Canadian Foundation for **Healthcare Improvement**

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

PERFORMANCE MEASUREMENT FRAMEWORK

Results: April 1, 2017 to March 31, 2018
Targets: April 1, 2018 to March 31, 2019

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INTRODUCTION

The following document reports on the Canadian Foundation for Healthcare Improvement's (CFHI) Performance Measurement Framework (PMF). The PMF is a comprehensive framework for measuring and monitoring performance and results achieved by teams participating in CFHI's quality improvement programs and collaboratives. The PMF is comprised of the CFHI corporate program logic model (PLM) and CFHI's measurement matrix. Table 1 lists all programs, collaboratives and other CFHI initiatives reported in the 2017-18 PMF.

Table 1: CFHI Programs, collaboratives and other initiatives delivered in 2017-18

Category 1: Programs (Total = 4)
Better Together Campaign EXTRA: Executive Training Program - Cohort 12, Cohort 13 and Cohort 14
Category 2: Collaboratives (Total = 17)
Acute Care for Elders (ACE) Better Together e-collaborative 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 1 and Phase 2 New Patient and Family Engagement (PFE) programming (Bridge-to-home Collaborative) *Appropriate Prescribing Collaborative in Newfoundland and Labrador and PEI and with the Seniors Quality Leap Initiative (NL-PEI-SQLI-AUA) Paramedics Providing Palliative Care at Home Collaborative Practical Routine, Elder Variants Indicate Early Warning for Emergency Department visits (PREVIEW-ED) Spread Initiative in Fraser Health (FH) and Interior Health (IH) (led by the Fraser Health Authority with CFHI support) PREVIEW-ED Pan-Canadian Collaborative 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*

Category 3: Other external programming initiatives (Total = 19)

Better Together Policy Roundtable
Call for Innovations in Palliative and End-of-Life Care
*Canadian Northern and Remote Health Network (CNRHN) and Roundtable
CEO Forum 2017
Canadian Virtual Hospice (CVH MyGrief.ca)
Medical Assistance in Dying (MAiD) program at Hamilton Health Sciences (HHS)
Modified Hospital One-year Mortality Risk (mHOMR) Knowledge Translation and Policy (KTP)
Inner-city Marginalized Populations
Knowledge Translation and Policy (KTP) Spread and Scale workshops
Palliative Care Matters Special Issue
Patient Engagement Resource Hub
Patient and Family Engagement National Health Engagement Network (PFE NHEN)
*Patient and family engagement (PFE) and Spread, Scale and Sustain (SSS) Package
Patient and family engagement (PFE) Think Tank
Quality Improvement Webinars and Primers
Value-based Healthcare Summit
Primary Care Roundtable

** Comprises multiple collaboratives*

The 2017-18 PMF presents data for all CFHI programs, collaboratives and other initiatives for the period April 1, 2017 to March 31, 2018 and sets targets for the next fiscal year, April 1, 2018 to March 31, 2019.

The 22 quantitative indicators listed in Table 2 (CFHI's Performance Measurement Matrix) are organized in a four-tier structure that align with CFHI's PLM: outputs, immediate outcomes, intermediate outcomes and longer-term outcomes (see CFHI's Program Logic Model in CFHI's 2017-18 Annual Report). The output indicators provide a snapshot of CFHI's performance in providing the tools, platforms and programs in support of healthcare improvement, while outcome indicators aggregate results across improvement teams from CFHI's programs and collaboratives.

The PMF is a "living document" that will evolve and improve over time as CFHI continuously updates its Program Logic Model to reflect new programming areas, and renewed strategic plan and objectives, and as our ability to collect and report on results expands. Currently, most indicators in CFHI's measurement matrix can be collected through existing processes and systems. A couple of indicators, such as estimated return on investment of CFHI-supported programs and collaboratives (9.4) and external stakeholder perceptions of CFHI's contribution to improved healthcare system performance (10.1), will be reported in future years as CFHI gains the tools and capacity to collect and report on these indicators.

This year's report includes several improvements and additions in comparison to previous years. It incorporates 2015-16 baseline data for the first time to facilitate comparability to ongoing fiscal year reporting. New outcome indicators have been added (e.g., improvements to healthcare provider experience, engagement of patients as advisors in healthcare improvement, and tracking of progress made towards scale) to more accurately cover CFHI's areas of programming. Indicators measuring longer-term outcomes in previous versions of CFHI's PMF have been revised as intermediate outcomes. New longer-term indicators include input from external data sources, such as Statistics Canada and feedback from CFHI's stakeholders. Building on the 2015-16 PMF, CFHI has re-introduced the measurement of spread and sustainability of quality improvement initiatives it supports to complement efforts in measuring scale. In addition, CFHI has strengthened its target setting methodology to incorporate a more evidence and experientially-based approach given our increasing depth of experience working with quality improvement collaboratives and implementation teams across Canada.

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Program Logic Model Indicator	Measure	Baseline 2015-16[1]	Results 2016-17	Results 2017-18[2]	Targets		Programs, Collaboratives, and Other Initiatives (categories 1-3, respectively)	Results Table	Data Sources
						2017-18	2018-19			
1	**Outputs: Knowledge products**									
1.1	**Number and type of new knowledge products developed by CFHI (e.g., improvement tools and training materials)**	*169*	*243*	**246**	*200*	*5% range: 300 ± 15*	*All CFHI programs, collaboratives and other initiatives (categories 1-3).*	Table 1.1	*Communications and Program documents*	
2	**Outputs: Knowledge exchange activities**									
2.1	**Number and type of knowledge exchange activities delivered (e.g., workshops and forums), by:** *- language*	*196*	*325*	**427**	*330*	*5% range: 525 ± 26*	*All CFHI programs, collaboratives and other initiatives (categories 1-3).*	Table 2.1	*Communications and Program documents*	

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Program Logic Model Indicator	Measure	Baseline 2015-16[1]	Results 2016-17	Results 2017-18[2]	Targets		Programs, Collaboratives, and Other Initiatives (categories 1-3, respectively)	Results Table	Data Sources
						2017-18	2018-19			
3	**Outputs: Interprofessional teams, collaboratives, and programs**									
3.1	**a) Number of programs and collaboratives, by:** *- program phase reached at March 31, 2018* **b) Number of programs and collaboratives in implementation during 2017-18 by:** *- region* *- language*	*a) 11* *b) 8*	*a) 20* *b) 9*	**a) 21** **b) 12**	*a) 20* *b) 12*	*a) 17* *b) 16*	*All CFHI programs, collaboratives and other initiatives (categories 1-2).*	Table 3.1	*CFHI workplan, program documents*
3.2	**Number of improvement teams supported by CFHI, by:** *- program and collaborative* *- type* *- region* *- primary area of care*	*134*	*191*	**261**	*277*	*342 ± 17*	*All CFHI programs and collaboratives (categories 1 and 2) in implementation in 2017-18.*	Table 3.2	*Expressions of Commitment and Program documents (e.g., project charters)*
3.3	**Number of healthcare leaders who participated in:** **a) all CFHI activities** **b) CFHI improvement teams, by:** *- program and collaborative* *- primary role of healthcare leader* *- region* *- language* *- sex*	*a) 2,429* *b) 857*	*a) 4,888[3]* *b) 1,375*	**a) 1,902** **b) 1,394**	*a) no target set* *b) 1,456*	*a) 2,131 ± 107* *b) 1,860 ± 93*	*All CFHI programs, collaboratives and other initiatives (categories 1-3) in implementation in 2017-18.*	Table 3.3	*Expressions of Commitment and Program documents (e.g., project charters)*

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Program Logic Model Indicator	Measure	Baseline 2015-16[1]	Results 2016-17	Results 2017-18[2]	Targets		Programs, Collaboratives, and Other Initiatives (categories 1-3, respectively)	Results Table	Data Sources
						2017-18	2018-19			
4	**Immediate Outcomes: Healthcare leaders are knowledgeable and skilled in carrying out healthcare improvements**									
4.1	**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)*	*460* *94%* *(460/487)*	**215** **86%** **(215/249)**	*95%*	*Across programming, 90% ± 5% of healthcare leader respondents will report gaining new knowledge in QI.*		*All CFHI programs, collaboratives and other initiatives (categories 1 - 3) that completed implementation in 2017-18.*	Table 4.1	*Pre-post program surveys, final surveys, post-event surveys*
4.2	**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)*	*83* *94%* *(83/88)*	**177** **89%** **(177/200)**	*95%*	*Across programming, 90% ± 5% of healthcare leader respondents will report gaining new skills in QI.*		*All CFHI programs, collaboratives and other initiatives (categories 1 - 3) that completed implementation in 2017-18.*	Table 4.2	*Pre-post program surveys, final surveys, post-event surveys*

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Program Logic Model Indicator	Measure	Baseline 2015-16[1]	Results 2016-17	Results 2017-18[2]	Targets		Programs, Collaboratives, and Other Initiatives (categories 1-3, respectively)	Results Table	Data Sources
						2017-18	2018-19			
5	**Immediate Outcomes: Patients, residents, family members, communities, and others with lived experience are engaged in healthcare improvement and co-design**									
5.1	**Number and percent of improvement teams engaging patients, residents, family members, community members, and others with lived experience as core members of the QI team, by:** *- program and collaborative* *- region*	*49* *52%* *(49/95)*	*56* *62%* *(56/90)*	**67** **43%** **(67/157)**	*75%*	*Where applicable, 75% ± 5% of teams will engage at least one patient/ resident/family/ community member and/or other person with lived experience as a core member of their QI team.*	*All CFHI programs and collaboratives (categories 1 and 2) in implementation in 2017-18 and aimed to achieve the outcome.*	Table 5.1	*Team participation tracking, final reporting*
5.2	***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:** *- program and collaborative* *- region*	*New indicator introduced in 2017-18*	*New indicator introduced in 2017-18*	**Baseline: 102** **78%** **(102/130)**	*N/A*	*Where applicable, 85% ± 5% of teams will engage patient/ resident/family/ community member perspectives in the implementation of their QI project.*	*All CFHI programs and collaboratives (categories 1 and 2) in implementation in 2017-18 and aimed to achieve the outcome.*	Table 5.2	*Team participation tracking, final reporting*

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Program Logic Model Indicator	Measure	Baseline 2015-16[1]	Results 2016-17	Results 2017-18[2]	Targets		Programs, Collaboratives, and Other Initiatives (categories 1-3, respectively)	Results Table	Data Sources
						2017-18	2018-19			
6	**Immediate Outcomes: The cultures of participating organizations have improved through changes in healthcare practices, delivery models, and related policies**									
6.1	**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)*	*26* *58%* *(26/45)*	**46** **77%** **(46/60)**	*65%*	*Where applicable, by the end of the program and collaborative, 80% ± 5% of teams will report changes in their organization's culture as a result of their QI project.*		*All CFHI programs and collaboratives (categories 1 and 2) that completed implementation in 2017-18 and aimed to achieve the outcome.*	Table 6.1	*Final reporting*
6.2	**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:** *- program and collaborative* *- system level*	*26* *31%* *(26/85)*	*23* *51%* *(23/45)*	**10** **45%** **(10/22)**	*55%*	*Where applicable, by the end of the program and collaborative, 55% ± 5% of teams will report changing or introducing new policies, standards and/or guidelines as a result of their QI project.*		*All CFHI programs and collaboratives (categories 1 and 2) that completed implementation in 2017-18 and aimed to achieve the outcome.*	Table 6.2	*Final reporting*
7	**Immediate Outcomes: The target patient and resident populations have been reached directly**									
7.1	**Number of target patient and resident populations reached, by:** *- program and collaborative* *- region*	*2817*	*28,327*	**1,527**	*10,000*	*Where applicable, CFHI's programs and collaboratives will reach 11,850 ± 593 patients and residents.*		*All CFHI programs and collaboratives (categories 1 and 2) that completed implementation in 2017-18 and aimed to achieve the outcome.*	Table 7.1	*Final reporting, team data submissions*

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Program Logic Model Indicator	Measure	Baseline 2015-16[1]	Results 2016-17	Results 2017-18[2]	Targets		Programs, Collaboratives, and Other Initiatives (categories 1-3, respectively)	Results Table	Data Sources
						2017-18	2018-19			
8	**Intermediate Outcomes: Best practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories**									
8.1	**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)*	*Insufficient data*	**56** **92%** **(56/61)**	*50%*	*Where applicable, 80% ± 5% of teams will sustain their QI project at least 6 months post-implementation.*		*All CFHI programs and collaboratives (categories 1 and 2) that completed implementation in 2017-18 and aimed to achieve the outcome.*	Table 8.1	*6- to 12-month follow-up*
8.2	**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)*	*Not reported*	**19** **46%** **(19/41)**	*N/A*	*Where applicable, by the end of the program and collaborative, 50% ± 5% of teams will further spread their QI project.*		*All CFHI programs and collaboratives (categories 1 and 2) that completed implementation in 2017-18 and aimed to achieve the outcome.*	Table 8.2	*Final reporting*
8.3	***Percent of target patient and resident populations reached directly, by:** *- program and collaborative*	*New indicator introduced in 2017-18*	*New indicator introduced in 2017-18*	**Baseline** **16%** **(1,273/8,016)**	*N/A*	*Where applicable, CFHI's programs and collaboratives will reach 80% ± 5% of the target patient and resident populations.*		*All CFHI programs and collaboratives (categories 1 and 2) that completed implementation in 2017-18 and aimed to achieve the outcome.*	Table 8.3	*Program documents, final reporting*
8.4	***Percent of target organizations reached in a defined jurisdiction, by:** *- program and collaborative*	*New indicator introduced in 2017-18*	*New indicator introduced in 2017-18*	**64%**	*N/A*	*Where applicable, CFHI's programs and collaboratives will reach 80% ± 5% of targeted organizations.*		*All CFHI programs and collaboratives (categories 1 and 2) that completed implementation in 2017-18 and aimed to achieve the outcome.*	Table 8.4	*Program documents, final reporting*

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Program Logic Model Indicator	Measure	Baseline 2015-16[1]	Results 2016-17	Results 2017-18[2]	Targets		Programs, Collaboratives, and Other Initiatives (categories 1-3, respectively)	Results Table	Data Sources
						2017-18	2018-19			
9	**Intermediate Outcomes: Improvements are made to: patient, resident, and family experience of care; health of patients and residents reached; value for money (efficiency and ROI); and work life of healthcare providers**									
9.1	**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)*	*27* *60%* *(27/45)*	**44** **73%** **(44/60)**	*65%*	*Where applicable, by the end of the program and collaborative, 90% ± 5% of teams will make improvements to patient, resident, and family experience of care.*		*All CFHI programs and collaboratives (categories 1 and 2) that completed implementation in 2017-18 and aimed to achieve the outcome.*	Table 9.1	*Final reporting*
9.2	**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)*	*19* *58%* *(19/33)*	**39** **71%** **(39/55)**	*60%*	*Where applicable, by the end of the program and collaborative, 75% ± 5% of teams will make improvements in the health of patients and residents.*		*All CFHI programs and collaboratives (categories 1 and 2) that completed implementation in 2017-18 and aimed to achieve the outcome.*	Table 9.2	*Final reporting*
9.3	**Number and percent of improvement teams that reported making improvements in efficiency of care resulting from their QI project[4], by:** *- program and collaborative*	*47* *70%* *(47/67)*	*25* *76%* *(25/33)*	**41** **58%** **(41/71)**	*80%*	*Where applicable, by the end of the program and collaborative, 80% ± 5% of teams will make improvements in the efficiency of care.*		*All CFHI programs and collaboratives (categories 1 and 2) that completed implementation in 2017-18 and aimed to achieve the outcome.*	Table 9.3	*Final reporting*

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Program Logic Model Indicator	Measure	Baseline 2015-16[1]	Results 2016-17	Results 2017-18[2]	Targets		Programs, Collaboratives, and Other Initiatives (categories 1-3, respectively)	Results Table	Data Sources
						2017-18	2018-19			
9	**Intermediate Outcomes: Improvements are made to patient, resident, and family experience of care; health of patients and residents reached; value for money (efficiency and ROI); and work life of healthcare providers**									
9.4	**Estimated return on investment (ROI) of CFHI supported programs over targeted time**	*3 collaboratives showed a positive ROI*	*CFHI has struck an ROI Working Group with a mandate to provide direction on conducting costing analyses of CFHI programming.*			*60% of selected projects will demonstrate a positive ROI.*	*TBD - under development*	*N/A*	N/A	*N/A*
9.5	***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*	*New indicator introduced in 2017-18*	*New indicator introduced in 2017-18*	**Baseline: 36 72% (36/50)**	*N/A*	*Where applicable, by the end of the program and collaborative, 85% ± 5% of teams will make improvements to healthcare provider experience.*	*All CFHI programs and collaboratives (categories 1 and 2) that completed implementation in 2017-18 and aimed to achieve the outcome.*	Table 9.5	*Final reporting*	

TABLE 2 CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

#	Program Logic Model Indicator	Measure	Baseline 2015-16[1]	Results 2016-17	Results 2017-18[2]	Targets		Programs, Collaboratives, and Other Initiatives (categories 1-3, respectively)	Results Table	Data Sources
						2017-18	2018-19			
10	**Longer-Term Outcomes: Contribute to improved healthcare system performance and the health of Canadians**									
10.1		***External stakeholder perceptions of CFHI's contribution to improved healthcare system performance**	*New indicator introduced in 2017-18*	*New indicator introduced in 2017-18*	**CFHI is developing tools to collect and report on this indicator.**	*N/A*	*TBD - under development*	*N/A*	N/A	*CFHI Stakeholder Engagement Survey*
10.2		**Number and percent of Canadians who perceive their health as excellent or very good**	*New indicator introduced in 2017-18*	*New indicator introduced in 2017-18*	**18,885,900 61%[5]**	*N/A*	*N/A*	*N/A*	Table 10.2	*Canadian Community Health Survey (CCHS), Statistics Canada*

[1] Baseline values updated to reflect a single fiscal year period from April 1, 2015 - March 31, 2016. For comparability purposes, the denominators of baseline indicators were adjusted to reflect improvement teams participating in the programs and collaboratives that aimed to achieve the listed outcome.

[2] In 2017-18, the methodology used to calculate results for outcome indicators 5.1 through 9.5 has changed. Specifically, instead of using the total number of participating improvement teams in the programs and collaboratives that started or completed implementation in the reporting year and aimed to achieve the outcome as the denominator, the results are calculated using the "total number of improvement teams that responded to a data collection tool/instrument upon completion of the program and/or collaborative and aimed to achieve the outcome." This methodological change is in line with standard sample reporting practices. With the change in how the denominator is calculated, the 2017-18 results are not comparable with previous years.

[3] Note that n=4925 was reported in the aggregate table of the 2016-17 PMF Report. The number reported herein (n=4888) represents the unique count of healthcare leaders that participated across all CFHI programming activities, consistent with what is reported in indicator table 3.1 of the 2016-17 PMF Report . This number excludes individuals who participated in more than one CFHI program offering which had been previously captured in n=4925.

[4] Not reported in 2015-16 PMF Report; however, measure compiled at the time and reported internally.

[5] Results are for 2017 calendar year.

* New indicator introduced in 2017-18.

INDICATOR RESULTS TABLES

The following tables expand on the information provided in Table 2. Each table matches the listed indicator number. However, there are no results tables available for indicators 9.4 and 10.1.

TABLE 1.1

Outputs: 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)	**246**
Type	
Capacity-building tools and resources	**126**
Webinar recordings	58
Videos	44
Desktops (for teams engaged with CFHI programs/collaboratives)	10
Improvement training resources (e.g., Change packages)	9
Other tools	3
Resource hubs (for broader audiences)	2
Summaries and Briefs	**81**
Impact stories/Improvement conversations/Patient stories	38
Fact sheets/Brochures/Posters/Handouts	24
Provincial Profiles/Regional Backgrounders	17
Other data briefs and syntheses	2
Case profiles	0
Blogs	**16**
Reports, Papers and Scans	**13**
Research and Analysis reports	6
Corporate Reports	4
White papers	2
Background reports	1
Environmental Scan	0
Journal Articles	**4**
Original article	3
Special Issues	1
Other	**4**
Website	**4**

TABLE 2.1

Outputs: 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 type of knowledge exchange activities delivered	**427**
Type	
Education and Training	**382**
Coaching calls/Affinity calls/Open calls	187
Webinars	58
Courses and/or special education sessions	50
On-site visits for coaching and support with implementation and progress	45
In-person workshops	23
Invited presentations	19
Conference Presentations and Outreach	**35**
Oral conference presentations	18
Conference booth	12
Poster presentations	5
Roundtables and Forums	**6**
Roundtables	3
Forums	3
Other	**4**
Language	
English	220
Bilingual	108
French	99
*Language in which the knowledge activities were delivered.	

TABLE 3.1

Outputs: Inter-professional teams, collaboratives, and programs

CFHI quality improvement programs and collaboratives bring together interprofessional teams of dedicated healthcare professionals, patients and families from across Canada intentionally 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:	**21**
Phase reached at March 31, 2018	
Development	6
Implementation	9
Analysis, dissemination, KT	6
3.1 b) Number of programs and collaboratives in implementation during 2017-18 by:	**12**
Region †	
Ontario	5
New Brunswick	4
Quebec	4
British Columbia	4
Alberta	3
Manitoba	3
Newfoundland and Labrador	3
Nova Scotia	3
Prince Edward Island	2
Other: Programs and Collaboratives with teams of pan-Canadian scope	2
Saskatchewan	1
International	1
Northwest Territories	0
Yukon	0
Nunavut	0
Language*	
English	6
Bilingual	5
French	1

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

*Language in which the knowledge activities were delivered.

TABLE 3.2

Outputs: Inter-professional teams, collaboratives, and programs

Improvement teams are inter-professional teams participating in a CFHI-supported program and collaborative. 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.

3.2 Number of Improvement teams* supported by CFHI by:	261
Program and collaborative	
PREVIEW-ED Fraser Health-Interior Health	82
NL-PEI-SQLI AUA	55
NB-AUA Phase 2	45
OPUS-AP Phase 1	24
NB-AUA Phase 1	13
Connected Medicine 2.0	11
EXTRA: Cohort 12	10
EXTRA: Cohort 13	9
INSPIRED 2.0	6
Promoting Life Together	6
Type	
Inter-professional	261
Cross-sectoral	99
Cross-organizational	28
Cross-Provincial/Territorial	3
Primary area of care	
Long-term care	218
Access to specialist care	11
Community and/or home care	9
Indigenous health and care	6
Palliative and end-of-life care	5
Acute care	5
Primary care	2
Patient, family and/or community engagement in care (re)design	2
Mental health and wellness	1
Population health/public health	1
Other	1
Access to pharmaceuticals	0
Care for high-risk, high-need, high-cost patients	0
Marginalized populations (e.g. LGBTQ+, homeless)	0
Children and youth	0

Region	
British Columbia	88
New Brunswick	60
Newfoundland and Labrador	43
Quebec	37
Prince Edward Island	10
Ontario	8
Manitoba	4
Alberta	3
Nova Scotia	3
Pan-Canadian	2
International	2
Saskatchewan	1
Northwest Territories	0
Yukon	0
Nunavut	0
Number of observing teams	**3**

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

TABLE 3.3

Outputs: Inter-professional teams, collaboratives, and programs

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

3.3 Number of healthcare leaders who participated in: **a) all CFHI activities** **b) CFHI improvement teams**	**a) 1,902** **b) 1,394**
Number of healthcare leaders who participated in more than one CFHI program offering simultaneously	**101**

Program, collaborative, and other initiatives††	
EXTRA Cohort 12	36
EXTRA Cohort 13	34
NL-PEI-SQLI-AUA	247
NB-AUA Phase 2	246
INSPIRED 2.0	215
Connected Medicine 2.0	181
OPUS-AP Phase 1	166
PREVIEW-ED Fraser Health-Interior Health	125
NB-AUA Phase 1	105
Promoting Life Together	49
Other external programming initiatives	599

Primary role of healthcare leader	
Administrator (includes Executives, Senior Leaders, Managers, Directors)	863
Nurse (Registered Nurse or Licensed Practical Nurse)	332
Physician	168
Patient/family member/community member/person with lived experience	97
Allied Healthcare Provider	73
Consultant	58
Pharmacist	55
Other	53
Personal Support Worker/Care Aide	49
Quality Improvement Lead	37
Not known/not disclosed	36
Policy Advisor/Analyst	29
Recreation Therapist/Activities Coordinator	28
Researcher	23
Indigenous leader	1

Region	
New Brunswick	412
Quebec	259
Alberta	256
British Columbia	227
Ontario	204
Newfoundland and Labrador	199
Manitoba	148
Prince Edward Island	59
Nova Scotia	51
Saskatchewan	40
International	20
Yukon	13
Northwest Territories	6
Nunavut	4
Not known/Not disclosed	4

Language*	
English	1,446
French	373
Not known/Not disclosed	83

Sex	
Female	1,419
Male	472
Not known/Not disclosed	11

†† 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 4.1

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

	n	Total respondents	%
4.1 Number and percent of healthcare leaders who reported knowledge acquisition in QI as a result of participating in CFHI programming, by:	**215**	**249**	**86%**
Program, collaborative, and other initiative			
Better Together Policy Roundtable	23	23	100%
EXTRA: Cohort 12	28	29	97%
Value-based Healthcare Summit (VBHC)	18	20	90%
NB-AUA Phase 1	23	26	88%
KTP Spread and Scale workshops	66	81	81%
PREVIEW-ED Fraser Health-Interior Health	57	70	81%
Language*			
English	149	165	90%
French	21	22	95%
Not known/Not disclosed	45	62	73%
Sex			
Male	31	33	94%
Female	140	155	90%
Not known/Not disclosed	44	61	72%

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

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

TABLE 4.2

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

	n	Total respondents	%
4.2 Number and percent of healthcare leaders, who reported skill acquisition in QI as a result of participating in CFHI programming, by:	**177**	**200**	**89%**
Program, collaborative, and other initiative			
EXTRA: Cohort 12	28	29	97%
KTP Spread and Scale workshops	76	81	94%
NB-AUA Phase 1	23	27	85%
PREVIEW-ED Fraser Health-Interior Health	50	63	79%
Language*			
English	109	125	87%
French	18	20	90%
Not known/Not disclosed	50	55	91%
Sex			
Male	23	26	88%
Female	104	119	87%
Not known/Not disclosed	50	55	91%

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

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

TABLE 5.1

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	$N_{respondents}$	$\%_{respondents}$
5.1 Number and percent of improvement teams engaging patients, residents, family members, community members, and others with lived experience as core members of the QI team, by:	**67**	**157**	**43%**
Program and collaborative*			
NB-AUA Phase 1	11	13	85%
Connected Medicine 2.0	9	11	82%
Promoting Life Together	4	6	67%
OPUS-AP Phase 1	16	24	67%
INSPIRED 2.0	3	6	50%
NB-AUA Phase 2	15	45	33%
NL-PEI-SQLI AUA	9	52	17%
Region			
British Columbia	5	5	100%
Saskatchewan	1	1	100%
Quebec	17	25	68%
Manitoba	2	4	50%
New Brunswick	27	60	45%
Alberta	1	3	33%
Newfoundland and Labrador	11	40	28%
Ontario	1	5	20%
Prince Edward Island	1	10	10%
Pan-Canadian	0	1	0%
International	0	2	0%
Nova Scotia	0	1	0%
Northwest Territories	-	-	-
Nunavut	-	-	-
Yukon	-	-	-

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 or end of implementation of the QI project.

*With the exception of NB-AUA Phase 1, which ended implementation in 2017-18, all other programs and collaboratives are in implementation over the 2017-18 period.

TABLE 5.2

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	$N_{respondents}$	$\%_{respondents}$
5.2 Number and percent of improvement teams engaging patients, residents, family members, community members, and others with lived experience in the implementation of their QI project (e.g., as advisors), by:	**102**	**130**	**78%**
Program and collaborative			
Promoting Life Together	6	6	100%
EXTRA: Cohort 12	9	9	100%
NB-AUA Phase 2	30	38	79%
NL-PEI-SQLI AUA	37	48	77%
NB-AUA Phase 1	9	12	75%
Connected Medicine 2.0	8	11	73%
INSPIRED 2.0	3	6	50%
Region			
Pan-Canadian	2	2	100%
Saskatchewan	1	1	100%
British Columbia	5	5	100%
Nova Scotia	2	2	100%
International	1	1	100%
Ontario	6	7	86%
New Brunswick	41	52	79%
Newfoundland and Labrador	29	38	76%
Manitoba	3	4	75%
Alberta	2	3	67%
Prince Edward Island	5	9	56%
Quebec	5	6	83%
Northwest Territories	-		-
Not known/Not disclosed	-		-
Nunavut	-		-
Yukon	-		-

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 or end of implementation of the QI project.

*With the exception of NB-AUA Phase ,1 and EXTRA Cohort 12, which ended implementation in 2017-18, all other programs and collaboratives are in implementation over the 2017-18 period.

TABLE 6.1

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

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
6.1 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:	**46**	**60**	**77%**
Program and collaborative			
EXTRA: Cohort 12	10	10	100%
NB-AUA Phase 1	11	12	92%
PREVIEW-ED Fraser Health-Interior Health	25	38	66%

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.

TABLE 6.2

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

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
6.2 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:	**10**	**22**	**45%**
Program and collaborative			
NB-AUA Phase 1	7	12	58%
EXTRA: Cohort 12	3	10	30%
System level			
Organizational	7	-	
Regional	1	-	
Provincial/Territorial	2	-	
Not known/Not disclosed	-	-	

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.

TABLE 7.1

Immediate outcomes: The target patient and resident populations have been reached directly

7.1 Number of target patient and resident populations reached*, by:	1,527
Program and collaborative	
PREVIEW-ED Fraser Health-Interior Health	1,017
NB-AUA Phase 1	256
EXTRA: Cohort 12	254
Region	
Alberta	-
British Columbia	1,017
Manitoba	-
New Brunswick	256
Newfoundland and Labrador	-
Nova Scotia	8
Northwest Territories	-
Ontario	45
Prince Edward Island	-
Quebec	201
Saskatchewan	-
Yukon	-
Nunavut	-
International	-
Not known/Not disclosed	-
**Reflects those programs and collaboratives that ended implementation in 2017-18 and provided data during final reporting.*	

TABLE 8.1

Intermediate outcomes: Best practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
8.1 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:	**56**	**61**	**92%**
Program and collaborative			
BT e-Collaborative	9	9	100%
NB-AUA Phase 1	9	10	90%
EXTRA Cohort 8	10	11	91%
EXTRA Cohort 9	4	4	100%
EXTRA Cohort 10	4	5	80%
EXTRA Cohort 11	8	8	100%
Acute Care for Elders (ACE)	12	14	86%

n = number of participating improvement teams that reported sustaining their QI project at least 6 months since the end of the CFHI 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 8.2

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

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
8.2 Number and percent of improvement teams that reported further spreading their QI project beyond the original implementation site, by:	**19**	**41**	**46%**
Program and collaborative			
NB-AUA Phase 1	6	9	67%
PREVIEW-ED Fraser Health-Interior Health	11	22	50%
EXTRA: Cohort 12	2	10	20%

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 8.3

Intermediate outcomes: Best practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories

	n	N	%
8.3 Percent of target patient and resident populations reached directly, by:	**1,273**	**8,016**	**16%**
Program and collaborative			
PREVIEW-ED Fraser Health-Interior Health	1,017	7,760	13%
NB-AUA Phase 1	256	256	100%

n = number of residents reached directly.

N = number of residents eligible for the intervention at the long-term care home.

*Reflects only those collaboratives that ended implementation in 2017-18 and had set a target for the number of patients and/or residents to reach.

TABLE 8.4

Intermediate outcomes: Best practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories

			% progress
8.4 Percent of target organizations reached in a defined jurisdiction, by:			**64%**
Program and collaborative	**Level of Scale**		
NL AUA[1]	Provincial (Newfoundland & Labrador)	38	39	97%
PEI AUA[2]	Provincial (Prince Edward Island)	8	9	89%
OPUS-AP (Phase 1)[3]	Provincial (Quebec)	24	317	8%
NB-AUA (Phase 1 & Phase 2)	Provincial (New Brunswick)	67	67	100%
INSPIRED 2.0	Regional (Various)	10	37	27%

[1] Scale of the Appropriate Prescribing Collaborative across Newfoundland and Labrador.

[2] Scale of the Appropriate Prescribing Collaborative across Prince Edward Island.

[3] A phased approach to scale of the OPUS-AP initiative across the province of Quebec is being rolled out, with first phase launched April 2017 and the last (third) phase slated for completion in August, 2021.

n = number of target healthcare organizations reached by programs and collaboratives in implementation in 2017-18.

N = number of target healthcare organizations to reach by the end of the programs and collaboratives within the targeted jurisdiction(s) (e.g., region, province/territory, network).

TABLE 9.1

Intermediate outcomes: Improvements are made to: patient, resident, and family experience of care; health of patients and residents reached; value for money (efficiency and ROI); and work life of healthcare providers

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
9.1 Number and percent of improvement teams that reported making improvements to patient, resident, and family experience of care resulting from their QI project, by:	**44**	**60**	**73%**
Program and collaborative			
NB-AUA Phase 1	12	12	100%
EXTRA: Cohort 12	9	10	90%
PREVIEW-ED Fraser Health-Interior Health	23	38	61%

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 9.2

Intermediate outcomes: Improvements are made to: patient, resident, and family experience of care; health of patients and residents reached; value for money (efficiency and ROI); and work life of healthcare providers

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
9.2 Number and percent of improvement teams that reported making improvements in the health of patients and residents reached resulting from their QI project, by:	**39**	**55**	**71%**
Program and collaborative			
NB-AUA Phase 1	13	13	100%
EXTRA: Cohort 12	6	10	60%
PREVIEW-ED Fraser Health-Interior Health	20	32	63%

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 9.3

Intermediate outcomes: Improvements are made to: patient, resident, and family experience of care; health of patients and residents reached; value for money (efficiency and ROI); and work life of healthcare providers

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
9.3 Number and percent of improvement teams that reported making improvements in efficiency of care resulting from their QI project, by:	**41**	**71**	**58%**
Program and collaborative			
NB-AUA Phase 1	13	13	100%
EXTRA: Cohort 12	7	10	70%
PREVIEW-ED Fraser Health-Interior Health	21	48	44%

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 9.5

Intermediate outcomes: Improvements are made to: patient, resident, and family experience of care; health of patients and residents reached; value for money (efficiency and ROI); and work life of healthcare providers

	Results by responding group		
	n	$N_{respondents}$	$\%_{respondents}$
9.5 Number and percent of improvement teams that reported making improvements in the work life of healthcare providers resulting from their QI project, by:	**36**	**50**	**72%**
Program and collaborative			
EXTRA: Cohort 12	3	3	100%
NB-AUA Phase 1	10	12	83%
PREVIEW-ED Fraser Health-Interior Health	23	35	66%

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.

TABLE 10.2

Longer-term outcomes: Contribute to improved healthcare system performance and the health of Canadians

	n	%
10.2 Number and percent of Canadians who perceive their health as excellent or very good:	**18,885,900**	**61%**

n = number of Canadians who perceive their health as excellent or very good.

% = percent of Canadians who perceive their health as excellent or very good.

Data drawn from 2016 Canadian Community Health Survey (CCHS). Statistics Canada.