadians, governments also committed to report regularly to Canadians about progress on the set of health reforms presented in the two accords.[2,3]

Since the health accords were created, there has been an explosion in the amount of health system data that is gathered and analyzed in Canada. Reporting on data using a variety of health indicators has become front and centre at all levels of the health care system as a way to track changes in health outcomes, report publicly on services being provided, inform planning, and drive quality improvement.

As a result, health care providers and planners are being asked by multiple sources to gather more and more data, often in different forms and for different reporting purposes.[5,6] Although it is generally recognized that information is being gathered for overall accountability and quality improvement, it is not always clear how the data will be interpreted or for what purpose it will be used.

An important reason for this confusion is the variety of data sources, collection methods, analytic approaches and reporting formats being used across Canada. Often the same data, when analyzed and reported by different organizations, does not produce comparable results. This raises questions about reliability and often necessitates the duplication of data reporting efforts.

In the midst of all this activity, we may have lost sight of the larger questions: Are we improving health care delivery as planned with the accords? How has the system contributed to improving the health of Canadians?

With the health accords ending in 2014, the federal health minister has suggested that we need to make the system more sustainable, that we must improve accountability and get better results for Canadians, and that we need an approach to measure and report performance across Canada's health systems.[7-9]

From the Health Council of Canada's perspective, a lack of clear and nationally consistent information about health care system performance continues to make it difficult for us to provide a comprehensive national picture of progress being made in health care delivery as outlined in the current accords.

There will be no change in the future unless we commit to changing how we do business today. Clearly, we need better ways to set goals, measure achievement and identify gaps in health care delivery across Canada.

In this paper, we discuss the current capacity for governments and their health information and quality agencies to report on the performance of their health systems. We also provide international and Canadian examples of governments that are using improved performance reporting mechanisms to support their health care priorities and goals. To do this, they rely on strategic health plans to guide service implementation, complemented by reporting frameworks that use health indicators to monitor performance over a set period of time, and report their achievements regularly to the public. The strategic plans are revised regularly in light of changing political, economic, and social circumstances within each jurisdiction. In some cases, governments have begun using performance-based funding programs as a way to drive performance improvement and achievement of their health care objectives.

As a country, how can we improve the way we set goals and measure changes to health care and the health of Canadians? How do we make sure that activities are focused on achieving positive results? How do we improve accountability for achieving these results, especially in light of the significant public resources employed in the delivery of health care in Canada? These questions predate the existing health accords and remain to be answered.

This paper is intended to raise the profile of performance reporting in Canada's health care system and to increase our collective understanding of the opportunities to improve it in the interest of better accountability.

Glossary of terms and concepts

Many terms are used to describe the activity of reporting on health information, including health data and health indicators. The Health Council of Canada released a report in 2011, *A Citizen's Guide to Health Indicators*, to provide an overview of health indicator reporting, including basic definitions and concepts.[10] Please refer to that report for background information on health indicator reporting. Here we describe the terminology and concepts used in this report.

Accountability

A common reason for publicly reporting on health indicators is for accountability. However, the concept of accountability is not well understood, and is often used to explain or justify different strategic or tactical objectives, particularly in health care.[11] In general terms, accountability implies the promise of responsible and responsive governance, which includes ethical behaviour and the ability to stimulate desired performance through control and oversight.[12,13] In health care, being accountable has been defined as taking responsibility for activities and decisions,[14] and is often a term used in the context of financial decisions, health care performance, or action by governments and politicians.[15]

In Canada, the term accountability has been used both historically[2,3,16,17] and currently[1,7-9] to characterize potential tools that can be used to achieve health care improvements. However, the use of this term in the Canadian health care context is challenging: who is being held accountable, to whom, for what, and to what end? At the very least, to hold an individual or organization accountable for results there needs to be clearly identified responsibility, clearly articulated targets, accurate and timely performance information, the allocation of appropriate resources, and the power/authority to impose consequences for achieving—or not achieving—targets.[18]

Benchmarks

Benchmarks are standards or reference points against which health indicators are measured and compared. These standards are externally agreed upon by experts.[10,19]

Health data/health system data

Data provide the information used to produce health indicators.[19] In the context of this paper, health data or health system data refers to information collected on health status, health conditions, and health care services. This information, or data, comes from many sources in Canada, including registries, surveys and administrative health databases.

Health indicators

Health indicators are summary measures of health and the factors that affect health.[10] Given the appropriate context, health indicators can provide a basis for comparison and performance measurement.[10,19] Indicators allow health planners to see how people's health and their experiences with health care vary across the country and among different groups, such as people with different socioeconomic status. Health indicators are tools that show communities, governments, health care organizations, and health care providers where they have been, where they are headed, and where they need to improve.[10,19]

Performance measurement

In health care, performance is the extent to which the delivery of health care services or health system activity achieves specific standards, benchmarks, or targets.[19]

Quality improvement

Quality improvement is a range of activities designed to improve clinical practice.[20] It is a data-driven process[21] that uses health indicator measurement and monitoring to support the activities.[22] Health indicators can be used to determine where there may be issues in quality of care. Continued monitoring of health indicators during quality improvement initiatives can help to determine whether quality of care is improving.

Surveillance

Surveillance reporting of health indicators involves regular and systematic analysis of health data. It is used to track trends or detect emerging problems over time, such as the prevalence of lifestyle behaviours (e.g., smoking) or the incidence and prevalence of diseases (e.g., influenza).[19]

Transparency

In this context, transparency is the open sharing of information on health care. It is often used as a rationale for publicly reporting on health indicators and/or performance.[23] Transparent reporting of goals, health indicator results, and performance is considered by some to be essential for driving quality improvement, and should be the foundation of quality-focused health care systems.[23]

SECTION ONE

Overview of health system performance reporting in Canada

"The drive to improve the quality of health care in Canada has led to surging demand for timely, effective measures for almost every aspect of it. The result is people all over the country chasing after data and nailing down indicators in a way that's at best uncoordinated and at worst redundant, repetitive, and counterproductive—a state known as 'indicator chaos'."[24]

—British Columbia Patient Safety and Quality Council

As mentioned in the introduction, there has been a significant increase in reporting on health information, including health indicators, across Canada. Despite all this activity, it is not clear if increased reporting has led to improvements in the performance of the health care system and the desired impacts on the health outcomes and health status of Canadians.[25] Furthermore, increased reporting has not significantly improved the Health Council's ability to report on progress towards health care renewal.[26]

In this section, we review the reasons for this increased activity, identify the major participants, and provide some context and commentary on the current state of public reporting on health indicators and health care system performance in Canada.

Reporting on health system performance in Canada: A brief history

Early in the millennium, several landmark reports on the status of health care in Canada were published, documenting the need for health care reform. The 2000 *First Ministers' Meeting Communiqué on Health* was followed in 2002 by a Senate committee report entitled *The Health of Canadians – The Federal Role* (also known as the Kirby report) and *Building on Values: The Future of Health Care in Canada* (also known as the Romanow report). All three reports recognized the need for improved transparency and accountability in health care, and recommended regular reporting to the public on the state of the health care system as well as health outcomes and the health status of Canadians.[16,17,27]

Two successive First Ministers' meetings on health followed these reports, resulting in major health accords in 2003 and 2004. These accords contain a set of commitments that require each province, territory, and the federal government to carry out reforms in certain areas of the health system and to report to the public on their progress.[2,3]

Specifically, in the 2003 *First Ministers' Accord on Health Care Renewal*, governments agreed to report regularly on a set of health indicators such as access to health care providers and services, wait times and volume/activity measures for certain procedures, and changes in health outcomes.[2] The intent was to improve performance reporting and accountability by governments on health care reforms that drew on significant funding from the federal government.[2]

The 2004 accord, the *10-Year Plan to Strengthen Health Care*, took things a step further, and for the first time included commitments by governments to set goals and targets for reducing wait times for certain procedures and to publicly report on progress towards meeting these targets.[3] However, the remaining commitments did not have equally clear goals, targets, or benchmarks that jurisdictions could use to set performance objectives, plan their health care renewal strategies, and measure progress towards achieving their health care reforms.

One example of this lack of clear objectives is the 2003 health accord commitment that 50% of Canadians would have access to multidisciplinary primary health care teams by 2011.[2] The health accord did not provide a definition of a team, nor was there any specific direction about the larger health goals that teams were to address: Was the goal to improve health through better primary health care, to improve access to primary health care, or simply to increase primary health care services?

As stated in our 2009 report, *Teams in Action: Primary Health Care Teams for Canadians*, jurisdictions have shown a strong commitment to implementing team-based care, with a wide range of often innovative approaches.[28] But since the health accord lacked clear objectives, there was significant variation in how jurisdictions had defined teams, little consistency in the way they were tracking the information, and limited evaluation to tell us which mix of health professionals is best for addressing specific health needs.[28] Research tells us that the use of teams has led to improvements in the care of people with chronic conditions[29] and of specific populations, such as the elderly.[30] But there is no consistent or comparable set of data to determine the impact of these teams on Canadians' access to primary health care, the effect teams have had in keeping people out of emergency departments, or the overall impact on Canadians' health.[30]

Reporting on health system performance in Canada: Where we are now

As a result of the increased desire to track health care system performance and drive quality improvements, many organizations, governments, provincial health quality councils, and researchers are now gathering and analyzing data on health indicators to report on health care quality, health outcomes, and health status. Figure 1 provides an overview of many of these participants; their efforts are described in more detail below.

Many of the organizations reporting on health indicators and/or health care system performance draw on the same data sources and health indicators, but do not always use similar approaches or methods for data analysis.[5] As a result, there is often duplication of efforts and inconsistent results that cannot be reliably compared. This hampers the Health Council's ability to report on the overall impact of health care reform in Canada.

Below is a closer look at pan-Canadian and provincial efforts to track data and progress, and at what this information does—and does not—tell us.

Reporting on pan-Canadian health system performance

At the pan-Canadian level, the Canadian Institute for Health Information produces regular comprehensive public reports on the health system, as well as on the health outcomes and health status of Canadians, using health indicators derived from comparable data. The federal government also reports on health indicators through the Public Health Agency of Canada, Statistics Canada, and Health Canada.[31]

The organizations report as follows:

The **Canadian Institute for Health Information** (CIHI) reports on the health system in Canada and on the health of Canadians.[32] CIHI is responsible for collecting administrative data related to health care services utilization and works towards developing measurement standards to enable pan-Canadian comparison of data reported using health indicators.[33-35] CIHI also utilizes data from other sources, including Statistics Canada.

Two reports, *Health Indicators* and *Health Care in Canada*, are released annually on overall health and health care system performance in Canada. *Health Indicators*, produced in partnership with Statistics Canada, reports on health indicators in a manner that is comparable across the country, providing data at the provincial and health-region levels.[36] This report offers statistical comparisons to national, provincial, or health region averages, along with interpretation of the data. *Health Care in Canada* offers more of a national picture of Canadians' health status and health system performance, providing interpretation of the data, and where appropriate, making international comparisons of health indicator data. CIHI also produces topic-specific and health condition-specific reports, some as one-time projects and others more regularly.

CIHI was mandated in 2004 to report on progress towards the wait time commitments made in the *10-Year Plan to Strengthen Health Care*, and subsequently worked with provinces and territories to develop comparable data infrastructures for this reporting.[3,37]

CIHI continues to work towards developing new data infrastructures and health indicators that can be reported in a comparable manner across Canada. For example, a home care database has been developed,[38] a standard set of indicators for reporting on hospital performance has been created (through the Canadian Hospital Reporting Project),[39] and primary health care indicators have been reviewed and updated.[40]

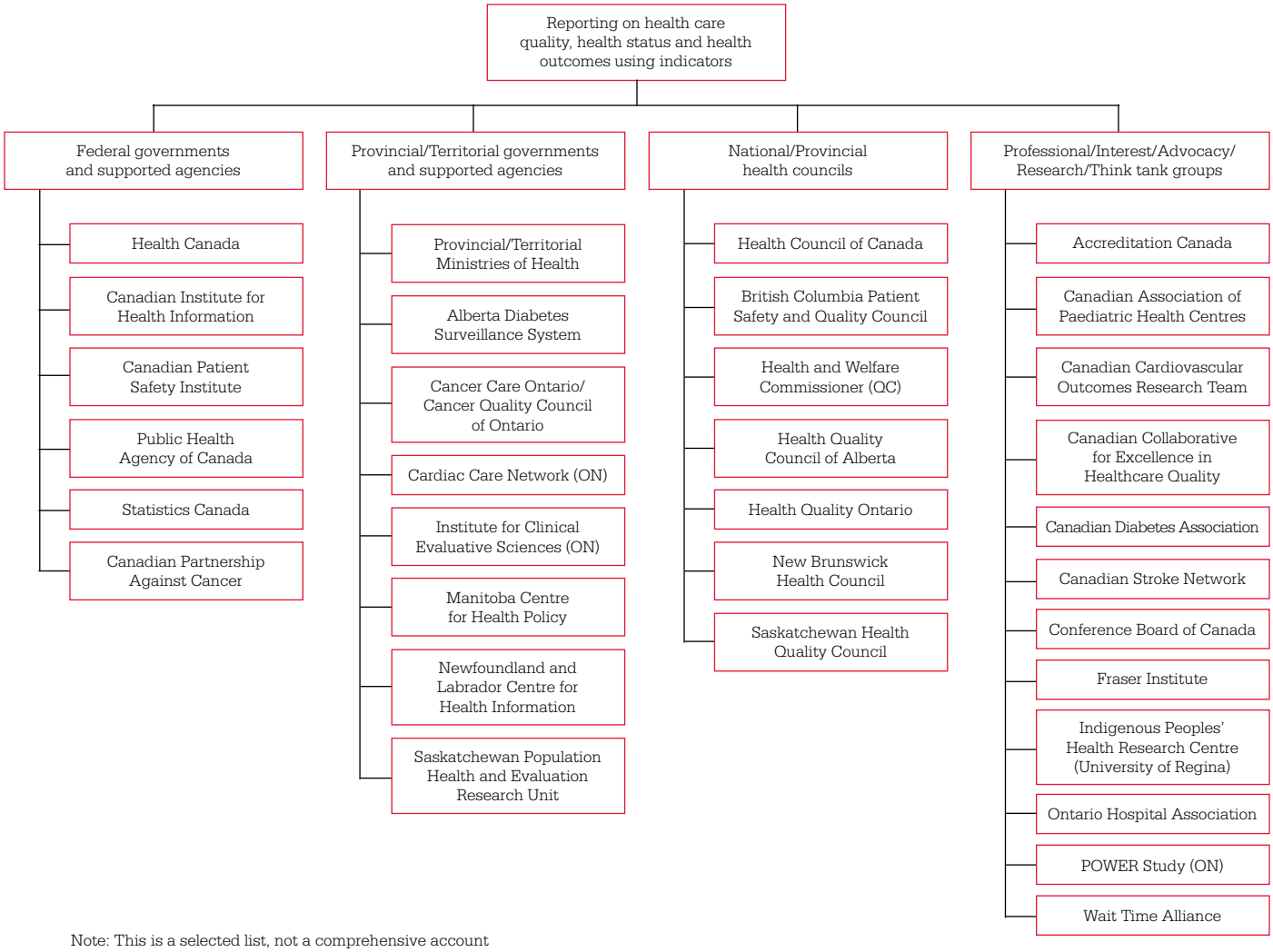
The **Public Health Agency of Canada** (PHAC) reports national health surveillance data on chronic and communicable diseases such as diabetes and influenza, and provides these data in map and tabular formats.[41]

Statistics Canada provides accurate, timely, and relevant data about the health of Canadians and the health care system.[31] Statistics Canada conducts the widely used Canadian Community Health Survey[42] and the Canadian Health Measures Survey,[43] and draws on data from the census and the Canadian socioeconomic database (CANSIM)[44] to report on health indicators. Statistics Canada also partners with CIHI on the annual *Health Indicators* report and draws on some of CIHI's databases for its reporting.[31]

Health Canada regularly reports data on a set of health indicators through its *Healthy Canadians* report.[45] This document is produced every two years using comparable health indicators first developed by a federal, provincial, and territorial committee in response to the 2000 *First Minister's Meeting Communiqué on Health*, and modified in the 2003 health accord. *Healthy Canadians* represents the federal government's accord commitment to report to Canadians on health system performance and health outcomes.[31] In 2008, the report described the relevance of each health indicator to a specific commitment outlined in the health accords[46] and the 2010 edition provided more context for the public on the data, such as the relevance of the reported health indicators and interpretation of the results.[45]

In addition to these major contributors to pan-Canadian health performance reporting, there are other national organizations that report publicly on topic-specific indicators, such as the Canadian Partnership Against Cancer, the Canadian Diabetes Association, and the Canadian Stroke Network (see Figure 1). Other organizations, such as Accreditation Canada and the Canadian Patient Safety Institute, are in the process of

Figure 1: Reporting on health indicators in Canada



Note: This is a selected list, not a comprehensive account of all organizations/agencies that report on health indicators.

developing public reports on hospital performance and patient safety, respectively. And the Health Council of Canada also reports on several indicators related to patient satisfaction and experiences using data from the Commonwealth Fund's International Health Surveys.[47-49]

Gaps in pan-Canadian reporting related to the health accords

Although the prime minister and premiers of the day committed to health care reforms in the 2003 and 2004 health accords, there was a lack of structure for reporting on the performance of each of Canada's health care systems that would allow consistent comparisons over time. The 2003 health accord contained a list of indicators to be reported, but not all commitments outlined in the accord were covered by indicators on the list, nor were measurable goals or targets set for each of the commitments. Specific goals and targets were set only for the 2004 commitment to reduce wait times in priority areas.[50,51]

Health Canada's *Healthy Canadians* reports were intended to help fulfill the federal government's health accord commitments, but a 2008 review by the Auditor General of Canada found that the reports do not fulfill the broader purpose of the accords or meet the information needs of Canadians.[31] The Auditor General said that the reports contained health indicator data, but there is no interpretation or discussion about how the data relate to progress in health renewal.[31] The Auditor General's report also recommended that Health Canada assess the relevance of indicators being reported and whether or not they pertain to Canadians or the accord commitments.[31] A subsequent consultative review by Health Canada in 2009 addressed the relevance of the indicators being reported for consideration in future reports.[52] This recommendation was considered in the 2010 edition of the report, with Health Canada providing interpretive information for all indicators that were reported. Of particular interest to the Health Council's work was the suggestion in the consultative review that information on health outcomes and progress achieved against accord commitments be included in future reports.[52] The 2010 report[45] includes more information on health outcomes; however, there was little reference to achievements against accord commitments.

Key reports published by Statistics Canada and PHAC provide health indicator data in a manner that, for the most part, meets criteria for surveillance, but the reports are not necessarily designed to provide information on the performance of the health system. CIHI's reports are designed to demonstrate the level of health and health system performance according to a health quality framework, not to report specifically on progress towards the commitments outlined in the health accords.

Despite the differing intents and purposes of current reporting, the capacity exists to report comparable health system performance data at the pan-Canadian level. CIHI currently reports on health system quality in a comparable manner and has the capacity to develop new data infrastructures and health indicators to meet future performance reporting needs. However, to move in that direction, governments would need to augment the current reporting framework developed by CIHI/Statistics Canada by overlaying it with an outline of pan-Canadian health priorities, complete with appropriate objectives and targets to measure their achievement.

Reporting on provincial health indicators

Most of the data gathering and reporting in Canada takes place within the provinces. The territories are not as far along in developing health indicators and collecting data,[53,54] and for this reason we will generally refer only to provincial reporting on health indicators.

Table 1: Performance reporting by health quality councils

HEALTH QUALITY COUNCIL	REPORT	REPORTING FRAMEWORK		FINEST LEVEL OF REPORTING
		HEALTH QUALITY DIMENSIONS	SECTOR OF CARE/ AREAS OF NEED	
British Columbia Patient Safety and Quality Council (bcpsqc.ca)	No performance reports available but are anticipated (see: Measurement Strategies for Improving the Quality of Care: A Review of Best Practice)[a]	BC Health Quality Matrix: acceptability, appropriateness, accessibility, safety, effectiveness	Areas of care: staying healthy, getting better, living with illness or disability, coping with end of life	To be determined
Health Quality Council of Alberta (hqca.ca)	Measuring and Monitoring for Success (annual)[b]	Alberta Quality Matrix for Health: acceptability, accessibility, appropriateness, effectiveness, efficiency, safety	Areas of need: being healthy, getting better, living with illness or disability, end-of-life care	Health region
Saskatchewan Health Quality Council (hqc.sk.ca)	Quality Insight (monthly, quarterly, annually)[c]	Quality Insight Measurement Framework: effectiveness, safety, responsiveness, equity, efficiency	Health care needs: staying healthy, getting better, living with illness or disability, coping with end of life	Health region, facility
Health Quality Ontario (hqo.on.ca)	Quality Monitor (annually)[d, e]	Attributes of a High-Performing Health System: accessible, effective, safe, patient-centred, equitable, efficient, appropriately resourced, integrated, focused on population health	Care sectors: primary care, hospital, long-term care, home care	Health region
Quebec Health and Welfare Commissioner (csbe.gouv.qc.ca)	Appraisal Report on the Performance of the Health and Social Services System (annual)[f]	Performance Evaluation Framework: adaptation of system to meet needs, production (optimal volume of services and quality), maintenance and development (health human resources), and goal attainment (equity in services and health outcomes achieved)	International, interprovincial, and interregional	Health region
New Brunswick Health Council (nbhc.ca)	New Brunswick Health System Report Card[g]	Quality Dimensions: accessibility, appropriateness, effectiveness, efficiency, equity, safety	Health care sectors: primary health, acute care, supportive/ specialty, palliative and end-of life care	Province

[a] BC Patient Safety & Quality Council. (2010). *Measurement strategies for improving the quality of care: A review of best practice.* Vancouver, BC: BCPSQC. Retrieved from http://www.bcpsqc.ca/reports/overview.html. The mandate of the Council is advisory in nature. Performance reporting is the responsibility of the Ministry of Health in BC.
[b] Health Quality Council of Alberta. (2010). 2010 *Measuring & monitoring for success*. Calgary, AB: HQCA.
[c] Quality Insight. (2012). Welcome to Quality Insight - Health regions. Retrieved on February 6, 2012 from http://www.qualityinsight.ca/
[d] Health Quality Ontario. (2011). *Quality Monitor. 2011 Report on Ontario's health system*. Toronto, ON: HQO.
[e] Health Quality Ontario. (2011). *2011 Quality Monitor*. Retrieved on February 6, 2012 from http://www.ohqc.ca/en/yearlyreport.html
[f] Health and Welfare Commissioner. (2010). *2010 Appraisal Report on the Performance of the Health and Social Services System. Comprehensive and Integrated Performance Appraisal: Monitoring Indicator Analysis - Summary*. Quebec, QC: Government of Quebec.
[g] New Brunswick Health Council. (2011). *New Brunswick Health System Report Card*. Moncton, NB: NBHC.

All provinces report wait time information on their health department or ministry websites.[26] Beyond this, the practice of data collection and reporting on health indicators varies among the provinces. Some provinces have well-developed health indicator reporting processes. These include those provinces with health quality councils that produce regular reports on health system performance and health status across the province and, in most cases, at the health region level (see Table 1). Various health quality councils have developed health quality frameworks to guide their health indicator reporting. In some cases, the health indicator reporting is part of quality improvement strategies within the provinces (as in Ontario and Saskatchewan).

In addition to health quality councils, some provinces have academic institutions or organizations that collect and analyze health care system data. Examples include the Manitoba Centre for Health Policy,[55] the University of British Columbia Centre for Health Services and Policy Research,[56] the Institute for Clinical Evaluative Sciences in Ontario,[57] and the Newfoundland and Labrador Centre for Health Information.[58]

Gaps in provincial reporting

Despite the wealth of provincial health reporting capacity, data collection and measurement systems vary, and the information gathered is often not comparable across the country. As a result, it is not possible to create an overall picture of Canadian progress towards the accord commitments.

From the Health Council's perspective, it is easier to report on achievements made towards the accord commitments by some jurisdictions than by others.[26] As stated in the Health Council's *Progress Report 2011: Health Care Renewal in Canada*, it was easier to track progress towards accord commitments in provinces and territories that had set and publicized targets (for example, wait times) and when there were comprehensive strategies with meaningful targets and measurable goals in place.[26]

It is important to note that provinces that report on health indicators are not doing so for the purpose of reporting on health accord commitments. Rather, this reporting reflects their own priorities and needs to inform their health care planning and decision-making, and to provide information to the public about progress.

Reporting on health system performance in Canada: What's next?

Currently, some Canadian provinces and national governments in other countries take a more strategic approach towards performance measurement, which features a clear overall picture of why health system changes are needed and what specifically will be done. This approach provides much-needed context for reporting on health indicators.

With a more strategic approach, performance reports are designed to show progress over time towards improving the quality of health care, health outcomes, and health status, using health indicators that are linked to strategic policy goals set by and within their jurisdictions.

A number of governments, both in Canada and abroad, are actively taking a more strategic approach to health care reform, using strategic planning and reporting frameworks for performance measurement. Many of these approaches also have financial rewards or consequences attached to performance in order to drive results.

In Canada, some hospitals, health regions, and provinces are developing strategic plans for health and health care delivery that include broad policy goals, program targets, accountability agreements, and measurement indicators to track performance towards reaching their specific health goals. Some provinces are reporting regularly on progress towards achieving these goals, often in annual reports. In some instances, performance-based funding is being used to encourage delivery of these goals. However, there is no similar approach to strategic health planning and performance measurement at the pan-Canadian level.[59]

Independent of governments, different stakeholder groups have started to take action. Groups are coming together to look at how to create a pan-Canadian performance reporting system for specific health sectors that will create a national picture of health system performance, health outcomes, and health status. For example, CIHI is working on a Canadian Hospital Reporting Project, which provides comparable data on hospital performance across Canada.[39] Similarly, the Canadian Collaborative for Excellence in Healthcare Quality has brought together academic hospitals and health sciences centres across Canada that have agreed to measure a set of standard indicators so that performance can be compared across Canada. The aim of this project is to meet a growing interest in having nationally comparable data on hospital-specific indicators in order to monitor performance and learn from each other to improve quality of hospital care across Canada.[60]

In addition, in May 2011, a group of health care performance measurement experts from across the country and different levels of the health care system convened to discuss what has been dubbed "indicator chaos."[6] The meeting was intended to kick-start collaboration across Canada to align activities and reduce duplication of reporting on quality and patient safety indicators.[6]

In the next section, we look more closely at the emerging practice of aligning strategic planning and performance measurement to improve accountability for health system performance.

SECTION TWO

Emerging practices of reporting on health system performance

"The debate on health should no longer be about structure and processes, but about priorities and progress in health improvement for all."[61]

—*Equity and excellence: Liberating the NHS* [England's National Health Service], 2010

Performance measurement practices across Canada and internationally are evolving to reflect a better understanding of good management, transparency, and accountability for performance. These practices have moved beyond simply reporting on health indicators. They involve the development of specific policy goals and program performance targets, with related health indicators tied to these goals and targets to track performance.

Often these performance strategies are coupled with commitments by governments to hold health organizations and providers accountable for their performance, with some jurisdictions attaching financial incentives to achieving performance targets. Finally, these performance strategies also call for alignment of approaches at different levels of the health care system to ensure that local health care strategies reflect the policy goals and program targets set at higher levels. In this section, we describe examples of these approaches being used both internationally and within Canada.

International examples of performance reporting frameworks

National strategies for health that include improvement in both the population's health and the health care system have been developed recently in England and Australia.

In England, a national performance framework has been developed based on goals that describe health outcomes which are evaluated using clinically relevant outcome measures. In Australia, the approach has been to develop national strategic plans for health and health system reform that are aligned and contain specific policy goals, performance measures, and targets.

Both initiatives are intended to improve accountability, but are in their early stages, undergoing continual evaluation and amendment to ensure they remain relevant. The ongoing evolution of both countries' efforts will provide useful insight to Canadian governments and health planners.

England: National Health Services Outcomes Framework

In England, the Department of Health controls the tax-funded National Health Service (NHS) and 10 Strategic Health Authorities that oversee NHS activities.[62] The NHS provides the majority of health care services in England, although a parallel private insurance system does exist.[62] In 2008, the NHS undertook a review to produce a vision for its services in the future.[63] In 2010, the Department of Health then presented its plan for major NHS reform to Parliament.[61] This document, *Equity and excellence: Liberating the NHS*, is a clear blueprint for change. The overall goal is to create an NHS that achieves health outcomes and health status that are among the best in the world.[61]

To accomplish the NHS reforms, the focus on performance reporting at the national level has shifted from using process targets (which do not necessarily reflect on patient care) to focusing on health outcomes.[61] The Department of Health states that the prior focus on process indicators led to a distortion of clinical priorities that looked more at volumes rather than at results.[61] The report also stipulated that the NHS, and not politicians, must be responsible for determining how best to deliver health care within a national quality framework.[61]

Goals of the NHS Outcomes Framework[63,65]

Vision: A better NHS that is centred on patients and carers, is a world leader in quality and outcomes, has high standards for safety, is equitable, allows for clinician/provider autonomy and innovation, is transparent with clear accountabilities, engages citizens, is integrated across local authorities and clinical levels, is more efficient and dynamic, and is sustainable.

Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing the quality of life for people with long-term conditions

Domain 3: Helping people to recover from episodes of ill health or following an injury

Domain 4: Ensuring that people have a positive experience of care

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

The resulting *National Health Services Outcomes Framework* was developed through an open consultation process and consists of five priorities for the health system, called domains (see *Goals of the NHS Outcomes Framework,* page 17), each with an overarching outcome indicator and supported by a set of improvement areas. In turn, each of these improvement areas has its own outcome indicators.[61] Finally, the delivery of the outcomes will be supported by a set of quality standards developed by the National Institute for Health and Clinical Excellence (NICE).[61] These quality standards are part of the provider-level framework for quality improvement that will be used as the basis for performance improvement incentive payments.[64] An NHS Commissioning Board will be held accountable for performance on achieving better health outcomes.[61]

This work is still in development. The first draft of the *NHS Outcomes Framework* was released in December 2010 for 2011/2012.[65] The *NHS Outcomes Framework* 2012/2013 was released in December 2011, containing updated indicators, and an indication that work is underway to set performance targets (or "levels of ambition").[66]

The plan is to develop payment structures that are conditional on achieving quality goals.[61] Providers will have an opportunity to receive financial rewards for supporting local quality improvement goals, based on a provider-level quality improvement framework that aligns with the *NHS Outcomes Framework*.[64]

These reforms will not be easy. They are being implemented at a time when the NHS is under significant financial constraints, and represent a significant overhaul of the existing health care system. As a result, the reforms are an ongoing source of dissension and debate. Other countries can watch and learn from England's real-world experience in managing these changes aimed at achieving better health and health system results by improving performance measurement and accountability.

Australia: Council of Australian Governments Agreements

In Australia, the Commonwealth government is responsible for, among other areas, delivering primary health care, care for the elderly, and a national pharmaceutical program. The Commonwealth government also provides funding to public hospitals, while the state and territorial governments are responsible for delivering public hospital care.[67] Australia also has a parallel private health care system.[67]

The Council of Australian Governments (COAG) established its reform council in 2006[68] to set a national reform agenda across a number of sectors in the country, including health.[69] The COAG Reform Council's objective is to strengthen public accountability through independent and evidence-based monitoring, assessment, and reporting on the performance of governments across Australia[69] (similar in concept to the Health Council of Canada).

Several landmark health agreements have resulted from this ongoing reform agenda.

In 2008, the Commonwealth, state, and territorial governments agreed on a vision for Australia's health system through the *National Healthcare Agreement*.[70] Seven objectives were defined and specific process measures and outputs were outlined for each objective, creating a performance accountability framework.[71] This framework is evaluated each year with performance reporting, and the COAG Reform Council takes recommendations into account to improve the accountability framework.[71,72]

A baseline indicator report for 2008/09 data was published in 2010 and pointed out that the agreement was too focused on service outputs (i.e., process measures) rather than health outcomes.[71] Recommendations were made to develop a strong conceptual framework for the agreement that links performance indicators with desired health outcomes.[71] A follow-up report published in 2011 repeated this recommendation, with an additional concern that some of the process measures (such as rates of service use) do not meaningfully report on whether or not health care needs are being met.[72]

In July 2011, the *National Healthcare Agreement* was amended[72] to recognize the new *National Health Reform Agreement*. The Commonwealth, state, and territorial governments agreed to work in partnership to improve health outcomes for all Australians and to ensure the sustainability of their health system.[73]

The *National Health Reform Agreement* builds on and affirms principles and objectives outlined in the *National Healthcare Agreement*. In particular, the agreement paints a picture of a "nationally unified and locally controlled health system."[73] It affirms that Australians should have access to transparent and nationally comparable performance data on hospitals, primary health care, care of the aged, and other health services.[73] A commitment was made to establish a National Health Performance Authority (NHPA) that reports quarterly on the performance of hospitals and associated primary care networks.[73] The NHPA will make regular assessments to identify high-performing and underperforming hospitals and health services, and to measure their results against agreed performance standards.[73] States and territories, as managers of the public hospital system, will be responsible for addressing poor hospital performance.[73]

The performance and accountability framework for this agreement includes a subset of national performance indicators outlined in the *National Healthcare Agreement*, as well as national clinical quality and safety standards, that will align with new hospital performance reports and healthy communities' reports yet to be developed.[73] Over time, these reports are intended to lead to the development of new national standards that will drive improved performance across the health system.[73]

The COAG Reform Council devised an incentive-based system to reward good performance. *The Intergovernmental Agreement on Federal Financial Relations* (2009) specifically outlines that funding will not be withheld if performance benchmarks are not reached, but additional transfer payments will be made available to facilitate reforms or reward jurisdictions for significant reforms or performance improvements.[74]

Health reform in Australia[70,72]

Overarching objective: Improve health outcomes for all Australians, and the sustainability of Australia's health system.

Seven objectives of the *National Healthcare Agreement:*

- **Prevention:** Australians are born and remain healthy
- **Primary and community health:** Australians receive appropriate high-quality and affordable primary and community health services
- **Hospital and related care:** Australians receive appropriate high-quality and affordable hospital and hospital-related care
- **Aged care:** Older Australians receive appropriate high-quality and affordable health and aged care services
- **Patient experience:** Australians have positive health and aged care experiences that take into account individual circumstances and care needs
- **Social inclusion and indigenous health:** Australia's health system promotes social inclusion and reduces disadvantage, especially for indigenous Australians
- **Sustainability:** Australians have a sustainable health system

For each objective there are outcomes, progress measures, and outputs.

Improved health system performance reporting in Canada

A growing number of provinces in Canada are moving towards performance reporting that aligns with measures to improve accountability for the health policy goals they have set in strategic health plans or other public policy documents. Strategic plans for health and health care delivery have been developed in British Columbia, Alberta, Saskatchewan, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, and the Northwest Territories. These plans outline policy goals that are, in most cases, supported by specific performance measures, with performance reports issued at least annually. Manitoba, Ontario, and Newfoundland and Labrador have implemented strategic health planning at the regional level and, in the case of Ontario, at the hospital level as well.

Outlining specific health policy goals along with performance measures is a concrete step forward in health system reform. In some cases, provinces are taking things a step further by developing accountability agreements for performance: governments agree to be accountable to their public for provincial performance, while provincial health ministries hold health authorities and hospital boards and executives accountable for performance at regional and institutional levels.

The next few pages describe the planning and performance measurement activities in each province and territory in Canada. We have omitted specific mention of wait time reporting, as we have previously reported on jurisdictions' activities related to this topic. For details on wait times reporting, please refer to the Health Council of Canada's *Progress Report 2011: Health Care Renewal in Canada, Appendix: Provincial and Territorial Profiles*.

British Columbia

In British Columbia, government and ministry accountability was mandated in 2000. Shortly thereafter, all ministries were required to develop a service plan consisting of a statement of policy goals, specific program objectives, and performance measures, with an accountability statement from the responsible minister.[75] There was also a requirement to publish annual reports on performance.[75] The first health service plan was published by the Ministry of Health in 2002,[76] with the accompanying performance report released in 2003.[77] The ministry continues to publish service plans and related performance reports.[78]

The Ministry of Health sets province-wide goals for health care delivery, and the health authorities prepare annual service plans to align with provincial goals.[79,80] Table 2 uses the example of the Vancouver Island Health Authority to show how this process is designed to work.

British Columbia's Vancouver Island Health Authority (VIHA) has an established governance structure that supports a strategic planning and performance reporting approach to health delivery in its region. Since the creation of health authorities in British Columbia, the VIHA has included quality and safety components in its governance structure and has introduced strategic planning above and beyond the ministry-required service plans.[81] The current service plan includes specific strategies and goals in the context of its strategic plan that aligns with the ministry's annual letter of government expectations,[82] based on overarching provincial goals and objectives.[83]

The VIHA began reporting publicly on its performance in relation to targets and goals through an online dashboard.[81] Data contained in this dashboard are updated yearly and are reported linearly, providing trend information on the VIHA's progress towards its targets.[81] To view the dashboard, go to viha.ca/about_viha/accountability/performance_measures.

In addition, in 2010 the BC Ministry of Health (then called Health Services) began a patient-focused funding initiative for hospitals in British Columbia.[84,85] This program is designed to align hospital funding with improvements in access and quality.

The new funding formulas are tied to existing indicators, effectively creating financial incentives (both positive and negative) in relation to agreed-upon targets. Now in their second year, these financial incentives are being extended to other areas of the health care system.

Table 2: Alignment of provincial and regional priorities: British Columbia Ministry of Health and Vancouver Island Health Authority

	BRITISH COLUMBIA MINISTRY OF HEALTH[83]	VANCOUVER ISLAND HEALTH AUTHORITY[82]
Goal	Effective health promotion, prevention, and self-management to improve the health and wellness of British Columbians	Improved health and wellness for VIHA residents
Strategic priorities/ objectives	Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention	• Improved health of high-needs populations • Service excellence for seniors
Goal	British Columbians have the majority of their health needs met by high-quality primary and community-based health care and support services	Quality, patient safety, and client-centred care and services
Strategic priorities/ objectives	Providing a system of community-based health care and support services built around attachment to a family physician and an extended health care team with links to local community services	
Goal	British Columbians have access to high-quality hospital services when needed	• A sustainable and integrated network of health services • High-quality and safe services
Strategic priorities/ objectives	Acute-care services are accessible, effective, and efficient	
Goal	Improved innovation, productivity, and efficiency in the delivery of health services	A sustainable, affordable, publicly funded health system with a safe and healthy work environment
Strategic priorities/ objectives	Optimize supply and mix of health human resources, information management, technology, and infrastructure to service delivery	• A leading organization with a safe, healthy workplace, engaged workforce, and continuous learning • Strategic transformation to ensure sustainability • Improved stakeholder engagement

Alberta

Alberta's Department of Health and Wellness provides overall leadership and governance for the province's health system by focusing on developing policy, setting standards and regulations, ensuring accountability, and pursuing innovation.[86] Alberta Health Services, the province's single health authority, delivers health care within the province and collects detailed information on health system performance.[87]

In 2010, the Department of Health and Wellness outlined a five-year health action plan that identifies key priorities, strategies, and actions in five major areas for the shared vision of the health system.[88] The plan includes clearly defined targets for 50 health system performance measures and outlines how Alberta Health Services and the department will meet these goals.[89] Alberta Health Services publishes quarterly performance reports on these measures in a dashboard visual. The performance measures are continuously evaluated through annual updates.[90] To view the dashboard, go to www.albertahealthservices.ca/833.asp.

Saskatchewan

The Saskatchewan Ministry of Health is required to present strategic and operational directions for health care delivery that align with the overall government policy direction for the province.[91]

The Ministry of Health's plan contains strategic focus areas, each with specific goals. Each goal is accompanied by one or more performance measures, with targets set for the upcoming two years.[91] The plan presents the baseline for each measure, and the following year's annual report provides data on performance for that measure.[92] The annual report also provides interpretation of the data and commentary on progress towards achieving the previously set targets. To view the strategic and operational plans, and annual reports, go to health.gov.sk.ca/plan-annual-report.

Manitoba

In June 2011, Manitoba Health mandated the regional health authorities to publish regional strategic plans containing the vision, mission and strategic priorities for the region, and to review these plans at least every five years.[93] The regional health authorities were also mandated to make periodic public reports on the quality of health services delivered and patient safety.[92]

Manitoba Health's objectives are outlined in its annual report,[94] and the department reports annually on demographics, health programs, health care services and health care facility utilization across the province at the regional health authority level.[95] There is ongoing work within the department to develop a health system monitoring framework for reporting health care system performance across Manitoba.[96] In 2010, Manitoba Health began releasing annual reports on patient safety.[95,96]

Ontario

In Ontario, the Ministry of Health and Long-Term Care outlines the province's strategic objectives for health in its annual Results-based Plan Briefing Books.[97] The Local Health Integration Networks and hospitals have mandated accountability agreements with the Ontario Ministry of Health and Long-Term Care. In 2006, Ontario implemented the Local Health System Integration Act, which established 14 local health integration networks for the purpose of planning, funding and integrating local health systems.[98] The networks were mandated to develop three-year individual integrated health service plans outlining the vision and strategic directions for the local health system that align with the ministry's strategic health directions.[99] The networks released the first of these plans in 2006 and the second in 2009 (for 2010–2013).[100] In 2008, each network also developed an annual service plan detailing how health care strategies and objectives will be implemented in its local areas.[101] Through public accountability agreements with the Ministry of Health and Long-Term Care, the networks report against these service plans.

In 2010, the Ontario government passed legislation for the *Excellent Care for All Act*, which requires all health care organizations in Ontario (such as hospitals) to establish quality committees that are responsible for developing quality improvement plans, as well as monitoring and reporting on health care issues within their organizations.[102] Executive compensation in Ontario's health organizations will now be linked to achievement of the objectives laid out in the organization's quality improvement plan.[102,103] This performance-based compensation is intended to motivate health care organizations to achieve their improvement goals and to drive accountability for performance.[104]

The Ontario quality improvement strategy will be implemented in stages. In April 2011, all hospitals in Ontario were required to submit their first quality improvement plans and to report on performance towards achieving objectives the following year (2012).[105] The quality plans have core indicators for reporting that relate to patient safety, effectiveness, access, and patient-centredness.[105]

Quebec

Quebec's Ministry of Health and Social Services outlines its performance objectives in a five-year strategic plan.[106] This plan outlines priorities that have specific performance objectives, action plans, performance measures and targets. The ministry reports annually on performance towards achieving the established targets.[107] To view the Ministry of Health and Social Services annual reports on the strategic plan, go to http://msssa4.msss.gouv.qc.ca/fr/document/publication.nsf/4b1768b3f849519c852568fd0061480d/151fa0fb105918aa8525791f006891a5?OpenDocument.

New Brunswick

In 2008, the New Brunswick Department of Health outlined its strategic health goals in a five-year provincial health plan.[108] Meanwhile, its annual report contains statistics by health region on population health, and health services, and program utilization.[109]

Nova Scotia

Prior to 2011, health and health care delivery were managed by two separate departments in Nova Scotia: Health, and Health Promotion and Protection.[110] Both departments presented a business plan for the coming year outlining strategic health priorities, goals, outcomes, performance measures, targets, and action plans for reaching these targets. In 2011, the two departments were merged into a new Department of Health and Wellness, which has a statement of mandate for 2011/12 that contains a combination of performance measures from the two founding departments which will be reported on in the 2011/12 annual report.[111] The Department of Health and Wellness will review performance measures and develop a set of measures to be consistently reported.

To view the department's business plan(s) and previous annual reports, go to gov.ns.ca/DHW/corporate-reports.asp.

Prince Edward Island

Prince Edward Island's health services provider, Health PEI, outlined strategic priorities in a three-year plan (2009–2012) with a select set of indicators to measure performance.[112] Annual business plans report on the previous year's performance and set targets for upcoming years.[113] Each annual report contains data on these key performance indicators, including baseline measures, annual results with respective targets, and performance on achieving the targets.[113] To view the annual reports, go to http://www.healthpei.ca/index.php3?number=publications&dept=&id=1936.

Newfoundland and Labrador

In 2011, Newfoundland and Labrador's Department of Health and Community Services developed its second three-year strategic plan that aligns with the government's strategic directions.[114] As part of the ongoing requirements under the 2006 *Transparency and Accountability Act*,[115] the plan outlines the department's values, vision, and mission, along with strategic issues, goals, and objectives for 2011–2014.[116] Strategic issues have specific goals and targets, along with indicators to measure performance on achieving set targets.[116] Within the strategic plan, the Minister of Health committed to being accountable for the achievement of the goals and objectives outlined in the plan.[116] Previous annual reports have reported on progress made on achieving goals outlined in the previous 2008–2011 strategic plan.[114]

Table 3: Alignment of provincial and regional priorities: Newfoundland and Labrador Department of Health and Community Services and Eastern Health

	NL DEPARTMENT OF HEALTH AND COMMUNITY SERVICES GOALS[114]	EASTERN HEALTH GOALS[118]
Issue	Quality and safety	
Goals	Enhanced support for training and licensing to improve health care resources Improved monitoring to enhance system performance	Increased safety and quality of programs and services
Issue	Improved access and increased efficiency	
Goals	Improved access for selected services to contribute to improved health outcomes	Improved access to identified programs and services
Issue	Population health	
Goals	Enhanced initiatives focusing on prevention of illness and injury and protection and promotion of health and well-being to improve the health status of the population	Implement strategies using a population health approach to support better health outcomes
Issue	Demographics and delivery of health and community services	Sustainability
Goals	A more responsive health and community services system	Strengthened sustainability through efficient utilization and monitoring of fiscal and human resources

The four health authorities in the province are also accountable for their performance.[115,117] They are required to prepare strategic plans that align with the department's strategic directions and to issue annual reports on performance.[115,117]

Eastern Health, the largest regional health authority, published its regional strategic plan for 2011–2014, through which its board of trustees committed to being accountable for the achievement of the goals and objectives outlined in the plan.[118] Eastern Health is responsible for provincial tertiary health care services; it not only has regional priorities, but also must deliver on a province-wide mandate[118] (see Table 3).

Yukon, Northwest Territories, and Nunavut

The objectives for the Yukon Department of Health and Social Services are outlined in the annual territorial budget.[119]

The Northwest Territories Department of Health and Social Services produces five-year strategic plans. The 2006–2010 strategic plan outlined goals and strategic directions,[120] and the department reported on achieving these goals in 2010.[121] The current 2011–2016 strategic plan outlines goals with strategic priorities and detailed yearly targets and deliverables.[122]

Nunavut's Department of Health and Social Services outlines the health objectives for its specific branches in a three-year business plan, along with yearly priorities.[123]

In summary

All provinces and territories are actively developing strategic plans which include health system performance goals and objectives, with striking similarities across these jurisdictions. Most provinces and territories are developing public reporting frameworks to capture results and report them publicly, relying on similar sets of health indicators in their reporting. This is a significant development that has occurred during the life of the health accords. The remaining challenge is to see if we can achieve the same, if not better, results in performance measurement and improved accountability at the pan-Canadian level.

SECTION THREE

Designing better health system performance reporting in Canada for improved accountability

"Throughout the course of the [Senate] committee's study, witnesses highlighted the importance of accountability mechanisms in promoting health-care reform…there is a need to develop a pan-Canadian health-indicator framework to allow for common measurements of health care system quality and performance, interjurisdictional comparison and pan-Canadian reporting."[59]

—*Time for Transformative Change: A Review of the 2004 Health Accord*, released by the Senate of Canada in March 2012

Recently, the federal minister of Health wrote to her provincial and territorial colleagues requesting that they engage "…to further map how we can work together to make Canada's health system more sustainable, to improve accountability and to get better results for Canadians…and tasking our officials to start work on an approach to measuring and reporting performance across health systems using common metrics".[7] This correspondence came on the heels of the late 2011 announcement by the federal finance minister that set out the future arrangements for the Canada Health Transfer.[124] In addition, the Senate Committee on Social Affairs, Science and Technology discussed the need for improved accountability and reporting in *Time for Transformative Change*, its review of the 2004 *10-Year Plan to Strengthen Health Care*.[59]

These developments—coupled with the fact that the existing health accord agreements between the federal government and the provinces and territories will expire in 2014—have led many groups across Canada to position their work to influence the future direction of our health system. As noted earlier in this paper, there is a strong desire for comparable pan-Canadian performance reporting and for an alignment of provincial and territorial reporting on health indicator data to achieve an overall picture of health system performance in Canada. As we near the end of the 10-year commitment period of the current health accords, it is time for more strategic thinking about setting goals for health care renewal in Canada and how these goals will be achieved. From the Health Council of Canada's perspective, it is possible to develop a pan-Canadian approach for improved results by focusing on what matters both in goal setting and performance reporting. This can be achieved by leveraging the existing expertise of national health indicator data reporting organizations such as CIHI and Statistics Canada, aligning the work of provincial quality councils and related agencies, and looking to international examples of national performance reporting frameworks.

Several conditions need to be met for such a pan-Canadian approach to be successful. First, provinces and territories need to be explicit about the improvements that they want to see in the health outcomes and health status of Canadians:

- What are the overarching priorities? Do we want a lower incidence of specific conditions such as cancer or cardiovascular disease? Do we want to reduce health inequities? These types of goals need to be clearly established.
- Within these overarching goals, a subset of targets needs to be identified: What is the rate of improvement or reduction we want to achieve and what is the timeframe in which to achieve these goals?
- Do we wish to compare our performance with that of other countries? If so, to whom should we compare? Should Canada be the best in the world? The best within the Organisation for Economic Co-operation and Development?
- How do we wish to achieve these goals? Through improved health care quality? Improved access to specific health care and/or community services? Improved systems? Or a combination of all these approaches?

These goals need to be flexible enough to allow for provincial and local priorities and circumstances to be reflected. Such flexibility will enhance opportunities for buy-in from stakeholders at all levels in the health system, from patients and the public to providers, administrators, and governments across Canada.

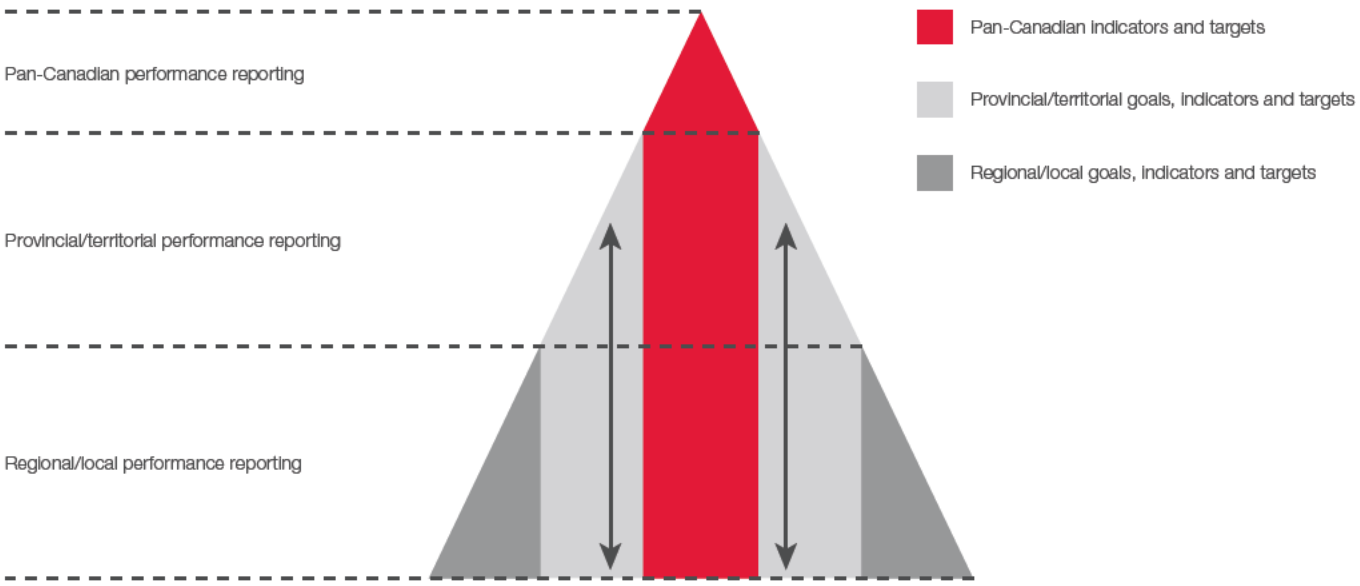
Second, an appropriate performance reporting framework has to accompany this approach. A series of performance measures (i.e., health indicators) needs to be assigned to the goals and targets to allow for monitoring and reporting on progress. In this context, the reporting framework and data requirements that are associated with it should not be an additional burden on the already extensive amount of indicator reporting in Canada. A new reporting framework should instead align existing initiatives at the pan-Canadian, provincial, and local levels to simplify current health performance reporting across the country (Figure 2).

A possible approach could involve provinces and territories developing their own plans for health performance that build on pan-Canadian goals and targets but that also accommodate their own additional priorities. Appropriate goals and targets could be set and suitable performance measurements established at the provincial level that align with pan-Canadian reporting requirements. Subsequently, any regional and specific organizational-level performance goals and targets should also align with their respective provincial or territorial reporting system.

A pan-Canadian approach built around a framework focused on achieving better health outcomes and health status for Canadians through improved health system performance would be welcomed by most observers. Other countries and some provinces have begun to move in this direction. Much of the capacity for implementing such a national framework currently exists in Canada. Examples of strategic health goal setting and performance measurement from within Canada and abroad could be used to guide the development of such a framework.

Finally, there needs to be a commitment to independent monitoring and reporting on performance, with governments willing to be held accountable for achieving set performance

Figure 2: Alignment of pan-Canadian, provincial and regional/local health and health system performance reporting activities



targets. While existing structures and organizations can support public reporting, do new mechanisms need to be put in place to strengthen accountability for health system performance at the individual jurisdictional level? What role do financial incentives (or penalties) play in such a system? Some jurisdictions in Canada and abroad are using performance-based funding initiatives to drive health system improvements; however, the implementation and evaluation of these initiatives are complex. Incentives for good performance and penalties for underperformance need to be carefully structured to avoid unwanted effects. Options for expanding this approach in the context of Canada's health care system need further exploration.

When it comes to federal funding in support of provincial spending on health care, how is accountability for performance best achieved? Indeed, is there any role for incentives or penalties? Do existing mechanisms contemplate such measures? In short, is there a need for a new accountability mechanism to show how progress in health care is being achieved with federal funding for health care in Canada? How is the federal government held accountable, and by whom, for its commitments to Canadians? These are some of the questions that need to be considered as we approach the end of the current health accords in 2014.

Concluding comments

We have presented examples from within Canada and abroad of strategic goal setting and national performance reporting frameworks that could be used to guide the development of a more rigorous approach to health system performance reporting in Canada. The two international examples of national accountability and performance reporting frameworks contain many system-level goals and performance measures that are applicable and transferable to Canada.

With an existing list of Canadian health goals established in 2005[125] and considerable consistency among provincial strategic health plans in terms of their priorities, goals, and performance measures, there already appears to be a natural alignment of health goals and priorities within Canada. Governments could harness the existing data collection and measurement capacity of CIHI and Statistics Canada, as well as of provincial health quality councils and related agencies, to provide comparable pan-Canadian reporting on progress towards any set of joint federal, provincial, and territorial health care goals.

Independent monitoring agencies such as the Health Council of Canada, provincial health quality councils, and health advocacy organizations would benefit significantly from an improved approach to health goal setting and performance measurement in Canada. The Health Council's progress reports would be more complete, provincial reporting could become more transparent and comparable, and advocacy would become more informed. Governments in turn would benefit from an independent assessment of progress and could take corrective action if it is found wanting. And the Canadian public would benefit by knowing that their governments want to be held accountable for their role in improving the overall health and well-being of Canadians.

The Health Council of Canada developed this paper to raise awareness and increase understanding of the complexities of performance reporting in each of Canada's health care systems, to know who is doing what, and to identify what lessons we can learn from each other. The Canadian system is in a period of transition, and improved performance reporting to enhance accountability is a potential tool as governments and their health system planners look forward. We are optimistic that our work and the work of others will encourage health system planners to focus more effort in this area in the years ahead so we achieve better results — in health system performance, in health outcomes, and in the health status of Canadians.

References

1. McDonell, D.A., & Plecash, C. (2011, August 29). PM should convene First Ministers' meeting on health, say opposition critics. *The Hill Times.* Retrieved from http://www.hilltimes.com/news/2011/08/29/pm-should-convene-first-ministers-meeting-on-health-say-opposition-critics/27710

2. Health Canada. (2003). 2003 *First Ministers' accord on health care renewal.* Retrieved on April 17, 2012 from http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2003accord/index-eng.php

3. Health Canada. (2004). *First Ministers' meeting on the future of health care 2004 - A 10-year plan to strengthen health care.* Retrieved on April 17, 2012 from http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2004-fmm-rpm/index-eng.php

4. Department of Finance Canada. (2006). *The Budget Plan 2006: Focusing on Priorities.* Ottawa, ON: Department of Finance Canada.

5. Health Quality Council of Saskatchewan. (2011). *Discussion paper: A backgrounder for invitees to the National Summit on Solving Indicator Chaos.* Retrieved from http://www.hqc.sk.ca/portal.jsp?WVmOp6T+rZK1TpF6CY00PDBlzBf0QfLQkUwK4QBZaJswyVyYHvXZPFVvl5thiwzu

6. Health Quality Council of Saskatchewan. (2011). *Think big, start small, act now: Tackling indicator chaos.* Saskatoon, SK: Health Quality Council of Saskatchewan. Retrieved from http://www.hqc.sk.ca/portal.jsp?GZkbzsFLO9/ZmCps8ksbLzBlzBf0QfLQkUwK4QBZaJswyVyYHvXZPFVvl5thiwzu

7. Aglukkaq, L. (2011, December 20). Health Minister's letter to provincial/territorial ministers of health. Retrieved from http://www.theglobeandmail.com/news/politics/ottawa-notebook/with-funding-set-health-minister-reaches-out-to-provinces-on-reform/article2278266/

8. Aglukkaq, L. (2012, January 19). Health Minister's letter to provincial/territorial ministers of health. Retrieved from http://www.theglobeandmail.com/news/politics/ottawa-notebook/minister-praises-premiers-but-leaves-no-wiggle-room-on-health-funding/article2309109/

9. Scoffield, H. (2011, December 29). Ottawa's health-care role about measurement, not money, Aglukkaq says. *The Globe and Mail.* Retrieved from http://www.theglobeandmail.com/news/politics/ottawas-health-care-role-about-measurement-not-money-aglukkaq-says/article2286203/

10. Health Council of Canada. (2011). *A citizen's guide to health indicators.* Toronto, ON: Health Council of Canada.

11. Brown, A.D., Porcellato, C., & Barnsley, J. (2006). Accountability: Unpacking the suitcase. *Healthcare Quarterly, 9*(3), 72-75.

12. Dubnick, M.J., & Frederickson, H.G. (2011). Introduction: The promises of accountability research. In M.J. Dubnick (Ed.), *Accountable governance: problems and promises* (pp. xiii-xxxii). Armonk, NY: M.E. Sharpe, Inc.

13. Dubnick, M.J., & Frederickson, H.G. (2009). Accountable agents: Federal performance measurement and third-party governance. *Journal of Public Administration Research and Theory. The State of Agents: A Special Issue., 20,* i143-i159. doi: 10.1093/jopart/mup039

14. Emanuel, E.J., & Emanuel, L.L. (1996). What is accountability in health care? *Annals of Internal Medicine, 124*, 229-239.

15. Brinkerhoff, D. (2003). *Accountability and health systems: Overview, framework, and strategies.* Bethesda, MD: The Partners for Health Reformplus Project, Abt Associates Inc.

16. Commission on the Future of Health Care in Canada. (2002). *Building on values - The future of health care in Canada.* Saskatoon, SK: Commission on the Future of Health Care in Canada.

17. Standing Senate Committee on Social Affairs, Science and Technology. (2002). *The health of Canadians - The federal role. Volume Six: Recommendations for reform.* Ottawa, ON: Senate of Canada.

18. Tuohy, C.H. (2003). Agency, contract, and governance: Shifting shapes of accountability in the health care arena. *Journal of Health Politics, Policy and Law, 28*, 195-215.

19. Pencheon, D. (2008). *The good indicators guide: Understanding how to use and choose indicators.* Coventry, UK: NHS Institute for Innovation and Improvement.

20. Ontario Health Quality Council. (2009). *Quality improvement guide.* Toronto, ON: OHQC.

21. Baily, M.A., Bottrell, M., Lynn, J., & Jennings, B. (2006). *The ethics of using QI methods to improve health care quality and safety. Hastings Center Special Report.* Garrison, NY: The Hastings Center.

22. Mainz, J. (2003). Defining and classifying clinical indicators for quality improvement. *International Journal for Quality Health Care, 15,* 523-530. doi: 10.1093/intqhc/mzg081

23. Health Quality Council of Saskatchewan. (2008). *Transparency in health care: Measurement and reporting in the pursuit of learning and improvement.* Saskatoon, SK: Health Quality Council of Saskatchewan.

24. BC Patient Safety and Quality Council. (2011). *Thinking big, acting small, moving quickly: First steps to tackling indicator chaos.* Retrieved August 19, 2011 from http://www.bcpsqc.ca/new/current.html

25. Wallace, J., Teare, G.F., Verrall, T., & Chan, B.T.B. (2007). *Public reporting on the quality of healthcare: Emerging evidence on promising practices for effective reporting.* Ottawa, ON: Canadian Health Services Research Foundation.

26. Health Council of Canada. (2011). *Progress report 2011: Health care renewal in Canada.* Toronto, ON: Health Council of Canada.

27. Canadian Intergovernmental Conference Secretariat. (2000, September 11). First Ministers' meeting communiqué on health [News release]. Retrieved from http://www.scics.gc.ca/english/conferences.asp?a=viewdocument&id=1144

28. Health Council of Canada. (2009). *Teams in action: Primary health care teams for Canadians.* Toronto, ON: Health Council of Canada.

29. Pape, G.A., Hunt, J.S., Butler, K.L., Siemienczuk, J., LeBlanc, B.H., Gillanders, W., . . . Bonin, K. (2011). Team-based care approach to cholesterol management in diabetes mellitus: Two-year cluster randomized controlled trial. *Archives of Internal Medicine, 171,* 1480-1486. doi: 10.1001/archinternmed.2011.417

30. Barrett, J., Curran, V., Glynn, L., & Godwin, M. (2007). *CHSRF synthesis: Interprofessional collaboration and quality primary healthcare.* Ottawa, ON: Canadian Health Services Research Foundation.

31. Auditor General of Canada. (2008). *Report of the Auditor General of Canada to the House of Commons - Chapter 8. Reporting on Health Indicators - Health Canada.* Ottawa, ON: Office of the Auditor General of Canada.

32. Canadian Institute for Health Information. (2008). *Strategic directions 2008-2009 to 2011-2012.* Ottawa, ON: CIHI.

33. Canadian Institute for Health Information. (2012). *Vision and mandate.* Retrieved on April 17, 2012 from http://www.cihi.ca/CIHI-ext-portal/internet/EN/SubTheme/about+cihi/vision+and+mandate/cihi010703

34. Canadian Institute for Health Information. (2010). Timely data, quality care... *CIHI Directions ICIS, 17*(1).

35. Canadian Institute for Health Information. (2012). *Standards.* Retrieved on April 17, 2012 from http://www.cihi.ca/CIHI-ext-portal/internet/EN/SubTheme/standards+and+data+submission/standards/cihi010688

36. Canadian Institute for Health Information. (2011). *Health indicators e-publication.* Retrieved on April 17, 2012 from http://secure.cihi.ca/indicators/2011/ind2011_e.html

37. Canadian Institute for Health Information. (2011). *Analysis in brief. Wait times in Canada - A Comparison by Province, 2011.* Toronto, ON: CIHI.

38. Canadian Institute for Health Information. (2011). *Home care.* Retrieved on April 17, 2012 from http://www.cihi.ca/CIHI-ext-portal/internet/EN/TabbedContent/types+of+care/community+care/home+care/cihi021338

39. Canadian Institute for Health Information. (2011). *Canadian hospital reporting project.* Retrieved on April 17, 2012 from http://www.cihi.ca/CIHI-ext-portal/internet/en/document/health+system+performance/indicators/performance/indicators_chrp

40. Canadian Institute for Health Information. (2011). *Primary health care.* Retrieved on April 18, 2012 from http://www.cihi.ca/CIHI-ext-portal/internet/EN/TabbedContent/types+of+care/primary+health/cihi006583

41. Public Health Agency of Canada. (2011). *Surveillance.* Retrieved on April 17, 2012 from http://www.phac-aspc.gc.ca/surveillance-eng.php

42. Statistics Canada. (2011). *Canadian Community Health Survey- Annual Component (CCHS) - Detailed information for 2010.* Retrieved on November 22, 2011 from http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3226&lang=en&db=imdb&adm=8&dis=2

43. Statistics Canada. (2011). *Canadian Health Measures Survey: Cycle 1 Data Tables - Introduction.* Retrieved on April 17, 2012 from http://www.statcan.gc.ca/pub/82-623-x/2010002/part-partie1-eng.htm

44. Statistics Canada. (2011). *CANSIM.* Retrieved on April 19, 2012 from http://www5.statcan.gc.ca/cansim/home-accueil?lang=eng

45. Health Canada. (2011). *Healthy Canadians - A federal report on comparable health indicators 2010.* Ottawa, ON: Government of Canada.

46. Health Canada. (2009). *Healthy Canadians - A federal report on comparable health indicators 2008.* Ottawa, ON: Government of Canada.

47. Health Council of Canada. (2011). How engaged are Canadians in their primary care? Results from the 2010 Commonwealth Fund International Health Policy Survey. *Canadian Health Care Matters, Bulletin 5.* Toronto, ON: Health Council of Canada.

48. Health Council of Canada. (2011). How do sicker Canadians with chronic disease rate the health care system? Results from the 2011 Commonwealth Fund International Health Policy Survey of sicker adults. *Canadian Health Care Matters, Bulletin 6.* Toronto, ON: Health Council of Canada.

49. Health Council of Canada. (2010). How do Canadians rate the health care system? Results from the 2010 Commonwealth Fund International Health Policy Survey. *Canadian Health Care Matters, Bulletin 4.* Toronto, ON: Health Council of Canada.

50. Norris, S. (2009). *The wait times issue and the Patient Wait Times Guarantee.* Ottawa, ON: Library of Parliament.

51. Health Council of Canada. (2011). *Progress report 2011: Health care renewal in Canada. Appendix: Provincial and territorial profiles.* Toronto, ON: Health Council of Canada.

52. Dubois, M., & Bilodeau, B. (2009). *Healthy Canadians - A federal report on comparable health indicators, 2009 evaluation report.* Ottawa, ON: Government of Canada.

53. Auditor General of Canada. (2011). *Northwest Territories health programs and services - 2011: Department of Health and Social Services.* Ottawa, ON: Office of the Auditor General of Canada.

54. Auditor General of Canada. (2011). *Yukon health services and programs - 2011: Department of Health and Social Services.* Ottawa, ON: Office of the Auditor General of Canada.

55. Manitoba Centre for Health Policy. (2012). *About MCHP.* Retrieved on April 18, 2012 from http://umanitoba.ca/faculties/medicine/units/community_health_sciences/departmental_units/mchp/about.html

56. UBC Centre for Health Services and Policy Research. (no date). *About CHSPR.* Retrieved on April 17, 2012 from http://w ww.chspr.ubc.ca/about

57. Institute for Clinical Evaluative Sciences. (2011). *About us.* Retrieved on April 17, 2012 from http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=26

58. Newfoundland and Labrador Centre for Health Information. (no date). *Welcome to the centre.* Retrieved on April 17, 2012 from http://www.nlchi.nf.ca/

59. Standing Senate Committee on Social Affairs, Science and Technology. (2012). *Time for transformative change: A review of the 2004 health accord.* Ottawa, ON: Senate of Canada.

60. Community for Excellence in Health Governance. (no date). *High-performance collaboratives. A glimpse of a collaborative.* Retrieved on April 17, 2012 from http://myhealthboard.ca/high-performance-collaboratives/

61. Department of Health. (2010). *Equity and excellence: Liberating the NHS* (ISBN: 9780101788120). London, UK: TSO Information and Publishing Solutions.

62. National Health Service. (2009). *About the NHS - Overview.* Retrieved on April 17, 2012 from http://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx

63. Department of Health. (2008). *High quality care for all: NHS next stage review final report.* London, UK: National Health Service.

64. Department of Health. (2010). *Liberating the NHS: Transparency in outcomes - A framework for the NHS.* London, UK: National Health Service.

65. Department of Health. (2010). *Using the Commissioning for Quality and Innovation (CQUIN) payment framework -- A summary guide.* Retrieved from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443

66. Department of Health. (2011). *The NHS outcomes framework 2012/13.* London, UK: National Health Service.

67. Australian Government Department of Foreign Affairs and Trade. (2008). *About Australia - Health care in Australia.* Barton, ACT: Australian Government.

68. Council of Australian Governments Reform Council. (2010). *Charter.* Sydney, NSW: COAG Reform Council.

69. Council of Australian Governments Reform Council. (no date). *COAG reform agenda.* Retrieved on April 17, 2012 from http://www.coagreformcouncil.gov.au/agenda/index.cfm

70. Council of Australian Governments. (2008). *National healthcare agreement.* COAG. Retrieved on April 18, 2012 from http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx

71. Council of Australian Governments Reform Council. (2010). *National healthcare agreement: Baseline performance report for 2008-09.* Sydney, NSW: COAG Reform Council.

72. Council of Australian Governments Reform Council. (2011). *National healthcare agreement: Performance report for 2009-10.* Sydney, NSW: COAG Reform Council.

73. Council of Australian Governments. (2011). *National healthcare agreement 2011.* Retrieved on April 18, 2012 from http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx

74. Council of Australian Governments. (2011). *Intergovernmental agreement on federal financial relations.* Retrieved on April 17, 2012 from http://www.federalfinancialrelations.gov.au/content/intergovernmental_agreements.aspx

75. Budget Transparency and Accountability Act, Statutes of British Columbia (2000, C-23). Retrieved from http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_00023_01

76. British Columbia Ministry of Health Services. (2002). *Service plan 2002/2003 - 2004/2005.* Victoria, BC: Ministry of Health Services.

77. British Columbia Ministry of Health Services. (2003). *2002/03 Annual service plan report.* Victoria, BC: Ministry of Health Services.

78. British Columbia Ministry of Health. (2011). *Ministry of Health.* Retrieved on April 18, 2012 from http://www.gov.bc.ca/health/

79. British Columbia Ministry of Health. (no date). *British Columbia health authorities.* Retrieved on April 18, 2012 from http://www.health.gov.bc.ca/socsec/

80. British Columbia Ministry of Health. (no date). *British Columbia health authorities - Service plans.* Retrieved on April 18, 2012 from http://www.health.gov.bc.ca/socsec/serviceplan.html

81. Murray, A.M., Baker, G.R., Denis, J-L., & Pomey, M-P. (2010). *Effective governance for quality and patient safety in Canadian healthcare organizations.* Ottawa, ON: Canadian Health Services Research Foundation and Canadian Patient Safety Institute.

82. Vancouver Island Health Authority. (2009). *Vancouver Island Health Authority (VIHA): Five-year strategic plan 2008-2013.* Victoria, BC: VIHA.

83. British Columbia Ministry of Health. (2011). *Revised 2011/12 - 2013/14 service plan.* Victoria, BC: Government of British Columbia.

84. British Columbia Ministry of Health. (2011). *2010/11 annual service plan report.* Victoria, BC: Government of British Columbia.

85. British Columbia Ministry of Health Services. (2010, April 12). B.C. launches patient-focused funding provincewide [News release]. Retrieved from http://www2.news.gov.bc.ca/news_releases_2009-2013/2010HSERV0020-000403.htm

86. Alberta Health and Wellness. (2011). *Health and Wellness business plan 2011-14.* Edmonton, AB: Government of Alberta.

87. Alberta Health Services. (2011). About AHS. Retrieved on April 19, 2012 from http://www.albertahealthservices.ca/about.asp

88. Government of Alberta, Alberta Health Services. (2010). *Becoming the Best: Alberta's 5-Year Health Action Plan 2010-2015* (ISBN: 978-0-7785-8285-4). Edmonton, AB: Government of Alberta.

89. Alberta Health and Wellness. (2011). *Alberta Health and Wellness annual report 2010-2011.* Edmonton, AB: Government of Alberta.

90. Alberta Health Services. (2011). *Performance report.* Retrieved on April 18, 2012 from http://www.albertahealthservices.ca/833.asp

91. Saskatchewan Ministry of Health. (2011). *Strategic and operational directions 2011-12.* Saskatoon, SK: Government of Saskatchewan.

92. Saskatchewan Ministry of Health. (2011). *2010-11 annual report.* Regina, SK: Government of Saskatchewan.

93. Health Canada. (2011). *Health human resource strategy (HHRS).* Retrieved on April 18, 2012 from http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/index-eng.php

94. Manitoba Health. (2011). *Annual report 2010-2011.* Winnipeg, MB: Government of Manitoba.

95. Manitoba Health. (2010). *Annual statistics 2009-2010.* Winnipeg, MB: Government of Manitoba.

96. Manitoba Health. (no date). *Palliative care drug access program.* Retrieved on April 18, 2012 from http://www.gov.mb.ca/health/pcdap/index.html

97. Ontario Ministry of Health and Long-Term Care. (2010). *Results-based plan briefing book 2010-11.* Toronto, ON: Government of Ontario.

98. Local Health System Integration Act, Statutes of Ontario (2006, C-4). Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_06l04_e.htm

99. Smitherman, G. (2006, June 29). Minister Smitherman's letter to LHIN Chairs and CEOs. Retrieved from http://www.health.gov.on.ca/english/public/updates/archives/hu_06/hu_lhin_letter.html

100. Erie-St. Clair Local Health Integration Network. (2009). *Navigating change in the right lane - Integrated Health Service Plan - IHSP 2010-2013.* Chatham, ON: Erie-St. Clair LHIN.

101. Ontario's Local Health Integration Networks. (2011). *Local Health Integration Network - Annual service plans.* Retrieved on April 18, 2012 from http://www.lhins.on.ca/page.aspx?id=1414&ekmensel=e2f22c9a_72_448_btnlink

102. Excellent Care for All Act, Statutes of Ontario (2010, C-14). Retrieved from http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&Intranet=&BillID=2326

103. Ontario Ministry of Health and Long-Term Care. (2011). *Excellent Care for All - Performance based compensation and the quality improvement plan.* Retrieved on April 18, 2012 from http://www.health.gov.on.ca/en/ms/ecfa/pro/updates/performancecomp/pbc_guide.pdf

104. Canadian Home Care Association. (2011). *Home care in Canada: Looking to the future: Potential opportunities and outcomes - A pan-Canadian roundtable.* Mississauga, ON: Canadian Home Care Association.

105. Ontario Ministry of Health and Long-term Care. (2011). *Excellent Care for All - Quality improvement plan guidance document.* Toronto, ON: Government of Ontario.

106. Ministere de la Santé et des Services Sociaux du Quebec. (2010). *Plan strategique 2010-2015.* Quebec, QC: Government of Quebec.

107. Ministere de la Santé et des Services Sociaux du Quebec. (2011). *Rapport annuel de gestion 2010-2011.* Quebec, QC: Government of Quebec.

108. New Brunswick Department of Health. (2008). *Transforming New Brunswick's health-care system: The provincial health plan 2008-2012.* Fredericton, NB: Government of New Brunswick.

109. New Brunswick Department of Health. (2010). *2009-2010 annual report.* Fredericton, NB: Government of New Brunswick.

110. Nova Scotia Department of Health and Wellness. (2011). *Health and Wellness.* Retrieved on April 18, 2012 from http://www.gov.ns.ca/DHW/

111. Nova Scotia Department of Health and Wellness. (2011). *2011-12 statement of mandate.* Halifax, NS: Government of Nova Scotia.

112. Health PEI. (2009). *PEI health system strategic plan 2009-2012.* Charlottetown, PE: Health PEI.

113. Health PEI. (2011). *Health PEI annual report 2010-11.* Charlottetown, PE: Health PEI.

114. Newfoundland and Labrador Department of Health and Community Services. (2010). *Annual performance report 2009-2010.* St. John's, NL: Government of Newfoundland and Labrador.

115. Transparency and Accountability Act, Statutes of Newfoundland and Labrador (2004, c. T-8.1). Retrieved from http://canlii.ca/t/jxwf

116. Newfoundland and Labrador Department of Health and Community Services. (2011). *Strategic plan 2011-2014.* St. John's, NL: Government of Newfoundland and Labrador.

117. Regional Health Authorities Act, Statues of Newfoundland and Labrador (2006, c. R-7.1,). Retrieved from http://www.assembly.nl.ca/Legislation/sr/statutes/r07-1.htm

118. Eastern Health. (2011). T*ogether we can: Strategic plan 2011-2014.* St. John's, NL: Eastern Health.

119. Yukon Department of Finance. (2011). *2011-2012 capital estimates.* Whitehorse, YT: Government of Yukon.

120. Northwest Territories Department of Health and Social Services. (2006). *Shaping our future 2006-2010. An updated strategic plan for health and wellness in the Northwest Territories.* Yellowknife, NT: Government of the Northwest Territories.

121. Northwest Territories Department of Health and Social Services. (2010). *Northwest Territories Health and Social Services system: Report on the strategic plan 2006-2010.* Yellowknife, NT: Government of the Northwest Territories.

122. Northwest Territories Department of Health and Social Services. (2011). *Building on our foundation 2011-2016: A strategic plan for the NWT Health and Social Services system.* Yellowknife, NT: Government of the Northwest Territories.

123. Nunavut Department of Health and Social Services. (2011). *Business plan 2011-2014.* Iqaluit, NU: Government of Nunavut.

124. Department of Finance Canada. (2011). Harper government announces major new investment in health care [News release]. Retrieved from http://www.fin.gc.ca/n11/11-141-eng.asp

125. Public Health Agency of Canada. (2005). *Health goals for Canada.* Retrieved on April 17, 2012 from http://www.phac-aspc.gc.ca/hgc-osc/new-1-eng.html

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