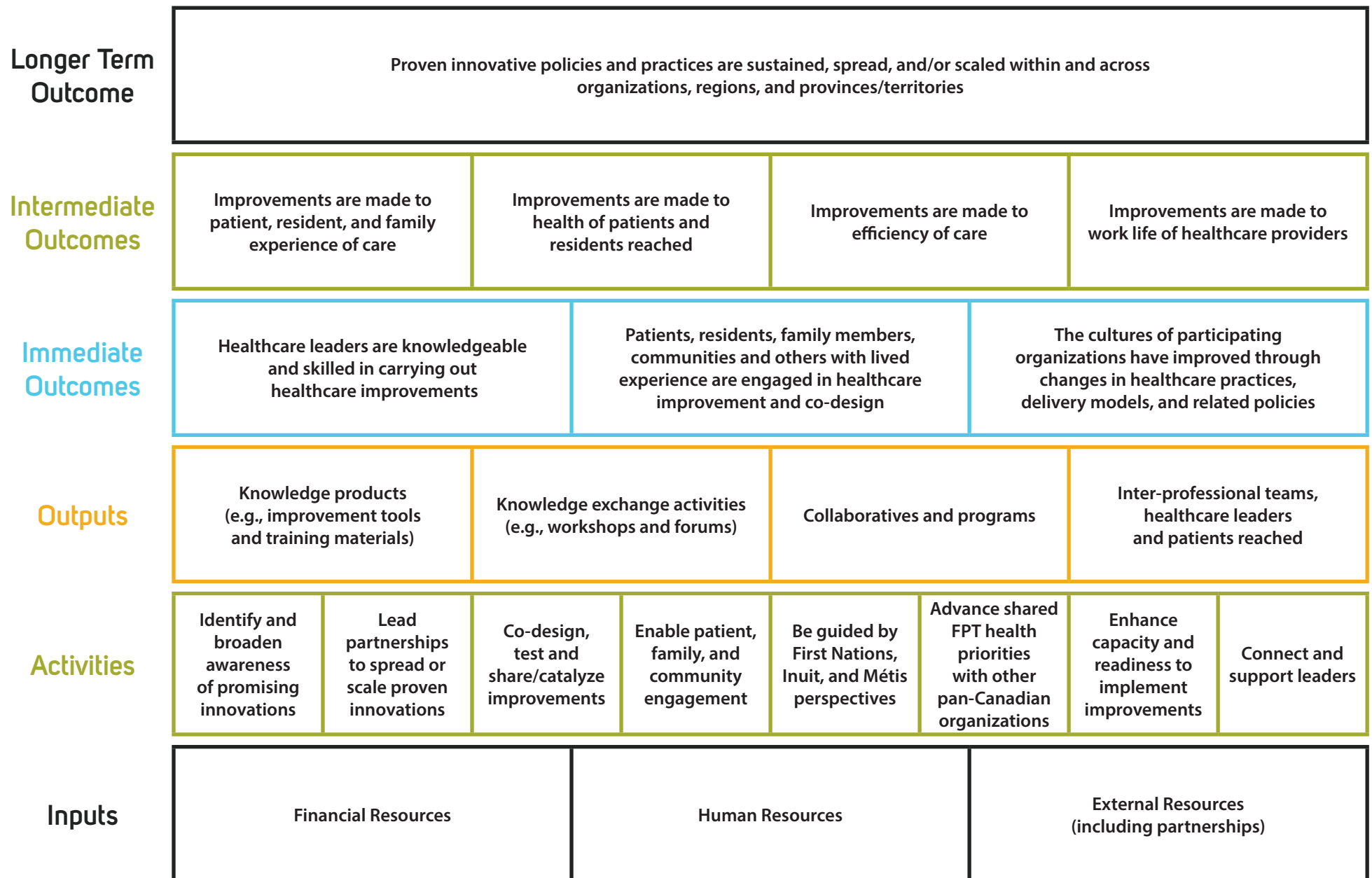


CFHI PROGRAM LOGIC MODEL 2018-19 TO 2020-21



CFHI PERFORMANCE MEASUREMENT FRAMEWORK (PMF) INDICATORS 2018-19 to 2020-21

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.

OUTPUTS

1 Knowledge products.
‡ 1.1 Number of new knowledge products developed by CFHI (e.g., improvement tools and training materials). - by type.
2 Knowledge exchange activities.
2.1 Number of knowledge exchange activities delivered (e.g., workshops and forums). - by type - by language.
3 Collaboratives and programs.
‡ 3.1 a) Number of collaboratives and programs. - by program phase reached at end of the fiscal year - by shared federal, provincial and territorial health priority* - by collaboration with other pan-Canadian organizations* - by engagement of First Nations, Inuit, and Métis Peoples' perspectives.*
‡ b) Number of collaboratives and programs in implementation during the fiscal year. - by region - by language.
4 Inter-professional teams, healthcare leaders, and patients reached.
4.1 Number of improvement teams supported by CFHI. - by program and collaborative - by type - by region - by primary area of care.
4.2 Number of healthcare leaders who participated in a) all CFHI activities and b) CFHI improvement teams. - by program and collaborative - by primary role of healthcare leader - by region - by language - by sex (and/or gender where available).
§ 4.3 Number of target patient and resident populations reached. - by program and collaborative - by region.

IMMEDIATE OUTCOMES

5 Healthcare leaders are knowledgeable and skilled in carrying out healthcare improvements.
‡ 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 - by language - by sex (and/or gender where available).
‡ 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 - by language - by sex (and/or gender where available).
6 Patients, residents, family members, communities, and others with lived experience are engaged in healthcare improvement and co-design.
‡ 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 - by region.
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 program and collaborative - by region.
7 The cultures of participating organizations have improved through changes in healthcare practices, delivery models, and related policies.
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.

INTERMEDIATE OUTCOMES

8 Improvements are made to patient, resident, and family experience of care.

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.

9 Improvements are made to the health of patients and residents reached.

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.

10 Improvements are made to efficiency of care.

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.

11 Improvements are made to work life of healthcare providers.

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.

LONGER TERM OUTCOME

12 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.

‡ 12.2 Number and percent of improvement teams that reported further spreading their QI project beyond the original implementation site. - by program and collaborative.

‡ 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 - by system level.

§ Indicator to be reported on a fiscal year basis starting 2019-20.

‡ Used by Health Canada for internal accountability reporting through the Performance Information Profile (PIP).

* These measures will be reported starting in 2019-20 PMF.