

CFHI Patient and Family Engagement Collaborative Evaluation & Performance Measurement Framework: DRAFT/FOR DISCUSSION

Evaluation Objectives:

1. **Outcome Evaluation:** Understanding how partnering with patients and families benefits quality improvement across the healthcare continuum.
 - Improvements to patient and family engagement processes
 - Quality improvements (via multiple dimensions of quality with specific focus on patient experience, coordination of care, safety, efficiency and effectiveness)
 - Organizational impacts (changes in culture and practice)
 - Context and Lessons Learned
2. **Program Evaluation:** Learning from the design and delivery of the PFE QI Collaborative (cqi & program evaluation) – and recommendations for future programming

Outcome Evaluation Questions:

1. What improvements to patient and family engagement processes have occurred as a result of the PFE collaborative?

Framework: IAP2 Public Participation Spectrum (Inform, Consult, Involve, Collaborate, Empower)

2. What improvements to quality and health outcomes have occurred as a result of the PFE Collaborative?

Framework: CFHI's Priority Quality Domains

- Patient and family experience of care
 - Co-ordination of care
 - Safety
 - Effectiveness
 - Efficiencies
3. What improvements in organizational culture and practices have occurred as a result of the PFE Collaborative?

Frameworks: Culture Change Toolbox (BCPSQC); Inter-collaborative Practice Models

4. What can we learn about the context and conditions for implementing, spreading and sustaining improvement?
 - Enablers and barriers to success
 - Policies and financial conditions required to implement and sustain the improvement
 - Levers for spread and sustainability

Frameworks: CFHI Improvement Readiness & Levers; Cost-benefit Analysis

Patient and Family Engagement Performance Measurement Framework

Evaluation Question	Framework	Examples of Indicators/Measures	Data Sources
1. What improvements to patient and family engagement processes have occurred as a result of the PFE collaborative?	IAP2s Public Participation Spectrum: Inform; Consult; Involve; Collaborate; Empower	% of teams who did not have patient engagement processes or patients on advisory committees prior to the PFE Collaborative (pre-post) % of teams who have recruitment and support for patient and family advisors (pre-post) % of teams who involved patients and families in participatory decision making (pre-post) - and outcomes of those decisions	<p>Mixed Methods</p> <p>(For Example):</p> <p>Run Charting</p> <p>Surveys</p> <p>Stakeholder Interviews</p> <p>Narrative Analysis</p> <p>Focus Groups</p> <p>Assessment Tools (inter-professional team collaboration scale)</p> <p>Document analysis</p> <p>Process Mapping</p>
2. What improvements to quality and health outcomes have occurred as a result of the PFE Collaborative?	CFHI's PFE - Priority Quality Domains: Patient Centered Care; Co-ordination of care; Safety; Effectiveness; Efficiencies	Patient and family experience of care pre-and-post implementation (Identify feasibility of a common HCAHPs measure) QI Team specific quality measures: For Example <ul style="list-style-type: none"> ▪ # of missed appointments pre and post implementation ▪ Time study of how long patients wait for transport services ▪ % reduction in adverse reporting events ▪ % reduction or containment in cost of care 	
3. What improvements in organizational practices and culture have occurred as a result of the PFE Collaborative?	Culture Change Toolbox (BCPSQC) Inter-collaborative Practice Models:	% of teams using measurement and real time data to guide and sustain quality improvement (pre-post) % increase in team members knowledge and confidence in using data to measure and sustain quality improvement (pre-post) % increases in organizations attitude, processes and approaches towards: <ul style="list-style-type: none"> ▪ Patients and families as partners (co-designing care processes and programs) ▪ Staff satisfaction and retention ▪ Teamwork and communication ▪ Coordination of care ▪ Safety climate ▪ Working conditions ▪ Learning and improvement ▪ Organizational transparency 	
4. What can we learn about the context and conditions for implementing, spreading and sustaining improvement?	CFHI Improvement Readiness & Levers NHS Sustainability Guide CFHI Spread Plan Cost-benefit Analysis	% of teams with and types of leadership engagement and endorsement % of teams with and types of policies/incentives that support the quality improvement Targeted vs. actual cost of improvement design and implementation Net benefit (monetary value of the improvement benefit subtracted from development and implementation costs) Cost savings of each benefit Total cost savings (all benefits)	