

# Pan-Canadian Health Data Content Framework

## Information Model: Open Review

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# Introduction

The Canadian Institute for Health Information (CIHI) is developing the Pan-Canadian Health Data Content Framework, which defines, standardizes and models the health data required to enable connected care in Canada.

The Information Model is one of several products packaged in the Pan-Canadian Health Data Content Framework.

## What is the Information Model?

The Information Model is a high-level model that highlights the key real-world concepts that are important to understanding a person's health. It establishes subject areas for organizing concepts from the data content standard.

## Audiences

The audiences for the Information Model are decision-makers, policy-makers, researchers, health care institution IT staff, clinical solution vendor technical staff, experts involved in standards development and data architecture, software developers, those interested in e-health and digital health modernization initiatives, and anyone who would like more information about the Pan-Canadian Health Data Content Framework.

## Development approach

An environmental scan was conducted for existing health standards produced by Canadian organizations, international organizations and various other authorities. A model structure was established that contains key concepts from these standards, which are also documented in the [Pan-Canadian Health Data Content Framework's data content standard](#). The model's structure was validated by internal and external stakeholders and was iteratively refined based on feedback received.

## Help us shape the Information Model

Your feedback is critical to the development of the Information Model. We are asking the public to help us identify key missing concepts, provide feedback on key concept definitions and validate core relationships at a high level.

Please complete the [feedback survey](#) at the following link.

# Information Model

## Composition

The Information Model is composed of layers, subject areas, concepts and relationships. These components are briefly described here, and each one is defined below:

1. **Layer:** A high-level grouping of concepts
2. **Subject area:** A specific area of focus for health data where concepts are grouped together, based on relevance and context, into unifying views to promote common understanding and data quality
3. **Concept:** A distinct real-world object or an abstract representation of health data that is important to understanding a person's or population's health; describes 1 or more data domains with detailed characteristics and how it relates to other concepts
4. **Relationship:** A key association between 2 entities; often represented as verbs linking 2 concepts

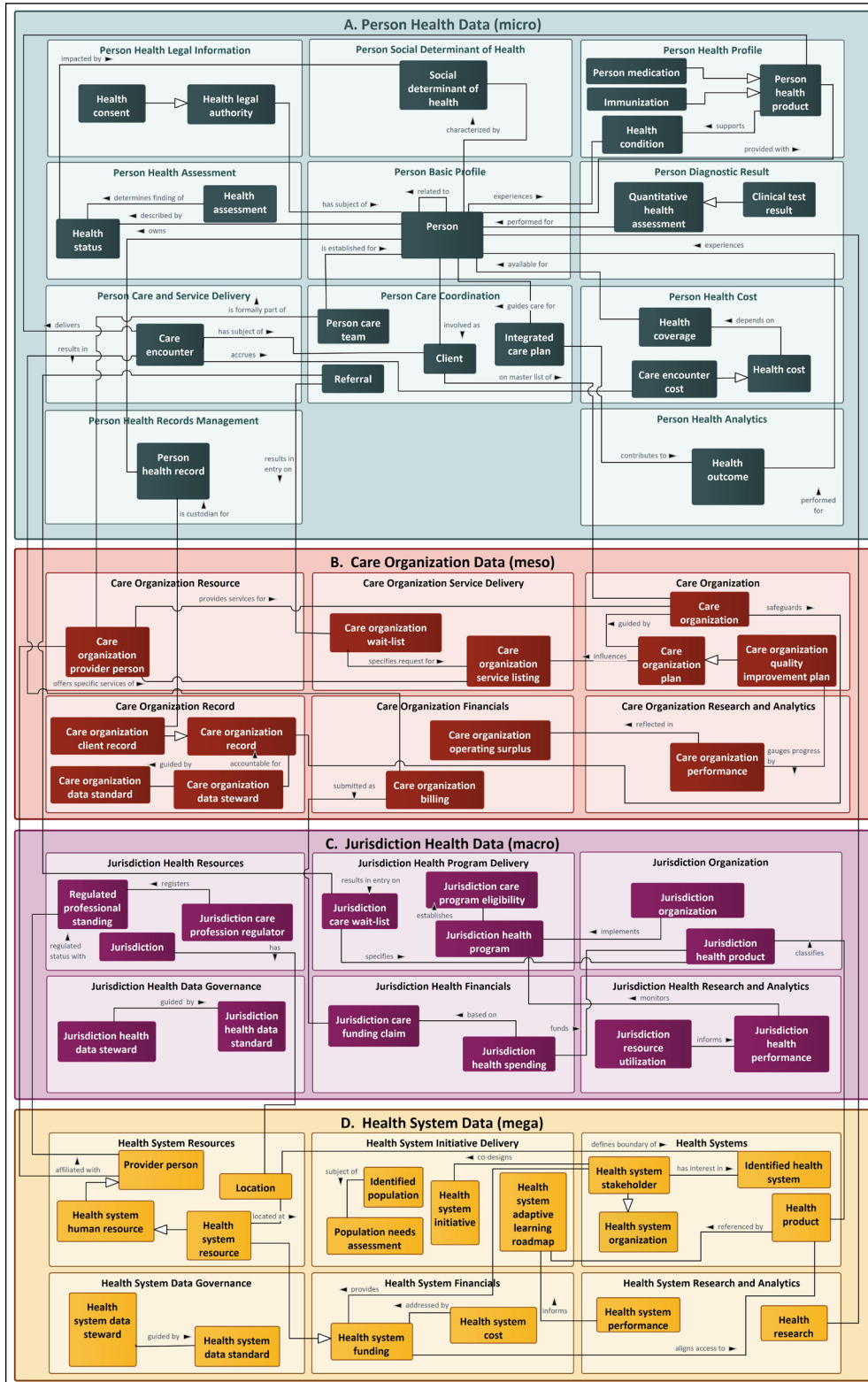
## Maturity

A maturity model (Table 1) was designed to transparently document the readiness of artifacts within the framework, including data elements, value sets and data architecture components. The maturity model facilitates tracking the evolution of these artifacts over time, enabling continuous refinement and enhancement based on feedback and emerging needs. The maturity of the framework's deliverables will be re-evaluated with each release. The maturity level of the Information Model is currently 1: Draft.

**Table 1** Maturity model

Stage of maturity	Definition
Future development	Coming soon
0: In development	Artifact is a work in progress
1: Draft	Artifact incorporates input from experts
2: Proposed	Artifact has been through at least one round of open public review
3: Ready for use	Artifact is ready for implementation

# Information Model



**Legend**

Blue: Person Health Data layer (micro)  
 Red: Care Organization Data layer (meso)  
 Purple: Jurisdiction Health Data layer (macro)

Yellow: Health System Data layer (mega)  
 Light blue: Micro subject area  
 Light red: Meso subject area  
 Light purple: Macro subject area  
 Light yellow: Mega subject area

Relationship:  
 — Association relationship  
 —> "is a" relationship

The following defines each layer, subject area and concept in the Information Model.

## Person Health Data layer (micro)

Refers to data about a person that is collected to fully understand their health, their health history, their health care history and the factors that influence their health.

### Person Health Legal Information

Data that keeps track of all powers or rights granted to make decisions or take actions relating to a person's health, including personal health data access and health care.

#### Health consent

An explicit or implicit record of an individual or their authorized representatives giving permission or agreement for something to happen relating to the individual's health, health care or health information, usually after being fully informed of the nature and implications of the consent.

#### Relationships:

- HEALTH CONSENT is a HEALTH LEGAL AUTHORITY

#### Health legal authority

Any provision of law, regulation or agreement that carries the force of the law in establishing rights and obligations relating to the health, health care and/or health information of a specific individual.

#### Relationships:

- HEALTH LEGAL AUTHORITY has a subject of PERSON.

### Person Social Determinant of Health

Data that describes a person's demographic, social and economic characteristics and summarizes the influence these may have on health status, including access to health care.

#### Social determinant of health

Refers to an indicator of a non-medical condition, factor or circumstance in the life or environment of an individual that influences or presents a risk to their health outcomes.

## Person Health Profile

Data that provides a comprehensive record of known health conditions and health (including related care) services provided to a specific individual, such as medications, immunizations or health interventions/procedures.

### Person medication

Any substance or mixture of substances and related items prescribed for a specific individual in the diagnosis, treatment, mitigation or prevention of a disease or abnormal physical state, or its symptoms. In aggregate, it forms a list of prescribed medications.

#### Relationships:

- PERSON MEDICATION is a PERSON HEALTH PRODUCT

### Immunization

A record of a vaccination that has been administered to a specific individual. In aggregate, it forms a list of vaccinations received.

#### Relationships:

- IMMUNIZATION is a PERSON HEALTH PRODUCT

### Health condition

An alteration in the normal structure or function of a body part, organ or system, or the presence or absence of a disease process, which may or may not be manifest by a set of symptoms and/or signs in a specific individual.

### Person health product

An instance of a health product being planned and/or provided to a specific individual, intended to directly or indirectly affect the health state of the person.

## Person Health Assessment

Data relating to systematic evaluations conducted to gather information about an individual's overall health status, identify potential health risks or concerns, and provide a foundation for personalized health care planning.

### Health status

A comprehensive indicator of a person's health, clinical condition, disease, disability, injury, infection, syndrome, symptom, biological or sub-clinical markers, or overall health state (positive or negative).



**Relationships:**

- HEALTH STATUS is impacted by SOCIAL DETERMINANT OF HEALTH

## Health assessment

A record of an evaluation undertaken to determine an individual's overall health status and to identify potential health risks or conditions, with the purpose of providing comprehensive understanding of the individual's health to inform the development of personalized health plans to promote optimal health outcomes. This assessment can include a variety of methods, such as physical examinations, medical history reviews, laboratory tests and screenings.

**Relationships:**

- HEALTH ASSESSMENT determines finding of HEALTH STATUS

## Person Basic Profile

Concepts related to the individual person.

### Person

A human being regarded as an individual, with their own unique identity, characteristics and experiences. For the purposes of the Pan-Canadian Health Data Content Framework, an individual who is a resident of Canada or is receiving health care within Canada, who is the subject of a health profile and any related health care information.

**Relationships:**

- PERSON relates to PERSON
- PERSON is characterized by SOCIAL DETERMINANT OF HEALTH
- PERSON experiences HEALTH CONDITION
- PERSON is provided with PERSON HEALTH PRODUCT
- PERSON is involved as CLIENT
- PERSON is described by HEALTH STATUS
- PERSON owns PERSON HEALTH RECORD

## Person Diagnostic Result

Data that refers to the findings obtained from various medical tests, examinations or procedures conducted to evaluate a person's health condition, identify the presence of diseases, disorders or abnormalities, and aid in making a diagnosis and to help guide the management and treatment of a person.

### Quantitative health assessment

A record of discrete data gathered about an individual's physical, mental and emotional health through careful and systematic objective health measurements, involving various quantitative investigative techniques to inform an assessment of the person's overall health and well-being.

#### Relationships:

- QUANTITATIVE HEALTH ASSESSMENT is performed for PERSON

### Clinical test result

A record of a finding obtained from a type of medical test or examination conducted to evaluate an individual's health status, diagnose medical conditions or monitor the effectiveness of medical treatments. Clinical tests may involve laboratory tests, imaging studies, physical examinations and other techniques.

#### Relationships:

- CLINICAL TEST RESULT is a QUANTITATIVE HEALTH ASSESSMENT

## Person Care and Service Delivery

Data that describes the episodes of care and care encounters that provide care to a specific individual who is the subject of the care.

### Care encounter

A record of a past, current, planned or completed single interaction occurring at a given place and time between a person and health care provider(s) that involves the provision of 1 or more health services, goods and/or supports.

#### Relationships:

- CARE ENCOUNTER has subject of CLIENT
- CARE ENCOUNTER accrues CARE ENCOUNTER COST
- CARE ENCOUNTER delivers PERSON HEALTH PRODUCT
- CARE ENCOUNTER results in CARE ORGANIZATION BILLING

## Person Care Coordination

Data that describes the coordination and collaboration for a person's care, including identifying care needs and plans and arranging its delivery.

### Person care team

A group of health care professionals, family members, informal caregivers and other individuals who work together to provide coordinated and person-centred care and support for an individual.

#### Relationships:

- PERSON CARE TEAM is established for PERSON
- PERSON CARE TEAM is formally part of PERSON CARE AND SERVICE DELIVERY

### Referral

The formal act by which a request is made for a person to receive specific care (other than for a prescription, clinical test or professional consult), including from a certain care provider or care setting. This may include self-referrals by a person.

#### Relationships:

- REFERRAL results in entry on CARE ORGANIZATION WAIT-LIST
- REFERRAL results in entry on JURISDICTION CARE WAIT-LIST

### Client

An individual or group of individuals who is/are the focus for receiving health and social services or products from a care provider.

#### Relationships:

- CLIENT is on master list of CARE ORGANIZATION

### Integrated care plan

Describes the approach to be used by 1 or more health care providers and other care team members to provide collaborative, coordinated and holistic care and support to a particular individual, group or community for a period of time. The approach may be limited to care for a specific condition or set of conditions to achieve specific health and wellness goals, or to palliative care.

The plan may involve the integration of medical, behavioural and social services to ensure that an individual's or family's physical, emotional and social needs are addressed in a comprehensive manner, with a goal of improving health outcomes. Integrated care plans often involve partnerships between primary care providers, hospitals, community health centres and other health care organizations to promote more effective and efficient care delivery.

**Relationships:**

- INTEGRATED CARE PLAN guides care for PERSON
- INTEGRATED CARE PLAN contributes to HEALTH OUTCOME

## Person Health Cost

Data that records the spending associated with a specific person's health and well-being. This includes records of costs paid by public health funding, by private insurance coverage and directly by the person or another individual or organization and, as appropriate, the imputed costs of informal and/or unpaid caregiving.

## Health coverage

Refers to the range of medical and other health-related services and expenses covered by an insurance plan or government-funded care program(s) that a specific person is registered in.

**Relationships:**

- HEALTH COVERAGE is available for PERSON

## Care encounter cost

The total cost(s) associated with a specific instance of care being delivered to a person, including costs of the care provider resource(s), costs for usage of attributable physical resources (e.g., medical equipment) and any auxiliary costs incurred (including supports such as taxi chits or paid parking for the person to attend the appointment) during a health care visit. These costs may include estimated costs incurred for support services provided by unpaid informal caregivers.

**Relationships:**

- CARE ENCOUNTER COST is a HEALTH COST

## Health cost

The amount of money, resources or effort expended to deliver a specific health care service, good and/or related expense for an individual at a point in time.

**Relationships:**

- HEALTH COST depends on HEALTH COVERAGE

## Person Health Records Management

Data that supports a reference to and oversees the life cycle of all health records relating to a person, ensuring that their records are maintained, accessible and destroyed in accordance with legal requirements and the wishes of the person (or their representative), wherever they are held.

### Person health record

A reference to any preserved information or data — regardless of format and whether in physical or virtual form — kept for the purposes of (a) uniquely identifying the person, (b) meeting legal obligations, (c) enumerating details of services delivered and interactions that are planned or have occurred and/or (d) being relevant to the health, health care or health outcomes of the person.

**Relationships:**

- PERSONAL HEALTH RECORD is established for PERSON

## Person Health Analytics

Data that supports the use of analytics to enhance understanding of the health of a person and to help make decisions with better health impacts for this person.

### Health outcome

A record of any measurable effect(s) of health interventions, public health policies and/or health system initiatives on the health status of a specific individual or the individual as part of a defined population.

**Relationships:**

- HEALTH OUTCOME is experienced by PERSON

## Care Organization Data layer (meso)

Refers to data about the operations of a care delivery organization, including the resources it uses and its care offerings, governance and plans.

### Care Organization Resource

Data that describes the planning and management of health and other related care providers and physical resources (e.g., capital infrastructure, supplies, operating equipment) and the physical environment associated with a care organization, its characteristics, its capacity and status, and its utilization.

### Care organization provider person

Refers to details about a health system provider and their association with a specific care organization, including the specialties and services they are contracted to supply and their capacity, availability and utilization.

#### Relationships:

- CARE ORGANIZATION PROVIDER PERSON is formally part of PERSON CARE TEAM
- CARE ORGANIZATION PROVIDER PERSON provides services for CARE ORGANIZATION
- CARE ORGANIZATION PROVIDER PERSON is affiliated with PROVIDER PERSON

### Care Organization Service Delivery

Data that manages the processes used by an organization to organize resources to provide medical and other care services to persons.

### Care organization wait-list

A record maintained by a care organization of a request for a specific person to receive a certain health product (good or service) from the organization (or an organization provider), where the number of people waiting exceeds the available capacity of the organization to immediately serve the person. In aggregate, these records form the care organization's wait-list.

#### Relationships:

- CARE ORGANIZATION WAIT-LIST specifies request for CARE ORGANIZATION SERVICE LISTING

## Care organization service listing

A health product that is made available to persons and populations that the care operation serves.

## Care Organization

Concepts related to a care organization and to its locations and facility/facilities, plans, care offerings and any care wait-list(s).

### Care organization

**A care organization is a formal** group of individuals in an operational structure that serves a **purpose related to** individual or population **health**. The definition includes a wide range of entities, from corporations to community groups. This encompasses **public-, private- and voluntary-sector organizations**.

#### Relationships:

- CARE ORGANIZATION safeguards CARE ORGANIZATION RECORD
- CARE ORGANIZATION is guided by CARE ORGANIZATION PLAN

### Care organization plan

A specification of a health operation's goals for a period of time and the discrete tasks and resources needed to meet those goals.

#### Relationships:

- CARE ORGANIZATION PLAN influences CARE ORGANIZATION SERVICE LISTING

### Care organization quality improvement plan

A structured approach taken by a care organization to improve the quality and safety of its health care services and outcomes.

Health care quality indicators can measure the following areas:

- Access and wait times
- Efficiency
- Health equity and population health
- Patient experience
- Patient safety

**Relationships:**

- CARE ORGANIZATION QUALITY IMPROVEMENT PLAN is a CARE ORGANIZATION PLAN
- CARE ORGANIZATION QUALITY IMPROVEMENT PLAN gauges progress by CARE ORGANIZATION PERFORMANCE

## Care Organization Record

Data that manages the documents and information generated and used by an organization to support its operations and the delivery of health care.

### Care organization client record

A document (paper, electronic) that forms part of the comprehensive documentation of a patient's/client's personal information, medical and care history, assessment and treatment as created and maintained by a specific health care provider and/or organization. Client records are confidential and are protected by privacy laws and regulations, which restrict access to and use of the person's information without the person's consent.

**Relationships:**

- CARE ORGANIZATION CLIENT RECORD is a CARE ORGANIZATION RECORD
- CARE ORGANIZATION CLIENT RECORD is custodian for PERSON HEALTH RECORD

### Care organization record

A document and/or information generated and maintained by an organization to support its operations, decision-making and compliance with legal and regulatory requirements. These records can include financial records, personnel records, contracts, policies and procedures, and other types of documentation related to the organization's activities and functions.

### Care organization data standard

Rules to standardize the way health data is described, represented and structured under the care of a specific care organization.

**Relationships:**

- CARE ORGANIZATION DATA STANDARD is guided by CARE ORGANIZATION DATA STEWARD

### Care organization data steward

A person or organization area with accountability and responsibility for data and processes that ensure effective control and use of data assets within a care organization.<sup>1</sup>



## Care Organization Financials

Data that tracks the funding model of a care organization, and key indicators of its health care billing and financial performance.

### Care organization operating surplus

The amount of assets or resources that a care organization has outside the amount it has used or intends to use.

### Care organization billing

A record of an invoice or request for payment submitted to obtain payment for a specific care service(s) and/or good(s) provided by a specific care organization to an identified person, family or population. A bill or billing may be submitted to a public or private insurer and/or to the person receiving the care, or to another individual or organization responsible for the individual's health costs.

#### Relationships:

- CARE ORGANIZATION BILLING is submitted as JURISDICTION CARE FUNDING CLAIM

## Care Organization Research and Analytics

Data that supports the use of analytics and research to enhance understanding of the health of the population served by a care organization and to help make decisions with better health impacts for this population.

### Care organization performance

Aggregated, qualified and analyzed data on a particular health care–related activity within a care organization.

#### Relationships:

- CARE ORGANIZATION PERFORMANCE is reflected in CARE ORGANIZATION OPERATING SURPLUS

## Jurisdiction Health Data layer (macro)

Refers to data about a jurisdiction — as defined by a federal, provincial/territorial or regional government — and the governance, management, research and analysis, and quality care practices undertaken to optimize health within the jurisdiction.

### Jurisdiction Health Resource

Data that describes the planning and management of health and other related care providers and physical resources (e.g., capital infrastructure, supplies, operating equipment) and physical environment within a jurisdiction, their characteristics, their capacity and status, and their utilization. This includes data that describes the regulation, licensing and other planning and management of health professional resources needed and used by a public jurisdiction.

### Regulated professional standing

Maintains the status of a qualified health care professional and their licence to practise within a specific jurisdiction.

### Jurisdiction care profession regulator

An organization with the accountability and authority to control or manage a specific health care profession within a jurisdiction, establishing and monitoring standards of care and licensing qualified persons in the profession.

#### Relationships:

- JURISDICTION CARE PROFESSION REGULATOR registers REGULATED PROFESSIONAL STANDING

### Jurisdiction

The governing body of a defined geographic area (federal, provincial/territorial, regional/local) with certain powers to affect the persons, property and circumstances within its territory.

### Jurisdiction Health Program Delivery

Data that defines jurisdictions and the plans and funding, care delivery and management of the health of its citizens.

## Jurisdiction care wait-list

A record maintained by a jurisdiction of a request for a specific person to receive a certain health product (good or service), where the number of people waiting exceeds the available capacity of the jurisdiction to immediately serve the person. In aggregate, these records form the jurisdiction's wait-list.

### Relationships:

- JURISDICTION CARE WAIT-LIST specifies JURISDICTION HEALTH PRODUCT

## Jurisdiction care program eligibility

A record of the qualification or qualification status of specific person(s), family(ies) or target population(s) to participate in and receive the benefit services and goods under a defined public program, based on meeting the set of criteria or requirements of the program.

## Jurisdiction health program

An initiative or project undertaken by a government to achieve a particular objective or set of objectives. A program may be for a shorter-defined term or may be ongoing, with a specific budget applied and set of objectives updated every year.

### Relationships:

- JURISDICTION HEALTH PROGRAM establishes JURISDICTION CARE PROGRAM ELIGIBILITY
- JURISDICTION HEALTH PROGRAM monitors JURISDICTION HEALTH PERFORMANCE

## Jurisdiction Organization

Data that describes quality programs undertaken by a jurisdiction and the degree to which health services for individuals and populations within a jurisdiction increase the likelihood of desired health outcomes.

## Jurisdiction organization

A formal collective of individuals in an operational structure formed to administer, manage or fund health care-related activities at a jurisdictional level. This includes a wide range of entities, from corporations to community groups. Organizations may encompass public-, private- and voluntary-sector organizations.

### Relationships:

- JURISDICTION ORGANIZATION implements JURISDICTION HEALTH PROGRAM

## **Jurisdiction health product**

An association between a specific medical or health-related drug, substance, device, health service or any combination of these with a jurisdiction, with an indication of how they are related.

### **Relationships:**

- JURISDICTION HEALTH PRODUCT classifies HEALTH PRODUCT

## **Jurisdiction Health Data Governance**

Data that describes a jurisdiction's health data policies and standards that apply to how data is collected, stored, shared and used, including who can access what kinds of data and the scope of data under governance.

## **Jurisdiction health data steward**

A person or organization area with accountability and responsibility for data and processes that ensure effective control and use of data assets within a jurisdiction.<sup>1</sup>

### **Relationships:**

- JURISDICTION HEALTH DATA STEWARD is guided by JURISDICTION HEALTH DATA STANDARD

## **Jurisdiction health data standard**

Rules to standardize the way health data is described, represented and structured within a jurisdiction.

## **Jurisdiction Health Financials**

Data that tracks the health budgets and spending on health of a jurisdiction.

## **Jurisdiction care funding claim**

A submission of a request for funds (claim) made to a jurisdiction-funded (public) health care program for reimbursement for service(s) rendered by a care organization to an eligible person, family or identified population.

### **Relationships:**

- JURISDICTION CARE FUNDING CLAIM is a JURISDICTION HEALTH SPENDING

## Jurisdiction health spending

A commitment of financing and/or record of actual expenditure by a governing body through transfer payments, grants and other incentive programs that will enhance support of the health of a population or target group within the jurisdiction.

### Relationships:

- JURISDICTION HEALTH SPENDING funds JURISDICTION HEALTH PRODUCT

## Jurisdiction Health Research and Analytics

Data that supports the use of analytics and research to enhance understanding of the health of the population within the jurisdiction and to help make decisions with better health impacts for this population.

## Jurisdiction resource utilization

The quantification or description of the use of services by persons for the purpose of preventing and curing health problems, promoting maintenance of health and well-being, or obtaining information about one's health status and prognosis.

### Relationships:

- JURISDICTION RESOURCE UTILIZATION informs JURISDICTION HEALTH PERFORMANCE

## Jurisdiction health performance

Aggregated, qualified and analyzed data on a particular health care–related activity within a jurisdiction.

# Health System Data layer (mega)

Refers to data about a health system — defined flexibly as any collective of people and of private-/public-sector organizations within a geographic area that have come together to identify their needs and to establish initiatives and take action jointly with the objective of optimizing the health of people within the community.

## Health System Resource

Data that describes the planning and management of health and other related care providers and physical resources (e.g., capital infrastructure, supplies, operating equipment) and physical environment within an identified health system, their characteristics, their capacity and status, and their utilization.

## Provider person

An individual who has delivered, is delivering or has the potential to deliver health and other care-related services or goods.

### Relationships:

- PROVIDER PERSON is affiliated with REGULATED PROFESSIONAL STANDING
- PROVIDER PERSON is affiliated with CARE ORGANIZATION PROVIDER PERSON

## Location

A specific place, position or demarcated area bounded by geographic coordinates, either virtual or physical, of interest to the health system.

### Relationships:

- LOCATION defines boundary of IDENTIFIED HEALTH SYSTEM
- LOCATION defines boundary of JURISDICTION

## Health system human resource

An individual who serves as an asset that provides valuable work input into the delivery of services within the health (or related care) system. This extends to all individuals who are recognized as employee, contract or volunteer resources contributing in some way to direct health or care service delivery (care provider); to care administration; to jurisdictional/government health policy, planning, research and operations; and to health system supply organizations. An individual may have 1 or more roles within the health system.

### Relationships:

- HEALTH SYSTEM HUMAN RESOURCE is a PROVIDER PERSON

## Health system resource

Data that describes the planning and management of health and other related care providers and physical resources (e.g., capital infrastructure, supplies, operating equipment) and physical environment within an identified health system, their characteristics, their capacity and status, and their utilization.

### Relationships:

- HEALTH SYSTEM RESOURCE is a HEALTH SYSTEM FUNDING
- HEALTH SYSTEM RESOURCE is a HEALTH SYSTEM HUMAN RESOURCE
- HEALTH SYSTEM RESOURCE is located at LOCATION

## Health System Initiative Delivery

Data that tracks the improvement actions taken by a health system collaborative, including assessment of population needs, the use of adaptive learning roadmaps and the targeting of specific health services to align with needs to improve population health outcomes.

### Identified population

Defines the full population being served by a broadly defined “community” or “health system” (e.g., within a certain geographic area). Examples of an identified population may include the following:

- First Nations, Inuit and Métis Peoples
- Children and youth
- Rural residents
- Seniors

#### Relationships:

- IDENTIFIED POPULATION is subject of POPULATION NEEDS ASSESSMENT

### Health system initiative

An undertaking defined by a health system collective with an objective of contributing to better health outcomes for the people within the system.

### Health system adaptive learning roadmap

A practical roadmap to guide a health system in how to systematically gather and apply evidence in real time to guide care.

### Population needs assessment

A practical tool that uses a systematic process to collect information to determine and address the needs of people/a population, by identifying and addressing gaps between current conditions and desired conditions, with the aim of improving population health status.

## Health System

All private and public stakeholders, health or health care–related products, and initiatives undertaken to improve population health outcomes.

### Health system stakeholder

Identifies any individual, organization or group that has an active interest or role in a collaborative health system initiative.

### **Relationships:**

- HEALTH SYSTEM STAKEHOLDER co-designs HEALTH SYSTEM INITIATIVE
- HEALTH SYSTEM STAKEHOLDER provides HEALTH SYSTEM FUNDING
- HEALTH SYSTEM STAKEHOLDER is a HEALTH SYSTEM ORGANIZATION
- HEALTH SYSTEM STAKEHOLDER has interest in IDENTIFIED HEALTH SYSTEM

## **Identified health system**

Any physical area of Canada (including all of Canada or any subset) or other cross-section that will form the scope of study and action for collective health improvement action. A health system may be defined flexibly and can encompass all or any part of 1 or more jurisdictions. The identified health system refers to a collaboration between organizations, institutions and individuals within the health system who are devoted to taking action to produce positive improvements in the health of the population in scope.

## **Health system organization**

A formal collective of individuals in an operational structure formed to administer, manage or fund health care–related activities at a health system level. This includes a wide range of entities, from corporations to community groups. Organizations may encompass public-, private- and voluntary-sector organizations.

## **Health product**

A medical or health-related drug, substance, device, health service or any combination of these that is intended to prevent, diagnose, treat or alleviate medical conditions or diseases in humans, generally with the primary goal of promoting health and well-being or improving the quality of life.

### **Relationships:**

- HEALTH PRODUCT is referenced by HEALTH SYSTEM ADAPTIVE LEARNING ROADMAP
- HEALTH PRODUCT classifies JURISDICTION HEALTH PRODUCT

## **Health System Data Governance**

Data that describes a health system's health data policies and standards that apply to how data is collected, stored, shared and used, including who can access what kinds of data and the scope of data under governance.



## Health system data steward

A person or organization with accountability and responsibility for data and processes that ensure effective control and use of data assets within a health system.<sup>1</sup>

### Relationships:

- HEALTH SYSTEM DATA STEWARD is guided by HEALTH SYSTEM DATA STANDARD

## Health system data standard

Rules to standardize the way health data is described, represented and structured within an identified health system.

## Health System Financials

Data that tracks the health budgets of and spending on health within a health system.

## Health system funding

A commitment of financing for a health system through transfer payments, grants and other private/public incentive programs that will enhance support of the health of a population or target group in that system.

### Relationships:

- HEALTH SYSTEM FUNDING aligns access to HEALTH PRODUCT

## Health system cost

A record of all money, resources and efforts expended to improve the health of a defined target population (a health system) in a given time period. Depending on the scope of analysis, this may include actual private, public and personal (out-of-pocket) payments for health care and health promotion delivered directly to persons, families and/or other groups in the health system, expenditures on common goods to improve health (e.g., enhanced water treatment) and imputed costs of informal caregivers.

### Relationships:

- HEALTH SYSTEM COST is addressed by HEALTH SYSTEM FUNDING

## Health System Research and Analytics

Data that supports the use of analytics and research to enhance understanding of the health of the population within a health system and to help make decisions with better health impacts for this population.

### Health system performance

Aggregated, qualified and analyzed data on a particular health care–related activity within a health system.

#### Relationships:

- HEALTH SYSTEM PERFORMANCE informs HEALTH SYSTEM ADAPTIVE LEARNING ROADMAP

### Health research

A record identifying a specific study involving a structured process of inquiry to produce knowledge and insights into the biological, clinical, behavioural, social and other factors that affect health, well-being and disease, to increase our understanding of health and disease processes, with an ultimate aim of improving human health through the development of effective interventions, policies and strategies.

#### Relationships:

- HEALTH RESEARCH is performed for PERSON

## Reference

1. DAMA International. [Data Management Body of Knowledge](#). 2017.



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