Better data, better decisions, healthier Canadians

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"We keep acting rationally in response to a world we recognize and understand ... but which no longer exists."

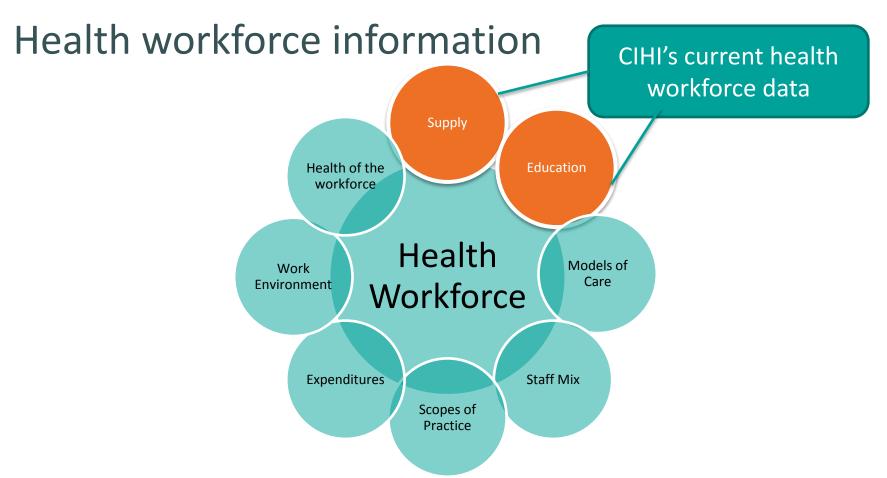
—Eddie Obeng



Health workforce minimum data set

- Guidelines developed by CIHI and stakeholders to collect basic, minimum, and consistent data on supply and distribution of Canada's health workforce
 - As of 2016, supports reporting aggregate data on 30 health professions
- One goal: collect comparable data across health professions, locations and time
- Data elements relatively constant
 - Supply: total number of health professionals licensed to practice, gender, age
 Groups
 - Education: number of programs, seats, graduates



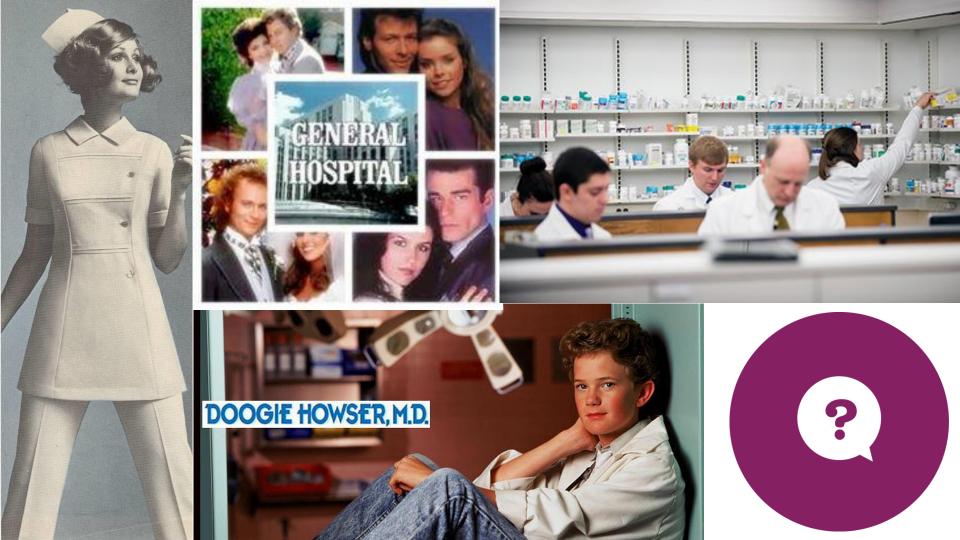




Who uses the data and why?

 F/P/T governments (health, labour, education, etc.) Policy decisions Allocated funding Program planning Evaluation and analysis 	Professional associations & regulatory bodies • Membership • Advocacy • Policy analysis • Grant proposals	 Education & research Planning for new schools, programs Pipeline Evaluation a research projects Grant proposals
Labour & unionsEvaluationProgram & policy analysisRecruitment & retention	 Facilities, regions & employers Jurisdictional policy Recruitment & retention Evaluation 	International organizations (OECD, WHO, PAHO, etc.) • International reporting • Comparisons & analysis
Other Media, prospective students and practitioners, advocacy groups		





Optimizing workforce data for after midnight

- Transformation underway designed to lower cost, increase quality and improve patient outcomes and experience
 - Increased focus on health care transitions
 - Health professional roles and skill sets may be more significant than numbers
- What data do we need to transform our health care workforce to achieve our health system goals?
 - What kind of care is required? What skill sets can deliver it, and who has them?
 - What data do we need to help the workforce thrive?





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