

Using the best evidence to make
the best decisions
for the health care system

To be good stewards, the ministry needs to make good decisions about health care. To do this, it needs to use the best available relevant and reliable data. This is the heart of evidence-based decision making.

“Working to make evidence-based decisions that improve the delivery of health care services to the citizens of Ontario is often a complex process in a ministry of this size,” said John McKinley, Assistant Deputy Minister, Health System Information Management and Investment (HSIMI), at a recent Stewardship in Action: FYI Series session, Evidence-Based Decision Making in the Information Age. “Certainly a big part of HSIMI’s mandate is to change the culture inside the ministry to encourage the evidence-based approach to planning and making decisions around health care.”

As part of its responsibilities, HSIMI supports the stewardship functions of information management, including planning, managing, funding and monitoring of Ontario’s health system, its service providers and customers.

As well, the division is responsible for defining the authoritative data and information sources required by MOHLTC to perform its operations and for developing information management products, services and standards.

McKinley said that having one division responsible for the functions of health-system information management will help reduce cases of staff using a specific data set or information source largely because it’s what they have the easiest and quickest access to, even though that source may not be the most reliable or up-to-date.

“That’s one of the challenges we’ve seen in the past, but now the function for defining what are the authoritative data and information sources will reside with HSIMI so that people can use these sources in full confidence that they are the most current and the most reliable,” McKinley said.

The chart below shows how HSIMI is responsible for the life cycle of data and information needs within the ministry.



Working together at a recent FYI Series session on how to use evidence to make good decisions, hosted by Assistant Deputy Minister John McKinley, pictured, are (from left to right) Nadine Hare, David Nabi, Isaac Savdie and Kathy Laszlo.



W.D. Lighthall photos

A New Direction
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“In keeping with our core mandate of promoting and supporting the making of health care strategy, policy and program decisions using the best evidence, the ministry will be encouraged to use the data and information we have in a much broader way,” McKinley said.

As an example of using evidence to support the decision-making process, McKinley turned to MOHLTC statistics for Ontario residents without a primary physician or health care provider. Among other findings, the study found that a higher percentage of low-income Ontario residents were without a primary health care provider, compared to medium- or high-income level residents.

“This study gives us direction as to how we can use evidence for thinking about policy and program initiatives so that more Ontarians have access to primary health care providers,” McKinley said. ■

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NEW Directions

NEW Directions, published for employees of the Ministry of Health and Long-Term Care by the Communications and Information Branch, can be read on-line at INFOweb at <http://intra.moh.gov.on.ca/>.

Elaine Lurie, editor | 416-327-4363
W.D. Lighthall, writer | 416-327-4760

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Information Management Strategy and Policy Branch	Health Data Branch	Health Analytics Branch	Knowledge Management Branch
• begins the information-management cycle • defines ministry’s data and information needs • sets standards and policies for collecting the data that meets those needs	• collects and holds the ministry’s health care data and information	• analyzes the data and information	• completes the information-management cycle • makes the ministry’s data and information more available and accessible