Canadian Foundation for **Healthcare Improvement**

Fondation canadienne pour **l'amélioration des services de santé**

Performance Measurement Framework

Results: April 1, 2016 to March 31, 2017
Targets: April 1, 2017 to March 31, 2018

Overview:

The Canadian Foundation for Healthcare Improvement's (CFHI) Performance Measurement Framework (PMF) includes all available program data for the period of April 1, 2016 to March 31, 2017 and targets for April 1, 2017 to March 31, 2018.

Results for April 1, 2016-March 31, 2017 (Total: 33)	Targets for April 1, 2017-March 31, 2018 (Total: 36)
CFHI Activities *Activity: an event, action, or task that is not (or not yet) a part of a broader program (series of coordinated activities) or collaborative. Includes events, actions or tasks that are one-off events or may be part of a program's development (where the program has not yet been established/ implemented).*	
Total: 13. Canadian Northern Remote Health Network; CEO Forum 2017; Choosing Wisely Canada Workshop; CIHR Startup Grant; CIHR System Impact Grant; Better Health, Care and Value for Inner-city Marginalized Populations; EXTRA Cohort 8-11 Outcome Scoping Survey; Harkness Fellowship; Indigenous Cultural Competency Training (ICC); On Call Seasons 9-10; Patient and Family Engagement Resource Hub; QI Primer Series; We Belong International Forum.	Total: 16. Canadian Northern Remote Health Network; CARES evaluation; Knowledge translsation and policy (KTP) spread and scale workshops; CEO Forum 2017; CEO Forum 2018; CIHR Fellowships; Harkness Fellowship Program; Health Improvement Scotland fellowship; KTP PTSD partnerships; KTP support for EvidenceNetwork.ca; National Health Engagement Network; OnCall; Ottawa Hospital Placement; PFE Enviro Scan and Partnership Devpt; QI Webinars and Primers; Support PFE Resource Hub.
CFHI Programs *Program: a planned series of coordinated/related activities supported by CFHI. Includes programs in 'development', 'implementation', and undertaking 'analysis and KT'.*	
Total: 5. Better Together Campaign; CARES; EXTRA Cohort 12; EXTRA Cohort 13; Palliative Care.	Total: 7. Better Health, Care and Value for Inner-city Marginalized Populations; Building Capacity for Quality Improvement (QI) in Primary Care Program Development; EXTRA C12; EXTRA C13; EXTRA C14; Health System Innovation/ Transformation Program Development; Palliative Care Program Development.
CFHI Collaboratives *Collaborative: an initiative that brings together teams of healthcare leaders, CFHI staff, faculty, coaches, and other stakeholders, to work towards improving a common healthcare challenge/issue. Includes e-collaboratives. Includes collaborative in 'development', 'implementation', and undertaking 'analysis and KT'.*	
Total: 15. ACCESS 1.0 e-collaborative; ACCESS 2.0; ACE; AUA NB Phase I; AUA NB Phase II; AUA NFLD-PEI; AUA Pan-Canadian; AUA QC; AUA SQULI; Better Together e-collaborative; INSPIRED 1.0; Patient and Family Engagement Collaborative; PREVIEW-ED Fraser Health; PREVIEW-ED Pan-Canadian; Spread Collaborative on Suicide Prevention.	**Total: 13**. ACE; Better Together E-collab Follow-up Policy Roundtable; Connected Medicine Spread Collaborative; INSPIRED Scale Collaborative; NB AUA Phase 1 Scale Collaborative; NB AUA Phase 2 Scale Collaborative; PEI/NL AUA Scale Collaborative; PFEC; Preview-ED Fraser and Interior Health Spread Collaborative; Preview-ED Pan-Canadian Spread Collaborative; QC AUA Scale Collaborative; SQLI AUA Scale Collaborative; Suicide Prevention Collaborative Spread Collaborative.
Note 1: Some indicators and sub-indicators originally identified within CFHI's PMF cannot be reported on for the period of April 1, 2016 to March 31, 2017. Further explanation is provided alongside those indicators and sub-indicators within the CFHI Performance Measurement Framework.	
Note 2: Activities, programs, and collaboratvies listed above include those in 3 different phases of development: Development, Implementation, and KT/Analysis. Further explanation and definitions are provided in tables 2.1 and 2.2.	
Acronyms: ACE-Acute Care for Elders; AUA - Appropriate Use of Antipsychotics; CARES - Community Actions and Resources Empowering Seniors; EXTRA - Executive Training Program; ICC - Indigenous Cultural Competency; INSPIRED -Implementing a Novel and Supportive Program of Individualized Care for patients and families living with Respiratory Disease; PFEC - Patient and Family Engagement Collaborative; PREVIEW-ED - Practical Routine, Elder Variants Indicate Early Warning for Emergency Department visits	

CFHI Performance Measurement Framework

Indicator		#	Measure	2015-2016 Baseline Jan.-1-15 - Dec.-31-15	2015-2016 Baseline Jan.-1-16 - Mar.-31-16	2016-2017 Programs, Collaboratives, and Activities included	2016-2017 Target Apr.-1-16 - Mar.-31-17	2016-2017 Results Apr.-1-16 - Mar.-31-17	Reference Table	2017-2018 Apr. 1-17 - Mar.-31-18 Target	Data Collection: Data Sources	Data Collection: Frequency
Outputs	Knowledge products (e.g., training material, improvement tools, analysis) & knowledge exchange mechanisms (e.g., tailored learning workshops, courses/ webinars, etc.)	**1.1**	Number of new knowledge products developed.	180	29	All, including corporate products	220	243	Table 1.1	200 CFHI is maximizing use of knowledge products already developed	Communications and Program Tracking	Annually
		1.2	Number of knowledge exchange mechanisms delivered.	147	39	All, including corporate products	310	325	Table 1.2	330	Communications and Program Tracking	Annually
	Activites, programs, collaboratives, and interprofessional teams	**2.1**	Number of activites - by development phase (implemented, in development, KT/Analysis) - by language (EN/FR).	N/A new indicator		Table 2.1	N/A new indicator	Total: 13 Implemented: 9 (3 EN; 6 BIL) In development: 4	Table 2.1	16	Administrative data; CFHI workplan	Annually
		2.2	Number of collaboratives/ programs - by development phase (implemented, in development, KT/Analysis) - by region - by language (EN/FR).	8 collaboratives	5 collaboratives	Table 2.2	8 collaboratives	Total: 20 (15 collaboratives; 5 programs) **Implemented:** 9 (6 collaboratives; 3 programs) (3 EN; 6 BIL) Programs and collaboratives reached 10 Canadian provinces, 2 territories, and 3 other countries **In Development:** 8 (6 collaboratives; 2 programs) **In KT/Analysis:** 3 (3 collaboratives)	Table 2.2	**Total:** 20 (resources going to 20 collaboratives and programs in different stages of development) **Implemented**[1]**:** 12 (10 spread/scale collaboratives; 2 programs to be implemented) **In Development**[2]: 4 (4 programs to be under development) **In KT/Analysis**[3]: 4 (3 collaboratives and 1 program to engage in analysis, follow-up, KT)	CFHI workplan; Administrative program data	Annually

CFHI Performance Measurement Framework

Indicator		#	Measure	2015-2016 Baseline		2016-2017			Reference Table	2017-2018	Data Collection	
				Jan.-1-15 - Dec.-31-15	Jan.-1-16 - Mar.-31-16	Programs, Collaboratives, and Activities included	Target	Results		Apr. 1-17 - Mar.-31-18		
							Apr.-1-16 - Mar.-31-17			Target	Data Sources	Frequency
Outputs		**2.3**	Number of improvement teams supported by CFHI by - program; - type (cross-sector, cross-organizational, cross-provincial/territorial, inter-professional); - healthcare sector (acute, home care, primary care, long-term care, community, other); - region (geographic location)	90	49	ACCESS 1.0 e-collaborative; ACE; AUA NB - Phase I; AUA NB- Phase II; BT e-collaborative; EXTRA C12; PREVIEW-ED FIH	80	191 improvement teams across 6 collaboratives and EXTRA (Cohort 12)	Table 2.3	277 (estimate) teams across 10 collaboratives and 2 programs planned for implementation in 2017-2018	CFHI workplan; Administrative program data; Improvement teams' Final Reports, Project Charters, and/ or Expression of Commitment	Annually
Immediate Outcomes	Healthcare leaders are a) knowledgeable and b) skilled in carrying out healthcare improvements	**3.1**	Number of healthcare leaders trained through CFHI programming by - type of health care leader (administrator, allied healthcare professional, consultant, nurse, patient or family member, physician, policy advisor/ analyst, researcher, quality improvement lead, other); - region (geographic location); - language (EN/FR); and - sex (M/F).	2762	551	**Programs/ Collaboratives**: ACCESS 1.0 e-collaborative; ACE; AUA NB - Phase I; AUA NB- Phase II; BT e-collaborative; EXTRA C12; PREVIEW-ED FIH **Activites:** Better Health, Care and Value for Inner-city Marginalized Populations; Canadian Northern and Remote Health Network Roundtable; Harnkess Fellowship; Indigenous Cultural Competency Training; OnCall Seasons 9-10; We Belong	2500	1375 healthcare leaders trained across CFHI programs, excluding On Call and participants in more than one program simultaneously (4925 healthcare leaders trained, incuding On Call and participants in more than one program simultaneously)	Table 3.1	1456 healthcare leaders acorss 10 collaboratives and 2 programs planned for implementation in 2017-2018	Administrative program data; Improvement teams' Final Reports, Project Charters, and/ or Expression of Commitment	Annually

CFHI Performance Measurement Framework

Indicator		#	Measure	2015-2016 Baseline		2016-2017			Reference Table	2017-2018	Data Collection	
						Programs, Collaboratives, and Activities included	Target	Results		Apr. 1-17 - Mar.-31-18		
				Jan.-1-15 - Dec.-31-15	Jan.-1-16 - Mar.-31-16		Apr.-1-16 - Mar.-31-17			Target	Data Sources	Frequency
Immediate Outcomes		**3.2**	Number and percent of healthcare leaders who report a change in knowledge by - region (geographic location); - language (EN/FR), and - sex (M/F).	Across programming, 88% (n=149/169) of respondents agree or strongly agree that they increased their knowledge in program's topic area	N/A data not available	**Programs/ Collaboratives:** ACCESS 1.0; ACE; BT e-collab; Activites: Better Health, Care and Value for Inner-city Marginalized Populations; Canadian Northern and Remote Health Network Roundtable; OnCall Seasons 9-10 Other programs/ activities were incomplete or did not have data for the timing of this report	Across CFHI programs, 75% of respondents will demonstrate increased knowledge from pre- to post-program period	94% (n = 460/487) of healthcare leaders reported a gain in knowledge.	Table 3.2	95% across 3 collaboratives/ programs expected to have data by March 2018 (includes: AUA NB-Phase 1; PREVIEW-ED FIH; EXTRA C12)	Individual surveys including self-report assessment of knowledge (pre- and post-program survyes; post- program surveys)	Varied depending on program or activity (some programs utilized pre- and post-program surveys; most utilized post-program sureys)
Immediate Outcomes	Healthcare leaders are a) knowledgeable and b) skilled in carrying out health care improvements	**3.3**	Number and percent of healthcare leaders who report a change in skill by - region (geographic location); - language (EN/FR), and - sex (M/F).	Across programming, 93% (n=79/85) of respondents agree or strongly agree that they increased their skills in program's topic area	N/A data not available	**Programs/ Collaboratives:** ACCESS 1.0; ACE; BT e-collab; **Activites:** Better Health, Care and Value for Inner-city Marginalized Populations; Canadian Northern and Remote Health Network Roundtable Other programs/ activities were incomplete or did not have data for the timing of this report	Across CFHI programs, 75% of respondents will demonstrate increased skill level from pre- to post-program period	94% (n = 83/88) of healthcare leaders reported a gain in skills.	Table 3.3	95% across 3 collaboratives/ programs expected to have final data by March 2018 (includes: AUA NB-Phase 1; PREVIEW-ED FIH; EXTRA C12)	Individual surveys including self-report assessment of skills (pre- and post- program survyes; post-program surveys)	Varied depending on program or activity (some programs utilized pre- and post-program surveys; most utilized post-program sureys)

CFHI Performance Measurement Framework

Indicator		#	Measure	2015-2016 Baseline		2016-2017			Reference Table	2017-2018	Data Collection	
				Jan.-1-15 - Dec.-31-15	Jan.-1-16 - Mar.-31-16	Programs, Collaboratives, and Activities included	Target	Results		Apr. 1-17 - Mar.-31-18		
							Apr.-1-16 - Mar.-31-17			Target	Data Sources	Frequency
Immediate Outcomes	Patients, families and communities are engaged in healthcare improvement and co-design	**4.1**	Number and percent of improvement projects that engaged patients, residents, family members and communities in quality improvement as core team members by - program, -region (geographic location) Numerator: Number of improvement teams that engaged patients,residents, family members and community members in quality improvement as core team members. Denominator: Number of improvement projects that were a part of a CFHI program/ collaborative that aimed to engage patients, residents, family members and community members core team members.	N/A new indicator (NB: 60 patients/residents engaged across 7 collaboratives)		ACE; AUA NB - Phase I; AUA NB - Phase II; BT e-collab	Across CFHI programs, 50% of IPs will engage patients, residents, family members, and communities in quality improvement as core team members.	62% (n= 56/90) of IPs that aimed to engage patients, residents, family members, and community members as core team members engaged a total of 61 patients/residents, family members, and community members.	Table 4.1	75% across 12 collaboratives/ programs planned for implementation in 2017-2018	Administrative program data; Improvement teams' Final Reports, Project Charters, and/ or Expression of Commitment	Annually

CFHI Performance Measurement Framework

Indicator		#	Measure	2015-2016 Baseline Jan.-1-15 - Dec.-31-15	2015-2016 Baseline Jan.-1-16 - Mar.-31-16	2016-2017 Programs, Collaboratives, and Activities included	2016-2017 Target Apr.-1-16 - Mar.-31-17	2016-2017 Results Apr.-1-16 - Mar.-31-17	Reference Table	2017-2018 Apr. 1-17 - Mar.-31-18 Target	Data Collection: Data Sources	Data Collection: Frequency
Immediate Outcomes	Healthcare practices, delivery models and related policies of participating organizations are improved	**5.1**	Number and percent of improvement projects that have contributed to changes in their organization's culture (e.g. changes in staff attitudes, organizational practices, structures, and delivery models). Numerator: Number of improvement projects that have contributed to positive changes in their organization's culture Denominator: Number of improvement projects that were a part of a CFHI program that aimed to contribute to changes in their organization's culture.	68% (n=61/90) of CFHI supported IPs have led to positive changes in their organization's culture	N/A data not available	ACE; AUA NB - Phase I; BT e-collab;	40%	58% (n = 26/45) of IPs enlisted in programs/ collaboratives that aimed to contribute to changes in their organization's culture were successful in doing so.	Table 5.1	65% across 3 collaboratives/ programs expected to have final data by March 2018 (includes: AUA NB-Phase 1; PREVIEW-ED FIH; EXTRA C12)	Improvement Teams' Final Reports	Annually

CFHI Performance Measurement Framework

Indicator		#	Measure	2015-2016 Baseline		2016-2017			Reference Table	2017-2018	Data Collection	
				Jan.-1-15 - Dec.-31-15	Jan.-1-16 - Mar.-31-16	Programs, Collaboratives, and Activities included	Target Apr.-1-16 - Mar.-31-17	Results Apr.-1-16 - Mar.-31-17		Apr. 1-17 - Mar.-31-18 Target	Data Sources	Frequency
Intermediate Outcome	Healthcare practices, delivery models and related policies of participating organizations are improved	**5.2**	Number and percent of improvement projects that have contributed to changes in their organization or region's policies (e.g. changes in resource allocation) Numerator: Number of improvement projects that have contributed to positive changes in their organization or region's policies Denominator: Number of improvement projects that were a part of a CFHI program that aimed to contribute to changes in their organization or region's policies	29% (n= 26/90) of CFHI supported IPs have led to changes in their organization or region's policies	N/A data not available	ACE; AUA NB - Phase I; BT e-collab	17%	51% (n = 23/45) of IPs enlisted in programs/ collaboratives that aimed to contribute to changes in their organization's or region's policy were successful in doing so.	Table 5.2	55% across 3 collaboratives/ programs expected to have final data by March 2018 (includes: AUA NB-Phase 1; PREVIEW-ED FIH; EXTRA C12)	Improvement Teams' Final Reports	Annually
Intermediate Outcome	Best practices are a) sustained and b) spread within and across organizations, regions and provinces/ territories	**6.1**	Number of improvement teams that CFHI has supported to spread a proven improvement-focused intervention or innovation	N/A new indicator for Apr.-1-16 - Mar.-31-17	N/A new indicator for Apr.-1-16 - Mar.-31-17	ACE; AUA NB - Phase I; AUA NB- Phase II; BT e-collab; PREVIEW-ED FIH	revised indicator for Apr.-1-16 - Mar.-31-17	171 teams	Table 6.1	CFHI will support spread to an estimated 99 new teams across 7 collaboratives planned for implementation in 2017-2018 (includes: Connected Medicine; PREVIEW-ED Pan-Canadian; AUA QC; AUA PEI; AUA NL; AUA SQLI; INSPIRED Scale)	CFHI workplan; Administrative program data;	Annually

CFHI Performance Measurement Framework

Indicator		#	Measure	2015-2016 Baseline Jan.-1-15 - Dec.-31-15	2015-2016 Baseline Jan.-1-16 - Mar.-31-16	2016-2017 Programs, Collaboratives, and Activities included	2016-2017 Target Apr.-1-16 - Mar.-31-17	2016-2017 Results Apr.-1-16 - Mar.-31-17	Reference Table	2017-2018 Apr. 1-17 - Mar.-31-18 Target	Data Collection: Data Sources	Data Collection: Frequency
Intermediate Outcome	Best practices are a) sustained and b) spread within and across organizations, regions and provinces/ territories	**6.2**	Number patients/residents directly reached by CFHI programming by - region (geographic location).	2352	N/A data not available	AUA NB Phase 1; ACE; BT e-collab	1200	28,327 (of which over 18,000 are through the Better Together program)	Table 6.2	10000	Improvement Teams' Final Reports	Annually
		6.3	Number of CFHI supported improvement projects which have been sustained at least 6 months since the end of the CFHI program	29	N/A data not available	AUA Pan-Canadian; INSPIRED; PFEC; EXTRA Cohorts 8-11	60	Insufficient data available	N/A	50%	Follow up systematically 6 months post program for all teams	Annually
Long-term Outcome	Contribution to improving healthcare system performance and the health of Canadians (Long-Term Outcome)	**7.1**	Number and percent of CFHI supported improvement projects that contributed to improvements in patient and family experience of care Numerator: Number of CFHI improvement projects that contributed to improvements in patient and family experience of care Denominator: Number of improvement projects that were a part of a CFHI program that aimed to contribute to improvements in patient and family experience of care	51% (n=46/90) of CFHI supported IPs improved experiece of care over targeted time	N/A data not available	ACE; AUA NB Phase 1; BT e-collab	26	60% (n = 27/45) of IPs enlisted in programs/ collaboratives that aimed to contribute to improvmeents in patient and family experience of care were successfull in doing so.	Table 7.1	65% across 3 collaboratives/ programs expected to have final data by March 2018 (includes: AUA NB-Phase 1; PREVIEW-ED FIH; EXTRA C12)	Improvement Teams' Final Reports; Improvement Team Data Submissions	Annually

CFHI Performance Measurement Framework

Indicator		#	Measure	2015-2016 Baseline		2016-2017			Reference Table	2017-2018	Data Collection	
				Jan.-1-15 - Dec.-31-15	Jan.-1-16 - Mar.-31-16	Programs, Collaboratives, and Activities included	Target	Results		Apr. 1-17 - Mar.-31-18		
							Apr.-1-16 - Mar.-31-17			Target	Data Sources	Frequency
Long-term Outcome	Contribution to improving healthcare system performance and the health of Canadians (Long-Term Outcome)	**7.2**	Number and percent of CFHI improvement projects that contributed to improvements in patient health outcomes. Numerator: Number of CFHI improvement projects that have contributed to improvements in patient health outcomes Denominator: Number of improvement projects that were a part of a CFHI program that aimed to contribute to improvements in patient health outcomes	26% (n=23/90) of CFHI supported IPs improved health outcomes over targeted time	N/A data not available	ACE; AUA NB Phase 1	18	58% (n = 19/33) of IPs enlisted in programs/ collaboratives that aimed to contribute to improvmeents in patient health outcomes were successfull in doing so.	Table 7.2	60% across 3 collaboratives/ programs expected to have final data by March 2018 (includes: AUA NB-Phase 1; PREVIEW-ED FIH; EXTRA C12)	Improvement Teams' Final Reports; Improvement Team Data Submissions	Annually
		7.3	Number and percent of CFHI improvement projects that contributed to improvements in efficiency of care. Numerator: Number of CFHI improvement projects that have contributed to improvements in efficiency of care Denominator: Number of improvement projects that were a part of a CFHI program that aimed to contribute to improvements in efficiency of care	N/A new indicator		ACE; AUA NB Phase 1	new indicator for Apr.-1-16 - Mar.-31-17	76% (n = 25/33) of IPs enlisted in programs/ collaboratives that aimed to contribute to improvmeents in efficiency of care were successfull in doing so.	Table 7.3	80% across 3 collaboratives/ programs expected to have final data by March 2018 (includes: AUA NB-Phase 1; PREVIEW-ED FIH; EXTRA C12)	Improvement Teams' Final Reports; Improvement Team Data Submissions	Annually

CFHI Performance Measurement Framework

Indicator	#	Measure	2015-2016 Baseline		2016-2017			Reference Table	2017-2018	Data Collection	
			Jan.-1-15 - Dec.-31-15	Jan.-1-16 - Mar.-31-16	Programs, Collaboratives, and Activities included	Target	Results		Apr. 1-17 - Mar.-31-18		
						Apr.-1-16 - Mar.-31-17			Target	Data Sources	Frequency
Long-term Outcome	**7.4**	Estimated return on investment (ROI) of CFHI supported improvement projects and programs over targeted time.	Three CFHI programs have carried out ROI/Cost-benefit analysis: For every $1 invested in the AUA program, $4.24 (Real, 2015$) in healthcare costs could be prevented; For every $1 invested in the INSPIRED program, $21 (Real, 2015$) in healthcare costs could be prevented; and for every $1 invested in the NB-AUA program, $2.17 (Real, 2015$) in healthcare costs could be prevented		N/A	12% of improvement projects will be identified for return on investment analysis. 60% of those selected will demonstrate a positive return on investment.	N/A Due to staff redeployment, ROI analysis was not completed for CFHI improvement projects in 2016-2017.	N/A	60% of selected projects will demonstrate a positive return on investment	Internal and External Analysis	N/A

1. Collaboratives/Programs included in 2017-2018 targets for **implementation**: PREVIEW-ED Fraser/Interior Health (FIH); PREVIEW-ED Pan-Canadian; Connected Medicine; AUA NB- Phase 1; AUA NB-Phase 2; AUA QC; AUA PEI; AUA NL' AUA SQLI; INSPIRED Scale; Suicide Prevention; EXTRAC12; EXTRA C13

2. Collaboratives/Programs included in 2017-2018 targets for **development**: EXTRA C14; Health System Transformation Programming; Building Capacity for Quality Improvement (QI) in Primary Care Programming; Palliative Care Programming

3. Collaboratives/Programs included in 2017-2018 targets for **KT/Analysis:** PFEC; Better Health Care and Value for Inner City Marginalized Populations (a.k.a. Triple Aim/Community Care); ACE; Better Together e-collaborative (Policy Roundtable)

Table 1.1

Number of new knowledge products developed

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.

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Summaries and Briefs	**69**
Impact Stories/Improvement Conversations/Patient Stories	36
Provincial Profiles/Regional Backgrounders	15
Fact Sheets/Brochures/Posters/Handouts	12
Case Profiles	3
Other Data Briefs and Syntheses	3
Reports, Papers and Scans	**4**
Research and Analysis reports	2
Background Reports	1
Corporate Reports	0
Environmental Scan	1
White Papers	0
Case Books	**1**
Tools and Resources for capacity building and training	**122**
Improvement Training Resources (e.g. Change packages)	16
Desktops (for teams engaged in CFHI programs/ collaboratives)	10
Resources Hubs (for broader audiences)	3
Webinar Recordings	91
Other Tools/Training tools (for external audiences)	2
Website	**5**
Videos	**40**
Journal Articles	**0**
Original Article	0
Commentary	0
Special Issues	0
Blogs	**0**
Other	**2**

Table 1.2

Number of knowledge exchange mechanisms delivered

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 activities, programs and collaboratives. Through these mechanisms, CFHI aims to build the capacity of healthcare leaders for quality improvement and to facilitate knowledge sharing/exchange.

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Education and Training	**275**
Webinars	80
Coaching Calls/Affinity Calls/Open Calls	74
Workshops	8
Residency Sessions	2
Courses (e.g. ICC)	31
Site Visits	54
Invited Presentations	26
Conference Presentations and Outreach	**32**
Oral Conference Presentations	12
Conference booth	17
Poster Presentations	3
Roundtabels and Forums	**4**
Roundtables	2
Forums	2
Other	**14**

Table 2.1

Number of activities by development phase	13
Phase of Development	
Implementation *The implementation Phase is marked by the date (month/year) of the first implementation actions of the activity,program, or collaborative (e.g. first webinar/ workshop/participant meeting/symposium). The implementation phase ends on the projected due date (month/year) for final reporting of the activity, program, or collaborative (e.g submission of final team reports, final surveys).*	**9**
Canadian Northern Remote Health Network	
Choosing Wisely Canada Workshop	
Community Care/Triple Aim Workshop	
EXTRA Cohort 8-11 Outcome Scoping Survey	
Harkness Fellowship	
Indigenous Cultural Competency Training	
OnCall Seasons 9-10	
Patient and Family Engagement Resource Hub	
We Belong International Forum	
Development *The date (month/year) that the first actions of the activity, program, or collaborative are undertaken before implementation marks the beginning of the development phase. The development phase ends at the start of the implementation phase. Examples of actions: scoping, environment scanning, MOU development, MoU signing, partnership agreements, merit review signing, marketing/ announcement, launch of call, informational webinars, team selection.*	**4**
CEO Forum 2017	
CIHR Startup Grant	
CIHR System Impact Grant	
QI Primer Series	

Number of implemented activities by language (EN/ FR)	9
Language	
English	**6**
Canadian Northern Remote Health Network	
Choosing Wisely Canada Workshop	
Community Care/Triple Aim Workshop	
Harkness Fellowship	
Indigenous Cultural Competency Training	
We Belong International Forum	
French	**0**
Bilingual	**3**
EXTRA Cohort 8-11 Outcome Scoping Survey	
OnCall Seasons 9-10	
Patient and Family Engagement Resource Hub	

Table 2.2

Number of CFHI supported programs/ collaboratives by phase of development	20
Phase of Development	
Implementation *The implementation Phase is marked by the date (month/year) of the first implementation actions of the activity, program, or collaborative (e.g. first webinar/workshop/participant meeting/symposium). The implementation phase ends on the projected due date (month/year) for final reporting of the activity, program, or collaborative (e.g submission of final team reports, final surveys).*	**9**
ACCESS 1.0 e-Collaborative	
ACE Collaborative	
AUA NB Phase I Collaborative	
AUA NB Phase II Collaborative	
Better Together Campaign	
Better Together e-Collaborative	
CARES	
EXTRA C12	
Preview-ED Fraser and Interior Health Collaborative	
Development *The date (month/year) that the first actions of the activity, program, or collaborative are undertaken before implementation marks the beginning of the development phase. The development phase ends at the start of the implementation phase. Examples of actions: scoping, environment scanning, MOU development, MoU signing, partnership agreements, merit review signing, marketing/ announcement, launch of call, informational webinars, team selection.*	**8**
Connected Medicine (ACCESS 2.0) Collaborative	
AUA NFLD-PEI Collaborative	
AUA QC Collaborative	
AUA SQULI Collaborative	
EXTRA C13	
Palliative Care	
Preview-ED Pan-Canadian Collaborative	
Spread Collaborative on Suicide Prevention	
Knowledge Translation/ Analysis *This phase coincides with the completion of implementation and submission of final reports. It begins on the date (month/year) that data analysis, KT, follow-up activities commence ((follow-up interviews, evaluation and analysis, dissemination, KT, 1-year post-program survey follow-up).*	**3**
AUA Pan-Canadian Collaborative	
INSPIRED 1.0 Collaborative	
Patient and Family Engagement Collaborative	

Table 2.2

Number of CFHI supported programs/ collaboratives implemented in 2016-2017 by -region (geographic location), and - language (EN/FR).

Region (geographic location)	
Alberta	**3**
ACCESS 1.0 e-Collaborative	
Better Together Campaign	
Better Together e-Collaborative	
British Columbia	**5**
ACCESS 1.0 e-Collaborative	
Better Together Campaign	
Better Together e-Collaborative	
CARES	
Preview-ED Fraser and Interior Health Collaborative	
Manitoba	**2**
ACCESS 1.0 e-Collaborative	
Better Together Campaign	
New Brunswick	**6**
ACCESS 1.0 e-Collaborative	
ACE Collaborative	
AUA NB - Phase 1 Collaborative	
AUA NB - Phase 2 Collaborative	
Better Together Campaign	
Better Together e-Collaborative	
Newfoundland and Labrador	**1**
Better Together Campaign	
Nova Scotia	**5**
ACCESS 1.0 e-Collaborative	
ACE Collaborative	
Better Together Campaign	
Better Together e-Collaborative	
EXTRA C12	
Northwest Territories	**1**
ACCESS 1.0 e-Collaborative	
Ontario	**4**
ACE Collaborative	
Better Together Campaign	
Better Together e-Collaborative	
EXTRA C12	
Prince Edward Island	**2**
Better Together e-Collaborative	
Better Together Campaign	
Quebec	**5**
ACCESS 1.0 e-Collaborative	
ACE Collaborative	
Better Together Campaign	
Better Together e-Collaborative	
EXTRA C12	
Saskatchewan	**2**
ACCESS 1.0 e-Collaborative	
Better Together Campaign	
Yukon	**2**
ACE Collaborative	
Better Together Campaign	
Nunavut	**0**
Other: Canadian Armed Forces team operating federally	**1**
EXTRA C12	
International	**3**
ACCESS 1.0 e-Collaborative	
ACE Collaborative	
Better Together Campaign	
Language	
English	**3**
ACCESS 1.0 e-Collaborative	
CARES	
Preview-ED Fraser and Interior Health Collaborative	
French	**0**
Bilingual	**6**
ACE Collaborative	
AUA NB Phase 2 Collaborative	
AUA NB Phase I Collaborative	
Better Together Campaign	
Better Together e-Collaborative	
EXTRA C12	

Table 2.3

Number of improvement teams supported by CFHI by - program; - type (cross-sector, cross-organizational, cross-provincial/territorial, inter-professional); - healthcare sector (acute, home care, primary care, long-term care, community, other); - region (geographic location)	**191**
Collaborative/ Program	
ACCESS 1.0 e-collaborative	10
ACE Collaborative	18
AUA NB Phase I Collaborative	15
AUA NB Phase II Collaborative	45
Better Together e-collaborative	12
EXTRA Cohort 12	10
PREVIEW-ED Fraser Health Collaborative	81
Type	
Cross-organizational	9
Cross-provincial/territorial	1
Cross-sectoral	7
Inter-professional	183
Healthcare sector	
Community care	0
Home care	2
Palliative care	4
Other	5
Primary care	11
Acute care	27
Long-term care	142
Region (geographic location)	
Alberta	2
British Columbia	83
Manitoba	1
New Brunswick	63
Newfoundland and Labrador	0
Northwest Territories	1
Nova Scotia	5
Nunavut	0
Ontario	17
Prince Edward Island	1
Quebec	12
Saskatchewan	1
Yukon	1
Other: Canadian Armed Forces team operating federally	1
International	3

Table 3.1

Number of healthcare leaders trained through CFHI programming by - type of health care leader; - region (geographic location); - language (EN/FR); and - sex (M/F).

Number of healthcare leaders trained through CFHI programming	**4925**
Number of healthcare leaders trained, excluding participants in more than one CFHI program simultaneously	**4888**
Number of healthcare leaders trained, excluding OnCall participants	**1412**
Number of healthcare leaders trained, excluding OnCall participants and participants in more than one CFHI program simultaneously	**1375**
Number of healthcare leaders participating in more than one CFHI program simultaneously	**37**

Type of healthcare leader*	
Administrator	618
Allied Healthcare Professional	86
Consultant	19
Nurse	284
Patient or Family Member	93
Physician	88
Policy Advisor/Analyst	41
Quality Improvement Lead	21
Researcher	23
Other	83
Not known/Not disclosed	56
Region (geographic location)*	
Alberta	30
British Columbia	158
Manitoba	23
New Brunswick	383
Newfoundland and Labrador	8
Northwest Territories	41
Nova Scotia	53
Nunavut	37
Ontario	314
Prince Edward Island	11
Quebec	95
Saskatchewan	25
Yukon	17
International	35
Not known/Not disclosed	182

Language (EN/FR)*	
English	686
French	218
Not known/Not disclosed	508
Sex *	
Female	870
Male	247
Not known/Not disclosed	295

*Type of healthcare leader, region, language and sex data not available for OnCall webinar program participants

Table 3.2

Number and percent of healthcare leaders who report a change in knowledge by - region (geographic location); - language (EN/FR), and - sex (M/F).

Number of healthcare leaders whose knowledge was assessed by completed a pre- and post- program knowledge survey	**21**
Number of healthcare leaders who completed a post-program knowledge survey	**466**
Number of healthcare leaders who completed some form of knowledge assessment	**487**

Number and percent of healthcare leaders who report a change in knowledge by	Number of leaders who reported knowledge gains	Total who completed knowledge survey	%
Region (geographic location)			
Alberta	4	4	100
British Columbia	6	7	86
Manitoba	6	6	100
New Brunswick	2	3	67
Newfoundland and Labrador	0	0	
Northwest Territories	0	0	
Nova Scotia	8	8	100
Nunavut	0	0	
Ontario	33	35	94
Prince Edward Island	2	3	67
Quebec	8	11	73
Saskatchewan	4	4	100
Yukon	0	0	
International	7	7	100
Not known/Not disclosed	380	399	95
Language (EN/FR)			
English	52	56	93
French	12	16	75
Not known/Not disclosed	396	415	95
Sex			
Female	61	68	90
Male	19	20	95
Not known/Not disclosed	380	399	95

Table 3.3

Number and percent of healthcare leaders who report a change in skill by - region (geographic location); - language (EN/FR), and - sex (M/F).

Number of healthcare leaders whose skills were assessed by completed a pre- and post- program skill survey	**21**
Number of healthcare leaders who completed a post-program skill survey	**67**
Number of healthcare leaders who completed some form of skill assessment	**88**

Number and percent of healthcare leaders who report a change in skill by	Number of leaders who reported skills gains	Total who completed skills survey	%
Region (geographic location)			
Alberta	4	4	100
British Columbia	7	7	100
Manitoba	6	6	100
New Brunswick	3	3	100
Newfoundland and Labrador	0	0	--
Northwest Territories	0	0	--
Nova Scotia	7	8	88
Nunavut	0	0	--
Ontario	34	35	97
Prince Edward Island	3	3	100
Quebec	8	11	73
Saskatchewan	4	4	100
Yukon	0	0	--
International	7	7	100
Not known/Not disclosed	0	0	--
Language (EN/FR)			
English	54	56	96
French	13	16	81
Not known/Not disclosed	16	16	100
Sex			
Female	63	68	93
Male	20	20	100
Not known/Not disclosed	0	0	--

Table 4.1

Percent of improvement projects that engaged patients, residents, family members and communities in quality improvement as core team members by - program, -region (geographic location)

	Number of improvement projects that engaged patients, residents, family members, and/ or community members as core team members	Number of improvement projects that were part of a program/ collaboratve that aimed to engage patients, residents, family members, and/or community members as core team members	%
Total	56	90	62
Program			
ACE	15	18	83
AUA NB Phase I	15	15	100
AUA NB Phase II	14	45	31
Better Together e-collaborative	12	12	100

Region (geographic location)	
Alberta	1
British Columbia	1
Manitoba	--
New Brunswick	31
Newfoundland and Labrador	--
Northwest Territories	--
Nova Scotia	2
Nunavut	--
Ontario	14
Prince Edward Island	1
Quebec	5
Saskatchewan	--
Yukon	1
International	--
Not known/Not disclosed	--

Table 5.1

Number and percent of improvement projects that have contributed to changes in their organization's culture (e.g. changes in staff attitudes, organizational practices, structures, and delivery models).

	Number of improvemement projects that have contributed to changes in organizational culture	Number of improvement projects enlisted in programs/ collaboratives that aimed to contribute to changes in organizational culture	%
Total	26	45	58
Program			
ACE	9	18	50
AUA NB Phase I	13	15	87
Better Together e-collaborative	4	12	33

Table 5.2

Percent of improvement projects that have contributed to changes in their organization or region's policies (e.g. changes in resource allocation).

	Number of improvemement projects that have contributed to changes in organizational or regional policies	Number of improvement projects enlisted in programs/ collaboratives that aimed to contribute to changes in organizational or regional polices	%
Total	23	45	51
Program			
ACE	6	18	33
AUA NB Phase I	7	15	47
Better Together e-collaborative	10	12	83

Table 6.1

Number of teams that CFHI has supported to spread a proven improvement-focused intervention or innovation. **171**

Collaborative/ Program	
ACE Collaborative	18
AUA NB Phase I Collaborative	15
AUA NB Phase II Collaborative	45
Better Together e-collaborative	12
PREVIEW-ED Fraser Health Collaborative	81

Table 6.2

Number of patients/residents directly reached by CFHI programming by - region (geographic location).

Total	**28327**
Program	
ACE	9979
AUA NB Phase I	272
Better Together e-collaborative	18076
Region (geographic location)	
Alberta	0
British Columbia	0
Manitoba	0
New Brunswick	552
Newfoundland and Labrador	0
Northwest Territories	0
Nova Scotia	2669
Nunavut	0
Ontario	9380
Prince Edward Island	15494
Quebec	232
Saskatchewan	0
Yukon	0
International	0
Not known/Not disclosed	0

Table 7.1

Percent of CFHI supported improvement projects that contributed to improvements in patient and family experience of care

	Number of CFHI improvement projects that contributed to improvements in patient and family experience of care	**Number of improvement projects that were a part of a CFHI program that aimed to contribute to improvements in patient and family experience of care**	**%**
Total	27	45	60
Program			
ACE	12	18	67
AUA NB Phase I	13	15	87
Better Together e-collaborative	2	12	17

Table 7.2

Percent of CFHI improvement projects that contributed to improvements in patient health outcomes.

	Number of CFHI improvement projects that have contributed to improvements in patient health outcomes	Number of improvement projects that were a part of a CFHI program that aimed to contribute to improvements in patient health outcomes	%
Total	19	33	58
Program			
ACE	6	18	33
AUA NB Phase I	13	15	87

Table 7.3

Number and percent of CFHI programming that improves efficiency of care.

	Number of CFHI improvement projects that have contributed to improvements in efficiency of care	Number of improvement projects that were a part of a CFHI program that aimed to contribute to improvements in efficiency of care	%
Total	25	33	76
Program			
ACE	16	18	89
AUA NB Phase I	9	15	60