Canadian Foundation for Healthcare Improvement
Performance Measurement Framework:
Baselines & Targets (January 1, 2015 - March 31, 2016)

Overview

The Canadian Foundation for Healthcare Improvement's (CFHI) Performance Measurement Framework (PMF) includes all available program data for the period of January 1, 2015 to March 31, 2016 and targets for April 1, 2016 to March 31, 2017. As CFHI transitions from calendar year reporting to fiscal year reporting, performance data for CFHI's programming between January 1, 2015 to March 31, 2016 is reported as follows:

Table 1: CFHI Programs Between January 1, 2015-March 31, 2017[1]
• **Jan. 1-15: Dec. 31-15 Data**
Appropriate Use of Antipsychotics (AUA)[2], INSPIRED Approaches to COPD (INSPIRED), Partnering with Patients and Families for Quality Improvement Collaborative (PFEC), Triple Aim (BHLC), Northern and Remote Collaboration, Cultural Competency Training, BC First Nations Health Authority – storytelling, CPSI Falls Wave 1, Better Together (campaign), EXTRA Cohort 11, EXTRA Cohort 12, EXTRA-CARES, Acute Care for Elders (ACE), OnCall, New Brunswick Appropriate Use of Antipsychotics Collaborative (NB-AUA) Phase 1
• **Jan. 1-16: Mar. 31-16 Data**
CPSI Falls Wave 1, Cultural Competency Training, EXTRA Cohort 12, ACE, NB-AUA Phase 1, OnCall, Better Together (campaign), AUA (eval & KT), INSPIRED (eval & KT), PFEC (eval & KT), EXTRA-CARES (eval & KT), Palliative Care (analysis), OnCall
• **Apr. 1-16: Mar. 31-17 Targets**
ACE, ACCESS E-Collaborative Phase 1, Better Together (E-Collab), CARES-Fraser Health Spread, EXTRA Cohort 12, PREVIEW-ED©, Indigenous Mental Health Collaborative, NB-AUA Phase 1, OnCall, Harkness Fellowship Award, 2017 CEO Forum, AUA (eval & KT), INSPIRED (eval & KT), PFEC (eval & KT), Palliative Care (analysis)

[1]*Programs are listed in every period during which outputs are produced. In some cases, these outputs are produced before programming is publicly launched.*

[2]*Otherwise, known as the 'Reducing Antipsychotic Medication Use in Long Term Care Collaborative' .*

Note: Some indicators and sub-indicators originally identified within CFHI's PMF cannot be reported on for the period of January 1, 2015 to March 31, 2016. CFHI Performance Measurement Framework - Excluded Measures (page 17) provides further explanation.

CFHI Performance Measurement Framework

Output or Outcome	Indicator	#	Measure	Programs included	Results		Target	Reference Table	Data Collection	
					Jan.-1-15 - Dec.-31-15	Jan.-1-16 - Mar.-31-16	Apr.-1-16 - Mar.-31-17		Data Sources	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 by type	All*, including Corporate products	180	29	220	Table 1.1	Multiple Program Sources	Annually
		1.2	Number of knowledge exchange activities delivered by type	All*, including Corporate products	147	39	310	Table 1.2	Multiple Program Sources	Annually
	Interprofessional teams and collaboratives/networks	2.1	Number of improvement projects supported by CFHI by program area, type (cross-sector, cross-organizational, inter-professional), region (geographic location) and language.	All*	90	49	80	Table 2.1	Expression of Commitment	Annually
		2.2	Number of CFHI supported collaboratives by type, region (geographic location), and language (EN/FR).	All*	8	5	8	Table 2.2	Administrative data, Expression of Commitment	Annually
Immediate Outcomes	Healthcare leaders are a) knowledgeable and b) skilled in carrying out healthcare improvements	3.1	Number of health care leaders trained through CFHI programming by program area, type of health care leader, region (geographic location), language (EN/FR), and sex.	All*, with the exception of BT	2762	551	2500	Table 3.1	Expression of Commitment	Annually
		3.2	Perceived change in knowledge by: program area, type of health care leader, region (geographic location), language (EN/FR), and sex. Numerator: Number of respondents who had a mean knowledge score of 4 or above on a 5-point Likert Scale Denominator: Number of total respondents completing the knowledge survey	AUA, INSPIRED, PFEC, NI	Across programming, 88% (n=149/169) of respondents agree or strongly agree that they increased their knowledge in program's topic area	N/A**	Across CFHI programs, 75% of respondents will demonstrate increased knowledge from pre- to post-program period	Table 3.2	Final Surveys	Ongoing

*All: Appropriate Use of Antipsychotics (AUA), INSPIRED Approaches to COPD (INSPIRED), Triple Aim (BHLC), Northern and Indigenous (NI), Falls Preventions Collaborative Wave 1 (FALLS), EXTRA: Executive Training Cohort 11 (EXTRA C11), EXTRA: Executive Training Cohort 12 (EXTRA C12), Better Together Campaign and E-Collaborative (BT), Acute Care for Elders (ACE) Collaborative, OnCall, Partnering with Patients and Families for Quality Improvement Collaborative (PFEC), New Brunswick Appropriate Use of Antipsychotics Collaborative (NB-AUA) Phase I, Connected Medicine: Enhancing Access to Specialist Consult e-Collaborative (ACCESS)

Output or Outcome	Indicator	#	Measure	Programs included	Baseline		Target	Reference Table	Data Collection	
					Jan.-1-15 - Dec.-31-15	Jan.-1-16 - Mar.-31-16	Apr.-1-16 - Mar.-31-17		Data Sources	Frequency
Immediate Outcomes	Healthcare leaders are a) knowledgeable and b) skilled in carrying out healthcare improvements	3.3	Perceived change in skill by: program area, type of health care leader, region (geographic location), language (EN/FR), and sex. Numerator: Number of respondents who had a mean skills score of 4 or above on a 5-point Likert Scale Denominator: Number of total respondents completing the skills survey	AUA, INSPIRED	Across programming, 93% (n=79/85) of respondents agree or strongly agree that they increased their skills in program's topic area	N/A**	Across CFHI programs, 75% of respondents will demonstrate increased skill level from pre- to post-program period	Table 3.3	Final Surveys	Ongoing
Immediate Outcomes	Patients, families and communities are engaged in health care improvement and co-design	4.1	Number of patients, family members and communities trained in quality improvement as core team members by program area, region (geographic location), language (EN/FR), and sex.	AUA, Falls, PFEC, ACE, NB-AUA, EXTRA C11, EXTRA C12, INSPIRED	33	27	75	Table 4.1	Expression of Commitment	Annually
		4.2	Percent of CFHI supported improvement projects which engage patients, family members and communities in quality improvement as core team members. Numerator: Number of CFHI supported improvement projects which engage patients, family members and communities in quality improvement as core team members in each time period Denominator: Number of improvement projects supported by CFHI in each time period	AUA, Falls, PFEC, ACE, NB-AUA, EXTRA C11, EXTRA C12, INSPIRED	31% (n= 28/90) of CFHI supported IPs engage patients, family members and communities in quality improvement as core team members in 2015	73% (n=36/49) of CFHI supported IPs engaged patients, family members, and communities in quality improvement as core team members	Across CFHI programs, 50% of IPs will engage patients, family members, and communites in quality improvement as core team members	Table 4.2	Expression of Commitment	Annually
		4.3	Percent of improvement project teams (of those who use this measure) averaging a score above 4.0 on Patient Engagement Team Experience and Team Effectiveness (TET) Survey by region (geographic location), language of team (EN/FR), and team composition (e.g. patients and families, staff and other stakeholders). Numerator: Number of improvement project teams who achieved an average score of 4 or above on Patient Engagement Team Experience and Team Effectiveness (TET) Survey Denominator: Total number of improvement project teams that completed the Patient Engagement Team Experience and Team Effectiveness (TET) Survey	PFEC only	Eighteen out of 22 PFEC IP teams (82%) achieved an average score of 4.0 or above on the TET Survey	N/A**	To be confirmed	Table 4.3	Team Effectiveness and Team Experience Survey (TET)	Bi-annually (pre/post)

Output or Outcome	Indicator	#	Measure	Programs included	Baseline Jan.-1-15 - Dec.-31-15	Baseline Jan.-1-16 - Mar.-31-16	Target Apr.-1-16 - Mar.-31-17	Reference Table	Data Collection Data Sources	Data Collection Frequency
Immediate Outcomes	Healthcare practices, delivery models and related policies of participating organizations are improved	5.1	Percent of CFHI supported improvement projects that have led to changes in their organization's culture (e.g. changes in staff attitudes, organizational practices, structures, and delivery models). Numerator: Number of CFHI supported improvement projects that have led to positive changes in their organization's culture Denominator: Number of improvement projects supported by CFHI	AUA, INSPIRED, EXTRA C11, PFEC	68% (n=61/90) of CFHI supported IPs have led to positive changes in their organization's culture	N/A**	40%	Table 5.1	Final Surveys, Final Reports, Raw Data Guides	Annually
	Healthcare practices, delivery models and related policies of participating organizations are improved	5.2	Percent of CFHI supported improvement projects that have led to changes in their organization or region's policies (e.g. changes in resource allocation). Numerator: Number of CFHI supported improvement projects that have led to positive changes in their organization or region's policies Denominator: Number of improvement projects supported by CFHI	AUA, EXTRA C11, PFEC, INSPIRED	29% (n= 26/90) of CFHI supported IPs have led to changes in their organization or region's policies	N/A**	17%	Table 5.2	Final Surveys, Final Reports, Raw Data Guides	Annually
Intermediate Outcome	Best practices are a) sustained and b) spread within and across organizations, regions and provinces/territories	6.1	Percent of CFHI supported teams which have spread their improvement projects by: program area, purpose (quality domain), recipients of spread (e.g. units, organizations, regions, provinces), and if applicable, rate and speed of spread. Numerator: Number of CFHI supported teams which have adopted, adapted or are implementing their improvement work beyond the original site Denominator: Number of improvement projects supported by CFHI	AUA, INSPIRED, EXTRA C11, PFEC	39% (n=35/90) of CFHI supported teams have spread their IPs	N/A**	To be confirmed	Table 6.1	Final Survey, Final Reports	Annually
		6.2	Number of new recipient sites where best practices are spread (units, facilities, organizations) by: program area, purpose (quality domain), recipients of spread (e.g. units, organizations, regions, provinces), and if applicable, rate and speed of spread.	AUA, INSPIRED, EXTRA C11, PFEC	101	N/A**	250	Table 6.2	Final Survey, Final Reports	Annually
		6.3	Number of patients reached by CFHI programming (e.g. directly engaged, potential reach) by program area, type of patient, region (geographic location), language (EN/FR) and sex.	AUA, INSPIRED, NB-AUA	2352	N/A**	1200	Table 6.3	Internal Estimates, Final Survey, Final Reports	Annually

| Output or Outcome | Indicator | # | Measure | Programs included | Baseline | | Target | Reference Table | Data Collection | |
					Jan.-1-15 - Dec.-31-15	Jan.-1-16 - Mar.-31-16	Apr.-1-16 - Mar.-31-17		Data Sources	Frequency
Intermediate Outcome	Best practices are a) sustained and b) spread within and across organizations, regions and provinces/territories	6.4	Number of CFHI supported improvement projects which have been sustained over six months, one year and subsequent years since the end of the CFHI program	AUA, INSPIRED	29	N/A**	60	Table 6.4	Key Informant Interviews, Follow-up Team Reporting	Annually
Long-term Outcome	Contribution to improving healthcare system performance and the health of Canadians	7.1	Percent of CFHI supported improvement projects that improved the experience of care over targeted time, by program area Numerator: Number of CFHI improvement projects that report improvements to experience of care (either for patients, families or providers) as a result of the intervention Denominator: Number of improvement projects supported by CFHI	AUA, INSPIRED, EXTRA C11, PFEC	51% (n=46/90) of CFHI supported IPs improved experiece of care over targeted time	N/A**	26	Table 7.1	Final Reports, Surveys, Key Informant Interviews, Follow-up Surveys	Annually
		7.2	Percent of CFHI improvement projects that improved patient health outcomes over targeted time, by program area Numerator: Number of CFHI improvement projects that have demonstrated an improvement to patient health outcomes as a result of the intervention Denominator: Number of improvement projects supported by CFHI	AUA, EXTRA C11, INSPIRED, PFEC	26% (n=23/90) of CFHI supported IPs improved health outcomes over targeted time	N/A**	18	Table 7.2	Final Reports, Surveys, Key Informant Interviews, Follow-up Surveys	Annually
		7.3	Estimated return on investment (ROI) of CFHI supported improvement projects and programs over targeted time.	AUA, INSPIRED, NB-AUA	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	12% of improvement projects will be identified for return on investment analysis. 60% of those selected will demonstrate a positive return on investment.	Table 7.3	Internal and External Analysis	Annually

* While not available for the particular programs captured for this report, for new programs, CFHI will use final reports, follow-up key informant interviews and/ or 9-month follow-up team reporting to capture this information in the future.

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CFHI Performance Measurement Framework
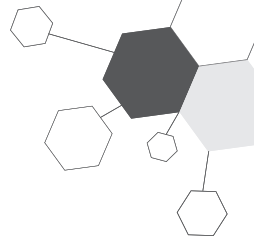Reference Tables (1.1 - 7.3)

Table 1.1: Number of new knowledge products developed by type

	2015	2016Q1
Number of new knowledge products developed	180	29
Type		
Training tools (e.g., improvement tools, training materials, desktop/resource hub, storyboards, and posters, etc.)	37	4
Print materials (e.g., impact stories, improvement conversations, provincial profiles, brochures, etc.)	23	7
Publications (e.g., peer reviewed and invited publications, external reports)	4	0
Videos and recordings (e.g., video and webinar/coaching calls/workshop recordings etc.)	97	18
Other	19	0

Table 1.2: Number of new knowledge exchange activities delivered by type

	2015	2016Q1
Number of new knowledge exchange activities delivered	147	39
Type		
Education and training (e.g., live webinars, coaching calls, workshops)	93	33
Conference presentations and outreach (e.g., conference booths/presence, presentations at external conferences, etc.)	41	5
Other	13	1

Table 2.1: Number of Improvement Projects supported by CFHI by program area, type, region, and language

	2015	2016Q1
Number of Improvement Projects supported by CFHI	90	49
Program Area		
ACE	0	18
AUA	15	0
Better Together (campaign)	0	0
BHLC (Triple Aim)	10	0
CPSI-Falls-Wave 1	5	5
EXTRA Cohort 11	11	0
EXTRA Cohort 12	0	10
INSPIRED	19	0
NB-AUA - Phase I †	0	16
Northern and Indigenous	8	0
PFEC	22	0
Type		
Cross-sector	28	2
Cross-organizational	28	2
Inter-professional	90	49
Region		
Alberta	7	0
British Columbia	11	1
Manitoba	4	2
New Brunswick	2	17
Newfoundland & Labrador	5	1
Nova Scotia	5	3
NWT	2	0
Ontario	35	19
Prince Edward Island	2	0
Quebec	11	7
Saskatchewan	4	0
Yukon	3	1
Nunavut	1	0
International	0	1
Language		
English	80	37
French	8	12
Bilingual	2	0

†One IP team dropped out of the NB-AUA Collaborative following the end of the first quarter of 2016.

Table 2.2: Number of Collaboratives supported by CFHI by program type, region, and language

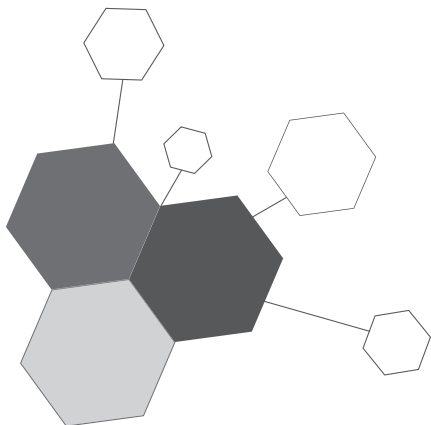|		2015	2016Q1
Number of Collaboratives supported by CFHI		8	5
Program Type			
	Capacity	5	2
	Spread	3	2
	Scale	0	1
Region			
	Alberta	5	0
	British Columbia	6	1
	Manitoba	4	2
	New Brunswick	2	2
	Newfoundland & Labrador	3	0
	Nova Scotia	5	2
	NWT	1	0
	Ontario	6	3
	Prince Edward Island	2	0
	Quebec	5	2
	Saskatchewan	4	0
	Yukon	3	1
	Nunavut	1	0
	International	0	1
Language			
	English only	4	1
	French only	0	0
	Bilingual	4	4

Table 3.1: Number of Healthcare Leaders Trained through CFHI programming by program area, type of healthcare leaders, region, language, and sex

	2015	2016Q1
Number of healthcare leaders trained through CFHI programming	2762	551
Number of healthcare leaders trained, excluding OnCall participants	607	311
Number of healthcare leaders trained, excluding OnCall participants and participants in more than one CFHI program simultaneously over 2015-2016Q1	857	
Number of healthcare leaders participating in more than one CFHI program simultaneously	12	2
Program Area		
ACE	0	137
AUA	138†	0
Better Together (campaign)	0	0
BHLC (Triple Aim)	29	0
CPSI-Falls-Wave 1	47	47
EXTRA Cohort 11	40	0
EXTRA Cohort 12	0	36
INSPIRED	181†	0
NB-AUA - Phase I	0	91
Northern and Indigenous	12	0
On Call‡	2155	240
PFEC	160†	0
Type of healthcare leader*		
Administrator	301	124
Allied Healthcare Professional	67	20
Consultant	30	5
Nurse	65	66
Patient or Family Member	33	27
Physician	58	43
Policy Advisor/Analyst	8	2
Researcher	11	2
Quality Improvement Lead	23	12
Other	11	10
Region*		
Alberta	61	0
British Columbia	46	1
Manitoba	27	9
New Brunswick	15	97
Newfoundland & Labrador	54	12
Nova Scotia	38	22
NWT	3	0
Ontario	238	128
Prince Edward Island	11	0
Quebec	77	30
Saskatchewan	-	0
Yukon	-	6

Table 3.1 continued		2015	2016Q1
	Nunavut	2	0
	International	-	6
Language*			
	English	547	253
	French	-	58
	Bilingual	-	0
Sex*			
	Male	-	62
	Female	462	249

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

†*There are some discrepancies between the number of healthcare leaders reported herein and those in CFHI's Annual Report 2015-16. The information presented herein is based on a review of members listed in the Expressions of Commitment (EoC) or submitted applications. The EoC was used in order to have a consistent data source across all programs. In the Annual Report 2015-16, the number of team members reflects those reported during final reporting, which in some cases varies from those at the start of the project.*

‡ *Does not include participants in the NB-AUA Information Call and the ACCESS Informational Call. These participants are captured under their respective program areas.*

Table 3.2: Perceived change in knowledge by program area, type of healthcare leaders, region, and language

		2015	2016Q1
Perceived change in knowledge		88%	92%
		n=149/169	n=67/73
Program area			
	AUA	77%	-
	INSPIRED	83%	-
	Northern and Indigenous	97%	-
	On Call	83%	92%
	PFEC	94%	-
Type of healthcare leader			
	Administrator	87%	-
	Allied Healthcare Professional	80%	-
	Consultant	100%	-
	Nurse	100%	-
	Patient or Family Member	100%	-
	Physician	62%	-
	Researcher	75%	-
	Quality Improvement Lead	100%	-
	Other	67%	-
Region			
	Alberta	79%	-
	British Columbia	94%	-
	Manitoba	100%	-
	New Brunswick	100%	-
	Newfoundland & Labrador	84%	-
	Nova Scotia	73%	-

	100%	-
NWT	100%	-

Table 3.2 continued	2015	2016Q1
Ontario	-	-
Prince Edward Island	-	-
Quebec	93%	-
Saskatchewan	-	-
Yukon	-	-
Nunavut	100%	-
International	100%	-
Language		
English	-	-
French	83%	-

Table 3.3: Perceived change in skill by program area, type of healthcare leaders, region, and language

	2015	2016Q1
Perceived change in skill	93%	-
	n=79/85	-
Program area		
AUA	92%	-
INSPIRED	95%	-
Type of healthcare leader		
Administrator	88%	-
Allied Healthcare Professional	100%	-
Nurse	100%	-
Physician	82%	-
Researcher	100%	-
Other	100%	-
Region		
Alberta	100%	-
British Columbia	100%	-
New Brunswick	100%	-
Newfoundland & Labrador	94%	-
Nova Scotia	78%	-
Ontario	91%	-
Prince Edward Island	100%	-
Quebec	100%	-
Saskatchewan	83%	-
Yukon	100%	-
Language		
English	92%	-
French	100%	-

Table 4.1: Number of patients, family members, and communities trained in quality improvement as core team members by program area, region, language, and sex

	2015	2016Q1
Number of patients, family members, and communities trained in quality improvement as core team members	33	27
Program Area		
ACE	-	13
AUA	2	-
CPSI-Falls-Wave 1	6	6
EXTRA Cohort 11	0	-
INSPIRED	0	-
NB-AUA - Phase I	-	8
PFEC	25	-
Region		
Alberta	3	0
British Columbia	5	0
New Brunswick	0	8
Nova Scotia	2	1
Ontario	17	16
Quebec	4	1
Saskatchewan	1	0
Yukon	1	1
Language		
English	32	24
French	1	3
Sex		
Male	11	8
Female	22	19

Table 4.2: Percent of Improvement Projects which engage patients, family members and communities as core team members

	2015	2016Q1
Percent of Improvement Projects which engage patients, family members and communities as core team members (of the total number of IPs supported by CFHI in each time period)	31%	73%
	n=28/90	n=36/49
Program Area		
ACE	-	15
AUA	1	-
CPSI-Falls-Wave 1	5	5
EXTRA Cohort 11	0	-
INSPIRED	0	-
NB-AUA - Phase I	-	16
PFEC	22	-

Table 4.3: Percent of Improvement Project teams (of those who use this measure) averaging a score above 4.0 on Patient Engagement Team Experience and Team Effectiveness Survey by region, and language

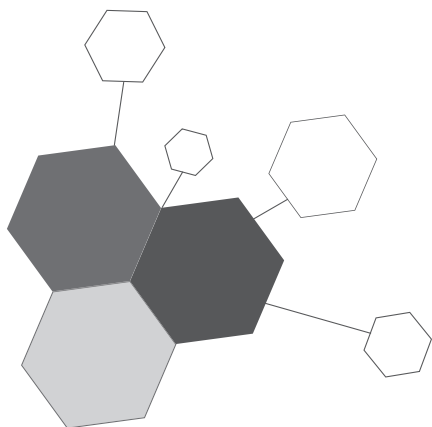|	2015	2016Q1
Percent of Improvement Project teams (of those who use this measure) averaging a score above 4.0 on Patient Engagement Team Experience and Team Effectiveness Survey	82%	-
	n=18/22	-
Region		
Alberta	50%	-
British Columbia	67%	-
Ontario	90%	-
Quebec	75%	-
Saskatchewan	100%	-
Yukon	100%	-
Language		
English	84%	-
French	67%	-

Table 5.1: Percent of CFHI supported Improvement Projects that have led to changes in their organization's culture

	2015	2016Q1
Percent of CFHI supported Improvement Projects that have led to changes in their organization's culture	68%	–
	n=61/90	–
Program Area		
AUA	15	–
EXTRA Cohort 11	9	–
INSPIRED	17	–
PFEC	20	–

Table 5.2: Percent of CFHI supported Improvement Projects that have led to changes in their organization or region's policies (e.g. changes in resource allocation)

	2015	2016Q1
Percent of CFHI supported Improvement Projects that have led to changes in their organization's or region's policies	29%	–
	n=26/90	–
Program Area		
AUA	1	–
EXTRA Cohort 11	4	–
INSPIRED	13	–
PFEC	8	–
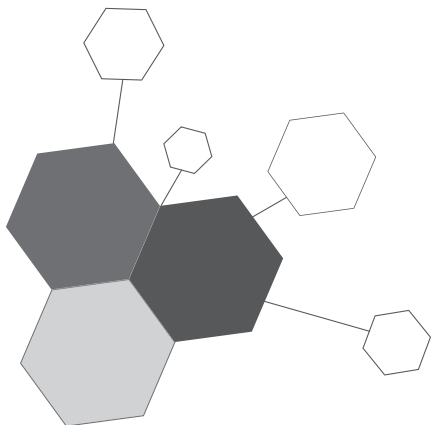
Table 6.1: Percent and Number of CFHI supported teams which have spread their improvement projects

	2015	2016Q1
Percent of CFHI supported teams which have spread their improvement projects	39%	-
	n=35/90	-
Program Area		
AUA	12	-
EXTRA Cohort 11	2	-
INSPIRED	4	-
PFEC	17	-

Table 6.2: Number of new recipient sites where best practices are spread (e.g. units, facilities, organizations)

	2015	2016Q1
Number of new recipient sites where best practices are spread	101	-
Program Area		
AUA	78	-
INSPIRED	15	-
PFEC	8	-

Table 6.3: Number of patients reached through CFHI programming (i.e, directly engaged, potential reach) by program area and sex

	2015	2016Q1
Number of patients reached through CFHI programming	2352	885
Program Area		
AUA	1932	-
INSPIRED	420	885
Sex*		
Male	210	-
Female	333	-

* Sex data available only for 543 patients who participated in the AUA program.

Table 6.4: Number of CFHI supported Improvement Projects which have been sustained for at least 6 months post-program

	2015	2016Q1
Number of CFHI supported Improvement Projects which have been sustained for at least 6 months post-program	29	-
Program Area		
AUA	15	-
INSPIRED	14	-

Table 7.1: Percent and number of Improvement Projects that improved experience of care over targeted time by program area

	2015	2016Q1
Percent of Improvement Projects that improved experience of care over targeted time	51%	-
	n=46/90	-
Program area		
AUA	15	-
EXTRA Cohort 11	1	-
INSPIRED	18	-
PFEC	12	-

Table 7.2: Percent and number of Improvement Projects that improved patient health outcomes over targeted time, by program area

	2015	2016Q1
Percent of Improvement Projects that improved patient health outcomes over targeted time	26%	-
	n=23/90	-
Program area		
AUA	15	-
EXTRA Cohort 11	3	-
INSPIRED	2	-
PFEC	3	-

Table 7.3: Estimated return on investment (ROI) of CFHI Improvement Project over targeted time by program area

	2015	2016Q1
Program area		
AUA		For every $1 invested in the AUA program, $4.24 (Real, 2015$) in healthcare costs could be prevented
INSPIRED		For every $1 invested in the INSPIRED program, $21 (Real, 2015$) in healthcare costs could be prevented
NB-AUA - Phase I		For every $1 invested in the NB-AUA program, $2.17 (Real, 2015$) in healthcare costs could be prevented
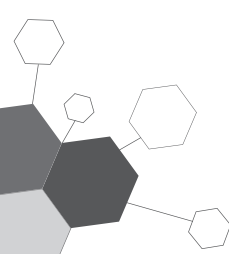
CFHI Performance Measurement Framework - Excluded Measures

Output or Outcome	Indicator	#	Measure	Reason
Immediate Outcomes	Healthcare leaders are a) knowledgeable and b) skilled in carrying out health care improvements	3.2	Perceived change in knowledge by sex	Sex data not collected on knowledge survey for period January 1, 2015 to December 31, 2015. CFHI will be able to report on perceived change in knowledge by sex for the next reporting fiscal year, April 1, 2016 to March 31, 2017.
		3.3	Perceived change in skill by: sex	Sex data not collected on skills survey for period January 1, 2015 to December 31, 2015. CFHI will be able to report on perceived change in skill by sex for the next reporting fiscal year, April 1, 2016 to March 31, 2017.
		3.4	Perceived usefulness (relevant, intent to use) by: program area, type of health care leader, region (geographic location), language (EN/FR), and sex.	No consistent data on usefulness across programs for period January 1, 2015 to March 31, 2016.
	Patients, families and communities are engaged in healthcare improvement and co-design	4.2	Percent of improvement project teams which engage patients, family members and communities in quality improvement as stakeholders.	No consistent data across programs for January 1, 2015 to Decemeber 31, 2015. CFHI will be able to report on this measure for the next reporting fiscal year, April 1, 2016 to March 31, 2017.
		4.3	Percent of improvement project teams (of those who use this measure) averaging a score above 4.0 on Patient Engagement Team Experience and Team Effectiveness (TET) Survey by team composition (e.g. patients and families, staff and other stakeholders).	Not a feasible measure to reflect by team member role.
Intermediate Outcome	Best practices are a) sustained and b) spread within and across organizations, regions and provinces/ territories	6.1	Percent of CFHI supported teams which have spread their improvement projects by: purpose (quality domain), recipients of spread (e.g. units, organizations, regions, provinces), and if applicable, rate and speed of spread.	Not a feasible measure to reflect by the listed sub-measures.
		6.2	Number of new recipient sites where best practices are spread (units, facilities, organizations) by: purpose (quality domain), recipients of spread (e.g. units, organizations, regions, provinces), and if applicable, rate and speed of spread.	Not a feasible measure to reflect by the listed sub-measures.
		6.3	Number of patients reached by CFHI programming (e.g. directly engaged, potential reach) by type of patient, region (geographic location), language (EN/FR).	Patient data on listed sub-measures not available/collected for January 31, 2015 to December 31, 2015. CFHI will be able to report on this indicator for at least one of its programs for the next reporting fiscal year, April 1, 2016 to March 31, 2017.

Intermediate Outcome	Best practices are a) sustained and b) spread within and across organizations, regions and provinces/territories	6.5	Perceived sustainability and spread of CFHI supported improvement projects by: type of stakeholder (e.g. CFHI participants, executive committee members, executive sponsors, organizational leads, implementers, spread site participants, improvement team leads); region (geographic location) and language (EN/FR).	Qualitative data on perceptions of sustainabilty and spread of CFHI supported improvement projects has been collected during final reporting and key informant interviews following program's end.
	Best practices are a) sustained and b) spread within and across organizations, regions and provinces/territories	6.6	Perceived scalability of CFHI supported improvement projects by: type of stakeholder (e.g. CFHI participants, executive committee members, executive sponsors, organizational leads, implementers, spread site participants, improvement team leads), region (geographic location), and language (EN/FR).	Qualitative data on perceptions of scalability of CFHI supported improvement projects not collected for period of January 1, 2015 to December 31, 2015.
Long-term Outcome	Contribution to improving healthcare system performance and the health of Canadians	7.4	Percent of CFHI programming that impacts health determinants and overall population health.	Indicator too broad to measure as stated. Instead, CFHI proposes to continue collecting data on indicator 7.2 (Percent of CFHI improvement projects that improved patient outcomes over targeted time, by program area).