PERFORMANCE MEASUREMENT FRAMEWORK REPORT

Results: April 1, 2018 to March 31, 2019
Targets: April 1, 2019 to March 31, 2020

Canadian Foundation for Healthcare Improvement

Fondation canadienne pour l'amélioration des services de santé

150 Kent Street, Unit 200, Ottawa, ON K1P 0E4

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INTRODUCTION

Canadian Foundation for Healthcare Improvement's (CFHI) Performance Measurement Framework (PMF) provides an overview of the corporate performance monitoring indicators and associated targets which are set for the next fiscal year. The PMF is comprised of the CFHI corporate program logic model (PLM)[1] and CFHI's measurement matrix. CFHI reports annually on its progress in delivering the outputs and outcomes defined in its corporate PLM and in meeting accountability targets set for the year.

The 2018-19 PMF presents results for all CFHI programs, collaboratives and other initiatives for the period April 1, 2018 to March 31, 2019 and sets targets for the next fiscal year: April 1, 2019 to March 31, 2020.

Table 1 lists the collaboratives, programs and other initiatives delivered as part of CFHI's 2018-19 Workplan and that contributed data to the 2018-19 PMF.

TABLE 1: PROGRAMS, COLLABORATIVES AND OTHER EXTERNAL PROGRAMMING INITIATIVES INCLUDED IN REPORTING TO 2018-19 PMF

Programs (Total = 4)
Better Together Campaign EXTRA: Executive Training Program - Cohort 12, Cohort 13 and Cohort 14
Collaboratives (Total = 12)
Connected Medicine 2.0 Embedding Palliative Approaches to Care (EPAC) INSPIRED Approaches to COPD Care (INSPIRED 2.0) New Brunswick Appropriate Prescribing (NB-AUA) Phase 2 Bridge-to-Home Spread Collaborative *Appropriate Prescribing Collaborative in Newfoundland and Labrador and PEI and with the Seniors Quality Leap Initiative (NL-PEI-SQLI-AUA) Paramedics and Palliative Care: Bringing Vital Services to Canadians Promoting Life Together Collaborative *Optimiser les pratiques, les usages, les soins et les services – antipsychotiques (OPUS-AP)/Quebec Appropriate Prescribing Collaborative Phase 1 and Phase 2 ** Comprises multiple collaboratives*
Other external programming initiatives (Total = 12)
Accelerating Health System Transformation Appropriate Prescribing Practices Better Together: Follow up on Policy Roundtable and Knowledge Translation *Canadian Northern and Remote Health Network (CNRHN) and Roundtable Capacity Building for Leaders and Patients: National Health Engagement Network (NHEN) and Patient Advisors Network (PAN) Fellowship in Accelerate Health System Transformation Learning exchange of wise practices for engaging with more diverse patient populations Patient and Family Engagement Knowledge Translation Patient Engagement Resource Hub Primary Care Reform and Integration Value-based healthcare in Canada ** Comprises multiple initiatives*

[1] See Appendix A.

In 2018-19, CFHI refreshed its corporate PLM and related PMF indicators to align with CFHI's refreshed strategy (2019-21).[2] CFHI's PLM now reflects all four strategic goals of CFHI's new strategy, which places the emphasis on leading partnerships to spread and scale proven innovations. Similarly, most PMF indicators focus on capturing and measuring the output and outcomes of these partnerships.

A key change from previous PMF reporting includes the revision of CFHI's longer term outcome to align directly with CFHI programming endpoint that is measurable on an annual basis. This involves the re-categorization of outcome indicators related to spread, scale and sustainability from intermediate to longer term outcomes. In addition, indicator 4.3 ("patients reached") has been revised from an immediate outcome to an output-level indicator. 2018-19 marks a transition year for this indicator. Going forward, this indicator will be reported on a fiscal year basis for all collaboratives and programs in implementation over the relevant period. Consequently, this indicator will be less sensitive to a collaborative or program starting or ending.

The refreshed PMF defines a set of twenty indicators that are now directly linked to CFHI's strategic objectives. Of the 20 indicators:

- Eighteen (18) are target indicators: Targets are set for all output and outcome indicators where improvement can be measured annually and desired direction of change is known; and,
- Two are tracker indicators: performance is tracked but no targets are set for 1.1 Number of new knowledge products developed by CFHI and 2.1 Number knowledge exchange activities delivered.

CFHI's workplan of 2019-20 is the first workplan to align with CFHI's refreshed strategy. As a result, starting in 2019-20, PMF indicators will be directly linked to CFHI's strategic objectives and the 2019-20 PMF will report on the 2019-20 workplan using the full refreshed set of 20 PMF indicators. CFHI's refreshed logic model will remain valid for the life cycle of CFHI's current corporate strategy and the related set of PMF indicators will be monitored and reported until March 31, 2021.

[2] See CFHI's 2018-19 Annual Report.

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

The Performance Measurement Framework (PMF) indicators cover a subset of CFHI's work that is amenable to measuring immediate, intermediate and longer term outcomes. CFHI's results reporting will be supplemented through other mechanisms (e.g., five-year evaluation, programmatic and/or thematic evaluations) to capture the impact and outcomes of its policy work on healthcare system transformation.

#	Indicator	Baseline 2015-16 Baseline 2017-18 for 6.2 and 11.1	Result 2018-19 ✓ = within target range	Trend 2015-16 to 2018-19 ● = 2019-20 target	Targets		Indicator applies to:	Results Table	Data Sources
					2018-19	2019-20 Target range = 10% for 4.1, 4.2 and 4.3			
OUTPUTS: Knowledge products; knowledge exchange activities; collaboratives and programs; inter-professional teams; healthcare leaders and patients reached.									
1.1	**Number of new knowledge products developed by CFHI (e.g., improvement tools and training materials), by:** *- type*	*169*	**291** ✓		200	**N/A**	All CFHI programs, collaboratives and other initiatives.	Table 1.1	Communications and program documents.
2.1	**Number of knowledge exchange activities delivered (e.g., workshops and forums), by:** *- type* *- language*	*196*	**559** ✓		330	**N/A**	All CFHI programs, collaboratives and other initiatives.	Table 2.1	Communications and program documents.
3.1	**a) Number of collaboratives and programs, by:** *- program phase reached at end of fiscal year*	*11*	**16**		17	**21**	All CFHI collaboratives and programs.	Table 3.1	CFHI workplan, program documents.
	b) Number of collaboratives and programs in implementation during the fiscal year, by: *- region* *- language*	*8*	**14**		16	**14**	All CFHI collaboratives and programs.	Table 3.1	CFHI workplan, program documents.

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Indicator	Baseline 2015-16 Baseline 2017-18 for 6.2 and 11.1	Result 2018-19 ✓ = within target range	Trend 2015-16 to 2018-19 ● = 2019-20 target	Targets 2018-19	Targets 2019-20 Target range = 10% for 4.1, 4.2 and 4.3	Indicator applies to:	Results Table	Data Sources
4.1	**Number of improvement teams supported by CFHI, by:** *- program and collaborative* *- type* *- region* *- primary area of care*	*134*	**328** ✓		342 ± 17	**309 ± 31**	All CFHI collaboratives and programs.	Table 4.1	Expressions of Commitment and program documents (e.g., project charters).
4.2	**a) Number of healthcare leaders who participated in all CFHI activities, by:** *- program and collaborative* *- primary role in healthcare* *- region* *- language* *- sex*	*2,429*	**3,344** ✓		2,131 ± 107	**2,692 ± 269**	All CFHI programs, collaboratives and other initiatives.	Table 4.2	Expressions of Commitment and program documents (e.g., project charters).
	b) Number of healthcare leaders who participated in CFHI improvement teams	*857*	**2,696** ✓		1,860 ± 93	**2,346 ± 235**	All CFHI collaboratives and programs.		
4.3	**Number of target patient and resident populations reached[1], by:** *- program and collaborative* *- region*	*2,817*	**a) Prior methodology: 13,568** ✓ **b) Revised methodology 13,344**		11,850 ± 593	**10,056 ± 1005**	All CFHI collaboratives and programs.	Table 4.3	Final reporting, team data submissions.

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

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					2018-19	2019-20 Target range = 10% for 4.1, 4.2 and 4.3			
IMMEDIATE OUTCOMES: Healthcare leaders are knowledgeable and skilled in carrying out healthcare improvements; patients, residents, family members, communities, and others with lived experience are engaged in healthcare improvement and co-design; and the cultures of participating organizations have improved through changes in healthcare practices and delivery models.									
5.1	**Number and percent of healthcare leaders who reported knowledge acquisition in QI as a result of participating in CFHI programming, by:** *- program and collaborative* *- language* *- sex*	*569* *86%* *(569/664)*	**274** **94%** ✓ **(274/293)**		90% ± 5%	**90% ± 5%**	All CFHI collaboratives, programs and other initiatives that completed implementation.	Table 5.1	Final surveys and post-event surveys.
5.2	**Number and percent of healthcare leaders who reported skill acquisition in QI as a result of participating in CFHI programming, by:** *- program and collaborative* *- language* *- sex*	*79* *93%* *(79/85)*	**228** **91%** ✓ **(228/250)**		90% ± 5%	**90% ± 5%**	All CFHI collaboratives, programs and other initiatives that completed implementation.	Table 5.2	Final surveys and post- event surveys.
6.1	**Number and percent of improvement teams engaging patients, residents, family members, community members, and others with lived experience as core team members, by:** *- program and collaborative* *- region*	*49* *52%* *(49/55)*	**170** **58%** **(170/292)**		75% ± 5%	**60% ± 5%**	All CFHI collaboratives, programs that aim to achieve the outcome.	Table 6.1	Team participation tracking, final reporting.

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Indicator	Baseline 2015-16 Baseline 2017-18 for 6.2 and 11.1	Result 2018-19 ✓ = within target range	Trend 2015-16 to 2018-19 ● = 2019-20 target	Targets		Indicator applies to:	Results Table	Data Sources
					2018-19	2019-20 Target range = 10% for 4.1, 4.2 and 4.3			
6.2	**Number and percent of improvement teams engaging patients, residents, family members, community members, and others with lived experience in their QI project (e.g., as advisors)[2], by:** *- program and collaborative* *- region*	*102* *78%* *(102/130)*	**a) Prior methodology:** **148** **84%** ✓ **(148/176)** **b) Revised methodology:** **112** **64%** **(112/176)**		85% ± 5%	**75% ± 5%**	All CFHI collaborative and programs.	Table 6.2	Team participation tracking, final reporting.
7.1	**Number and percent of improvement teams that reported improvements in their organization's culture related to healthcare practices and/or delivery models, resulting from their QI project, by:** *- program and collaborative*	*61* *72%* *(61/85)*	**75** **96%** ✓ **(75/78)**		80% ± 5%	**85% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 7.1	Final reporting.

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Indicator	Baseline 2015-16 Baseline 2017-18 for 6.2 and 11.1	Result 2018-19 ✓ = within target range	Trend 2015-16 to 2018-19 ● = 2019-20 target	Targets		Indicator applies to:	Results Table	Data Sources
					2018-19	2019-20 Target range = 10% for 4.1, 4.2 and 4.3			
INTERMEDIATE OUTCOMES: Improvements are made to patient, resident and family experience of care; the health of patients and residents reached; efficiency of care; and work life of healthcare providers.									
8.1	**Number and percent of improvement teams that reported making improvements to patient, resident and family experience of care resulting from their QI project, by:** *- program and collaborative*	*46* *69%* *(46/67)*	**51** **93%** ✓ **(51/55)**		90% ± 5%	**90% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 8.1	Final reporting.
9.1	**Number and percent of improvement teams that reported making improvements in the health of patients and residents reached resulting from their QI project, by:** *- program and collaborative*	*23* *34%* *(23/67)*	**58** **89%** ✓ **(58/65)**		75% ± 5%	**75% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 9.1	Final reporting.
10.1	**Number and percent of improvement teams that reported making improvements in efficiency of care resulting from their QI project, by:** *- program and collaborative*	*47* *70%* *(47/67)*	**32** **67%** **(32/48)**		80% ± 5%	**75% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 10.1	Final reporting.

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Indicator	Baseline 2015-16 Baseline 2017-18 for 6.2 and 11.1	Result 2018-19 ✓ = within target range	Trend 2015-16 to 2018-19 ● = 2019-20 target	Targets 2018-19	Targets 2019-20 Target range = 10% for 4.1, 4.2 and 4.3	Indicator applies to:	Results Table	Data Sources
11.1	**Number and percent of improvement teams that reported making improvements in the work life of healthcare providers resulting from their QI project, by:** *- program and collaborative*	*36* *72%* *(36/50)*	**43** **80%** ✓ **(43/54)**		85% ± 5%	**85% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 11.1	Final reporting.
LONGER TERM OUTCOME: Proven innovative policies and practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories.									
12.1	**Number and percent of improvement teams that reported sustaining their QI project at least 6 months since the end of the CFHI program and/or collaborative, by:** *- program and collaborative*	*29* *43%* *(29/67)*	**54** **83%** ✓ **(54/65)**		80% ± 5%	**80% ± 5%**	All CFHI collaboratives and programs that completed implementation at least 6 months prior to the end of the reporting fiscal year.	Table 12.1	6- to 18- month follow-up.
12.2	**Number and percent of improvement teams that reported further spreading their QI project beyond the original implementation site, by:** *- program and collaborative*	*35* *52%* *(35/67)*	**25** **43%** **(25/58)**		50% ± 5%	**50% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 12.2	Final reporting.

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Indicator	Baseline 2015-16 Baseline 2017-18 for 6.2 and 11.1	Result 2018-19 ✓ = within target range	Trend 2015-16 to 2018-19 ● = 2019-20 target	Targets		Indicator applies to:	Results Table	Data Sources
					2018-19	2019-20 Target range = 10% for 4.1, 4.2 and 4.3			
12.3	**Number and percent of improvement teams that reported the creation of new or updated/ revised policies, standards or guidelines, resulting from their QI project, by:** *- program and collaborative* *- system level*	*26* *31%* *(26/85)*	**32** **42%** **(32/76)**		55% ± 5%	**55% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 12.3	Final reporting.

Dotted line = methodology changes.

✓ Indicates CFHI met or exceeded the target range set for 2018-19.

Indicators 6.1, 7.1, 8.1, 9.1, 10.1, 12.1, 12.2 & 12.3: Results prior to 2017-18 may not be directly comparable. Starting in 2017-18, results were calculated based on the respondent pool.

Indicator 3.1a: Starting in 2019-20, this indicator will dissaggragate by shared federal, provincial and territorial health priority, collaboration with other pan-Canadian organizations, and engagement of First Nations, Inuit and Métis peoples perspectives.

1 In order to increase stability, patient reach data will be reported by all collaboratives and programs in implementation over the fiscal-year period and a fiscal year cut off will be used for future editions. Result a) provides the result based on the prior methodology (total number of patient and resident populations reached during the life cycle of the program or collaborative that ended implementation in 2018-19). It is reported to provide comparability to the 2018-19 target which was set based on this method. Result b) provides the result based on the revised methodology (i.e, using a fiscal year cut off). It is reported to provide a baseline for future PMF editions. Revised data for prior years are not available.

2 In order to monitor meaningful engagement, this indicator definition has been revised to focus only on levels of engagement higher than Inform of the IAP2 Spectrum of Public Participation in the calculation of the indicator result (result b). Result a) provides the result based on the previous year methodology (with all five levels of engagement of the IAP2 Spectrum - Inform , Consult , Involve , Collaborate and Empower - included in the numerator). It is reported to provide comparability to the 2018-19 target which was set based on this method. Result b) is reported to provide a baseline for future PMF editions. The indicator definition change has led to a decrease in the proprotion of teams engaging patients, residents, family members, community members, and others with lived experience in their QI project compared with result a). Therefore, data for 2018-19 should not be compared with the previous year.

INDICATOR RESULTS TABLES

The following tables expand on the information provided in Table 2. Each table matches the listed indicator number.

OUTPUTS

Table 1.1: Knowledge Products

Knowledge products are tangible knowledge items (resources which could be returned to, accessed, and or held) that are adapted or developed, or commissioned by CFHI. The items are intended to generate, synthesize, mobilize, distribute or facilitate knowledge and be shared with individuals and groups external to CFHI staff, including CFHI-supported improvement teams, faculty and coaches.

1.1 Number of new knowledge products developed by CFHI (e.g. improvement tools and training materials), by:	**291**
Type	
Capacity-building tools and resources	**164**
Webinar Recordings	103
Videos	37
Improvement Training Resources (e.g., Change packages)	9
Desktops (for teams engaged in CFHI programs/collaboratives)	7
Other Tools/Training tools (for external audiences)	3
Resources Hubs (for broader audiences)	2
Online Platform	2
App	1
Summaries and Briefs	**97**
Fact Sheets/ Brochures/ Posters/ Handouts	49
Impact Stories/ Improvement Conversations/ Patient Stories	33
Provincial Profiles/ Regional Backgrounders	13
Other Data Briefs and Syntheses	2
Case Profiles	0
Blogs	**11**
Reports, Papers and Scans	**14**
Background/Summary Reports	5
Research and Analysis Reports	5
Corporate Reports	3
Environmental Scan	1
White Papers	0
Journal Articles	**2**
Original article	1
Special Issues	1
Website	**2**
Other	**1**

Table 2.1: Knowledge Exchange Activities

Knowledge exchange mechanisms are the means through which knowledge is exchanged. These mechanisms are delivered by CFHI (or by partners/agents of CFHI) to individuals and groups external to CFHI to support their work and/or the implementation/delivery of CFHI programs/collaboratives and other initiatives. Through these mechanisms, CFHI aims to build the capacity of healthcare leaders for quality improvement and to facilitate knowledge sharing/exchange.

2.1 Number and of knowledge exchange activities delivered, by	**559**
Type	
Education and Training	**505**
Coaching calls/Affinity calls/Open calls	279
On-site visits for coaching and support with implementation and progress	80
Webinars	68
In-person Workshops	43
Courses and/or special education sessions	18
Working Group calls	10
Conference Presentations and Outreach	**43**
Oral conference presentations	29
Conference booth	7
Poster presentations	7
Invited Presentations	7
Roundtables and Forums	**10**
Roundtables	8
Forums	2
Other	**1**
Language*	
English	355
Bilingual	135
French	69

*Language in which the knowledge activities were delivered.

Table 3.1: Inter-professional teams, Collaboratives and Programs

CFHI quality improvement collaboratives and programs bring together interprofessional teams of dedicated healthcare professionals, patients and families from across Canada and internationally to tackle a common healthcare issue through a team-based improvement project. Programs and collaboratives support teams in turning evidence-based best practices into common practices, while also enhancing quality improvement capacity in their own organizations.

3.1 a) Number of programs and collaboratives by:	**16**
Phase reached at March 31, 2019	
Development	1
Implementation (Ongoing)	10
Implementation (Completed)	3
Analysis, dissemination, KT	2
3.1 b) Number of programs and collaboratives in implementation during 2017-18 by:	**14**
Region †	
Quebec	7
Ontario	7
British Columbia	6
Newfoundland and Labrador	6
Alberta	5
Manitoba	5
New Brunswick	5
Saskatchewan	3
Prince Edward Island	3
Nova Scotia	3
Yukon	2
Other: Programs and Collaboratives with teams of pan-Canadian scope	1
International	1
Northwest Territories	0
Nunavut	0
Language*	
English	6
Bilingual	6
French	2

† Region in which the program and/or collaborative was implemented (i.e. had implementation teams).

*Language in which the knowledge activities were delivered.

Table 4.1: Improvement Teams

Improvement teams are inter-professional teams participating in a CFHI-supported programs and collaboratives. They usually consist of team leaders, patient and family advisors and members from several health professions and/or disciplines. Teams work interdependently in the same setting on a specific problem as tackled by the program and collaborative and benefit from coaching support and peer-to-peer stimulus and learning.

4.1 Number of improvement teams* supported by CFHI by:			**328**
Program and collaborative		**Region**	
OPUS-AP Phase 2	134	Quebec	172
NL-PEI-SQLI AUA	53	New Brunswick	49
NB-AUA Phase 2	45	Newfoundland and Labrador	44
OPUS-AP Phase 1	24	Ontario	16
Bridge to Home	16	Prince Edward Island	12
Connected Medicine 2.0	11	British Columbia	9
EXTRA: Cohort 14	10	Alberta	7
EXTRA: Cohort 13	9	Manitoba	6
Embedding a Palliative Approach to Care (EPAC)	7	Saskatchewan	4
Paramedics & Palliative Care	7	Nova Scotia	4
INSPIRED 2.0	6	International	2
Promoting Life Together	6	Yukon	2
Type		National	1
Inter-professional	328	Northwest Territories	0
Cross-sectoral	256	Nunavut	0
Cross-organizational	185		
Cross-Provincial/Territorial	2		
Primary Area of Care			
Long-term care	255		
Community and/or home care	14		
Palliative and end-of-life care	14		
Access to specialist care	13		
Patient, family and/or community engagement in care (re) design	8		
Indigenous health and care	6		
Acute care	5		
Primary care	5		
Care for high-risk, high-need, high-cost patients (e.g., multiple and/or complex chronic conditions)	4		
Mental health	2		
Marginalized populations (e.g. LGBTQ+, homeless, immigrants and refugees)	1		
Population health / public health	1		
Access to pharmaceuticals	0		
Children and youth	0		

*A core implementation team that submitted an Expression of Commitment/Application and signed a formal Contribution Agreement or Memorandum of Understanding with CFHI.

Table 4.2: Healthcare Leaders

A healthcare leader is any person participating in a CFHI collaborative, program and/or other initiative. It includes individual team members of inter-professional teams participating in a CFHI collaborative or program, as well as participants in other knowledge exchange activities (e.g., roundtables, forums, summits).

4.2 Number of healthcare leaders who participated in:	
a) all CFHI activities	3,344
b) CFHI improvement teams	2,696
Number of healthcare leaders who participated in more than one CFHI program offering simultaneously	148

Program, collaborative, and other initiatives † †	
OPUS-AP Phase 2	934
NL-PEI-SQLI AUA	286
NB-AUA Phase 2	259
Bridge to Home	242
OPUS-AP Phase 1	222
Embedding a Palliative Approach to Care (EPAC)	235
INSPIRED 2.0	215
Connected Medicine 2.0	172
Promoting Life Together	87
Paramedics & Palliative Care	91
EXTRA: Cohort 14	38
EXTRA: Cohort 13	34
Other external programming initiatives	677

Primary role of healthcare leader	
Administrator (includes Executives, Senior Leaders, Managers, Directors)	812
Nurse (Registered Nurse or Licensed Practical Nurse)	671
Not known/not disclosed	404
Physician	358
Patient/family member/community member/person with lived experience	232
Personal Support Worker/Care Aide	205
Other	189
Pharmacist	135
Allied Healthcare Provider	126
Researcher	95
Quality Improvement Lead	36
Recreation Therapist/Activities Coordinator	29
Consultant	23
Policy Advisor/Analyst	22
Indigenous Leader	7

Region	
Quebec	1,230
New Brunswick	372
Not known/Not disclosed	372
Newfoundland and Labrador	313
Ontario	289
Alberta	183
Manitoba	181
British Columbia	128
Saskatchewan	94
Prince Edward Island	75
Nova Scotia	58
Yukon	34
International	12
Northwest Territories	3
Nunavut	0
Northwest Territories	0
Nunavut	0

Language*	
English	1,797
French	1,254
Not known/Not disclosed	293

Sex	
Female	2,127
Male	702
Not known/Not disclosed	515

† † Numbers include healthcare leaders who participated in more than one program, collaborative or other initiative.

* The healthcare leader's preferred language for day-to-day communication.

Table 4.3: Patients Reached

Patients reached include patients or residents enrolled, have accessed or in some way benefitted from the innovation being implemented by the QI team. The term "patients" applies to all persons receiving care.

4.3 Number of target patient and resident populations reached*, by:	a) 13,568	b) 13,344
Program and collaborative		
Connected Medicine 2.0	12,348	8,082
OPUS-AP Phase 2	-	2,201
INSPIRED 2.0	-	1,497
EXTRA: Cohort 13	600	600
OPUS-AP Phase 1	312	275
NL-PEI-SQLI AUA	-	461
NB-AUA Phase 2	308	228
Region		
Alberta	6,800	4,588
British Columbia	1,785	1,100
Newfoundland and Labrador	1,716	1,237
Quebec	1,464	3,442
New Brunswick	430	932
Nova Scotia	-	452
Ontario	450	604
Yukon	408	259
Saskatchewan	327	246
Manitoba	176	267
Prince Edward Island	-	176
International	-	29
Northwest Territories	-	-
Nunavut	-	-
Not known/Not disclosed	12	12

* Result a) reflects the total patient and resident populations reached over the life cycle of collaboratives and programs that ended implementation in 2018-19 (result based on prior methodology).

Result b) reflects the total patient and resident populations reached within the reporting fiscal year period by collaboratives and programs in implementation over the period (result based on revised methodology).

IMMEDIATE OUTCOMES

Table 5.1: Knowledge Acquisition

Immediate outcomes: Healthcare leaders are knowledgeable and skilled in carrying out healthcare improvements.

	n	Total respondents	%
5.1 Number and percent of healthcare leaders who reported knowledge acquisition in QI as a result of participating in CFHI programming, by:	**274**	**293**	**94%**
Program, collaborative, and other initiative			
Canadian Northern and Remote Health Network (CNRHN) Roundtable	15	15	100%
Primary Care Reform and Integration	29	29	100%
Connected Medicine 2.0	42	43	98%
NB-AUA Phase 2	58	62	94%
OPUS-AP Phase 1	69	74	93%
Learning Exchange of wise practices for engaging with more diverse patient populations	39	42	93%
Better Together: Policy Roundtable & Knowledge Translation	4	5	80%
Value-based health care in Canada	18	23	78%
Language*			
English	163	175	93%
French	94	101	93%
Not known/Not disclosed	17	17	100%
Sex			
Male	53	55	96%
Female	153	164	93%
Not known/Not disclosed	68	74	92%

n = number of responding leaders who reported a knowledge gain.

* The healthcare leader's preferred language for day-to-day communication.

Table 5.2: Skills Acquisition

Immediate outcomes: Healthcare leaders are knowledgeable and skilled in carrying out healthcare improvements.

	n	Total respondents	%
5.2 Number and percent of healthcare leaders who reported skill acquisition in QI as a result of participating in CFHI programming, by:	**228**	**250**	**91%**
Program, collaborative, and other initiative			
Connected Medicine 2.0	43	43	100%
NB-AUA Phase 2	59	62	95%
EXTRA: Cohort 13	30	32	94%
OPUS-AP Phase 1	65	74	88%
Learning Exchange of wise practices for engaging with more diverse patient populations	31	39	79%
Language*			
English	118	131	90%
French	108	117	92%
Not known/Not disclosed	2	2	100%
Sex			
Male	46	48	96%
Female	151	163	93%
Not known/Not disclosed	31	39	79%

n = number of responding leaders who reported a gain in skills.

* The healthcare leader's preferred language for day-to-day communication.

Table 6.1: Engagement of Patients as Core Team Members

Immediate outcomes: Patients, residents, family members, community members, and others with lived experience are engaged in healthcare improvement and co-design.

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
6.1 Number and percent of improvement teams engaging patients, residents, family members, community members, and others with lived experience as core team members, by:	**170**	**292**	**58%**
Program and collaborative			
Bridge to Home	16	16	100%
Promoting Life Together	6	6	100%
Connected Medicine 2.0	10	11	91%
OPUS-AP Phase 1	18	24	75%
Embedding a Palliative Approach to Care (EPAC)	5	7	71%
Paramedics & Palliative Care: Bringing Vital Services to Canadians	5	7	71%
NB-AUA Phase 2	25	43	58%
OPUS-AP Phase 2	63	124	51%
INSPIRED 2.0	3	6	50%
NL-PEI-SQLI AUA	19	48	40%
Region			
Alberta	7	7	100%
British Columbia	7	7	100%
Nova Scotia	1	1	100%
Pan-Canadian	1	1	100%
Saskatchewan	4	4	100%
Manitoba	4	6	67%
Ontario	10	15	67%
Quebec	85	152	56%
New Brunswick	26	47	55%
International	1	2	50%
Newfoundland and Labrador	20	39	51%
Prince Edward Island	4	10	40%
Yukon	0	1	0%
Northwest Territories	-	-	-
Nunavut	-	-	-

n = number of participating improvement teams that identified at least one patient, resident, family member, community member, and/or other person with lived experience as a core member of the QI team.

$N_{respondents}$ = total number of responding improvement teams providing data for this measure at the start, mid-point or end of implementation of the QI project.

Table 6.2: Engagement of Patients in Healthcare Improvement

Immediate outcomes: Patients, residents, family members, community members, and others with lived experience are engaged in healthcare improvement and co-design.

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
6.2 Number and percent of improvement teams engaging patients, residents, family members, community members, and others with lived experience in their QI project (e.g., as advisors), by:	a) 148	176	84%
	b) 112	176	64%
Disaggregation is provided for the revised result (b).			
Program and collaborative			
Bridge to Home	16	16	100%
Embedding a Palliative Approach to Care (EPAC)	7	7	100%
EXTRA: Cohort 13	9	9	100%
Promoting Life Together	6	6	100%
Connected Medicine 2.0	9	11	82%
NL-PEI-SQLI AUA	34	47	72%
INSPIRED 2.0	3	6	50%
OPUS-AP Phase 1	12	24	50%
Paramedics & Palliative Care: Bringing Vital Services to Canadians	3	7	43%
NB-AUA Phase 2	13	43	30%
Region			
British Columbia	8	8	100%
Nova Scotia	2	2	100%
Yukon	1	1	100%
Ontario	14	16	88%
Alberta	6	7	86%
Manitoba	5	6	83%
Saskatchewan	3	4	75%
Prince Edward Island	7	9	78%
Newfoundland and Labrador	27	39	69%
Quebec	22	34	65%
International	1	2	50%
New Brunswick	16	47	34%
Northwest Territories	-	-	-
Nunavut	-	-	-
Not known/Not disclosed	-	-	-

n = number of participating improvement teams engaging patients, residents, family members, community members, and other persons with lived experience in the implementation of the QI project (e.g., as advisors).

$N_{respondents}$ = total number of responding improvement teams providing data for this measure at the start, mid-point or end of implementation of the QI project.

Result a) provides the result based on previous indicator definition, with all five levels of engagement: Inform, Consult, Involve, Collaborate and Empower of the IAP2 Spectrum of Public Participation included in the numerator (n).

Result b) reflects the change in the methodological definition of the indicator, with only engagement levels higher than Inform included in the numerator (n).

Table 7.1: Organizational Culture Change

Immediate outcomes: The cultures of participating organizations have improved through changes in healthcare practices, delivery models, and related policies.

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
7.1 Number and percent of improvement teams that reported improvements in their organization's culture related to healthcare practices and/or delivery models, resulting from their QI project, by:	**75**	**78**	**96%**
Program and collaborative			
EXTRA: Cohort 13	9	9	100%
NB-AUA Phase 2	36	36	100%
OPUS-AP Phase 1	21	23	91%
Connected Medicine 2.0	9	10	90%

n = number of participating improvement teams that reported improvement in their organization's culture related to healthcare practices and/or delivery models resulting from their QI project upon completion of the programs and collaboratives.

$N_{respondents}$ = total number of responding improvement teams providing data for this measure upon completion of the programs and collaboratives.

INTERMEDIATE OUTCOMES

Table 8.1: Patient, Resident and Family Experience of Care

Intermediate outcomes: Improvements are made to patient, resident, and family experience of care.

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
8.1 Number and percent of improvement teams that reported making improvements to patient, resident, and family experience of care resulting from their QI project, by:	**51**	**55**	**93%**
Program and collaborative			
Connected Medicine 2.0	2	2	100%
NB-AUA Phase 2	33	33	100%
OPUS-AP Phase 1	11	11	100%
EXTRA: Cohort 13	5	9	56%

n = number of participating improvement teams that reported making improvements to patient, resident, and family experience of care resulting from their QI project upon completion of the programs and collaboratives.

$N_{respondents}$ = total number of responding improvement teams providing data for this measure upon completion of the programs and collaboratives.

Table 9.1: Health of Patients and Residents

Intermediate outcomes: Improvements are made to health of patients and residents reached.

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
9.1 Number and percent of improvement teams that reported making improvements in the health of patients and residents reached resulting from their QI project, by:	**58**	**65**	**89%**
Program and collaborative			
Connected Medicine 2.0	5	5	100%
OPUS-AP Phase 1	14	14	100%
NB-AUA Phase 2	35	37	95%
EXTRA: Cohort 13	4	9	44%

n = number of participating improvement teams that reported making improvements in the health of patients and residents reached resulting from their QI project upon completion of the programs and collaboratives.

$N_{respondents}$ = total number of responding improvement teams providing data for this measure upon completion of the programs and collaboratives.

Table 10.1: Efficiency of Care

Intermediate outcomes: Improvements are made to efficiency of care.

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
10.1 Number and percent of improvement teams that reported making improvements in efficiency of care resulting from their QI project, by:	**32**	**48**	**67%**
Program and collaborative			
Connected Medicine 2.0	8	8	100%
OPUS-AP Phase 1	5	6	83%
EXTRA: Cohort 13	5	8	63%
NB-AUA Phase 2	14	26	54%

n = number of participating improvement teams that reported making improvements in efficiency of care resulting from their QI project upon completion of the programs and collaboratives.

$N_{respondents}$ = total number of responding improvement teams providing data for this measure upon completion of the programs and collaboratives.

Table 11.1: Work Life of Healthcare Providers

Intermediate outcomes: Improvements are made to the work life of healthcare providers.

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
11.1 Number and percent of improvement teams that reported making improvements in the work life of healthcare providers resulting from their QI project, by:	**43**	**54**	**80%**
Program and collaborative			
Connected Medicine 2.0	8	8	100%
OPUS-AP Phase 1	14	15	93%
EXTRA: Cohort 13	6	7	86%
NB-AUA Phase 2	15	24	63%

n = number of participating improvement teams that reported making improvements in the work life of healthcare providers resulting from their QI project upon completion of the programs and collaboratives.

$N_{respondents}$ = total number of responding improvement teams providing data for this measure upon completion of the programs and collaboratives.

LONGER TERM OUTCOME

Table 12.1: Sustainability

Longer term outcome: Proven innovative policies and practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories.

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
12.1 Number and percent of improvement teams that reported sustaining their QI project at least 6 months since the end of the CFHI program and/or collaborative, by:	**54**	**65**	**83%**
Program and collaborative			
EXTRA: Cohort 12	8	8	100%
Better Together Campaign	36	37	97%
NB-AUA Phase 2	10	20	50%

n = number of participating improvement teams that reported sustaining their QI project at least 6 months since the end of the programs and collaboratives.

$N_{Respondents}$ = total number of responding improvement teams providing data for this measure at least 6-months post- implementation of the programs and collaboratives.

Table 12.2: Spread

Longer term outcome: Proven innovative policies and practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories.

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
12.2 Number and percent of improvement teams that reported further spreading their QI project beyond the original implementation site, by:	**25**	**58**	**43%**
Program and collaborative			
EXTRA: Cohort 13	7	9	78%
Connected Medicine 2.0	7	11	64%
NB-AUA Phase 2	11	38	29%

n = number of participating improvement teams that reported further spreading their QI project beyond the original implementation site upon completion of the programs and collaboratives.

$N_{respondents}$ = total number of responding improvement teams providing data for this measure upon completion of the programs and collaboratives.

Table 12.3: Policies, Standards or Guidelines

Longer term outcome: Proven innovative policies and practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories.

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
12.3 Number and percent of improvement teams that reported the creation of new, updated or revised policies, standards or guidelines, resulting from their QI project, by:	**32**	**76**	**42%**
Program and collaborative			
Connected Medicine 2.0	7	11	64%
NB-AUA Phase 2	14	34	41%
OPUS-AP Phase 1	8	22	36%
EXTRA: Cohort 13	3	9	33%
System level			
Organizational	40	-	
Regional	16	-	
Provincial/Territorial	13	-	

n = number of participating improvement teams that reported the creation of new, updated or revised policies, standards or guidelines resulting from their QI project upon completion of the programs and collaboratives.

$N_{respondents}$ = total number of responding improvement teams providing data for this measure upon completion of the programs and collaboratives.

APPENDIX A: CFHI PROGRAM LOGIC MODEL 2018-19 TO 2020-21

Level								
Longer Term Outcome	Proven innovative policies and practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories							
Intermediate Outcomes	Improvements are made to patient, resident, and family experience of care		Improvements are made to health of patients and residents reached		Improvements are made to efficiency of care		Improvements are made to work life of healthcare providers	
Immediate Outcomes	Healthcare leaders are knowledgeable and skilled in carrying out healthcare improvements			Patients, residents, family members, communities and others with lived experience are engaged in healthcare improvement and co-design			The cultures of participating organizations have improved through changes in healthcare practices, delivery models, and related policies	
Outputs	Knowledge products (e.g., improvement tools and training materials)		Knowledge exchange activities (e.g., workshops and forums)		Collaboratives and programs		Inter-professional teams, healthcare leaders and patients reached	
Activities	Identify and broaden awareness of promising innovations	Lead partnerships to spread or scale proven innovations	Co-design, test and share/catalyze improvements	Enable patient, family, and community engagement	Be guided by First Nations, Inuit, and Métis perspectives	Advance shared FPT health priorities with other pan-Canadian organizations	Enhance capacity and readiness to implement improvements	Connect and support leaders
Inputs	Financial Resources			Human Resources			External Resources (including partnerships)	

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