PERFORMANCE MEASUREMENT FRAMEWORK REPORT

Results: April 1, 2019 - March 31, 2020
Targets: April 1, 2020 - March 31, 2021

Canadian Foundation for Healthcare Improvement
Fondation canadienne pour l'amélioration des services de santé

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INTRODUCTION

Canadian Foundation for Healthcare Improvement's (CFHI) Performance Measurement Framework (PMF) defines a set of twenty indicators linked to CFHI's 2019-21 strategy and CFHI's corporate logic model (see Appendix A). CFHI reports annually on its progress in delivering the outputs and outcomes defined in its logic model and in meeting the accountability targets set for the year. The PMF Report also contains programming targets that set out expected performance for the next fiscal year period.

The 2019-20 PMF provides annual results and targets on 20 cross-program indicators in the categories of *outputs*, *immediate outcomes*, *intermediate outcomes* and *longer-term outcomes*, and will remain valid for the lifecycle of CFHI's current corporate strategy i.e. until March 31,2021.

Of the 20 indicators:

- Eighteen (18) are target indicators: Targets are set for indicators where improvements can be measured annually and desired direction of change is known; and,
- Two (2) are tracker (non-directional) indicators: Performance is tracked but no targets are set for:
  - #1.1 – Number of new knowledge products developed by CFHI
  - #2.1 – Number of knowledge exchange activities delivered.

Of the 18 target indicators, the 2019-20 results for 15 indicators surpassed the upper target range, 2 results fell within the target range, and 1 (Indicator #5.2: skills acquisition) missed its lower target range by 3% (see Table 1). More detailed data results can be found in the CFHI Performance Measurement Matrix: Aggregate Results Table and the associated indicator tables.

Table 1: Summary of 2019-20 PMF Results

Result rating	Indicator affected	Total number of indicators
Targets exceeded ✓	All output, immediate, intermediate and longer- term indicators, except #5.1, #6.1 and #5.2.	15
Targets met ✓	#5.1 Knowledge acquisition #6.1 Engagement of patients as core team members	2
Not met ✗	#5.2 Skills acquisition	1

The COVID-19 pandemic has had an impact on our project teams' ability to report data for the 2019-20 PMF. In order to allow frontline workers and leadership to address the COVID-19 pandemic, we provided time extensions to our project teams for this reporting. Overall, some 238 project teams were affected in providing data for the 2019-20 PMF, affecting the following three categories of indicators:[1]

- ***Output 4.3 Patient Reach***: Collectively, 39/117 (33%) teams provided patient reach data during the 2019-20 reporting year. Thus, data from 78 project teams across 6 collaboratives and programs in implementation during fiscal 2019-20 were not received but were originally expected to be reported in the 2019-20 PMF. These teams faced varied challenges as a result of the COVID-19 pandemic, such as reallocation of resources to frontline COVID-19 response and repurposing of implementation sites as COVID-19 response sites, often reducing teams' capacity to continue with the implementation and

[1] Additional information can be found in a by-program compendium on the impact of COVID-19 on 2019-20 PMF provided to Health Canada under a separate cover. This information is available upon request.

measurement activities of their original quality improvement project as intended.

- ***Longer-term Outcome 12.1 Sustainability***: A total of 51 teams reported sustainability data in 2019-20. Data were expected from an additional 33 teams that participated in two CFHI's past programs: EXTRA Cohort 13 and OPUS-AP Phase 1. Teams in these programs have been mobilized in various ways to respond to COVID-19 pandemic, resulting in reduced staff time availability for collection of data on this indicator.
- ***All immediate, intermediate and longer-term outcomes[2] 5.1 – 12.3***: Up to 356 teams were expected to report on a range of immediate, intermediate and longer-term outcomes. Of these, 127 Quebec teams participating in OPUS-AP Phase 2 were expected to report on immediate, intermediate and longer-term outcomes in 2019-20 as a result of their quality improvement projects. Reduced capacity in the Quebec long-term care system as a result of COVID-19 impacted these project teams' ability to report on the suite of outcomes as originally expected.

The 2019-20 PMF reports on the outputs and outcomes of 22 CFHI collaboratives and programs, including an additional 21 external programming initiatives delivered as part of CFHI's 2019-20 Workplan and sets targets for the next fiscal year period, April 1, 2020 to March 31, 2021. At the time of setting the 2020-21 performance measurement targets, the current COVID-19 pandemic environment continued to pose various challenges and uncertainties for our programming and healthcare improvement teams. The ongoing COVID-19 pandemic is likely to continue to have consequences on CFHI's programming results and project teams' ability to collect and report data throughout 2020-21 in relation to CFHI's PMF indicators.

Table 2 lists the collaboratives, programs and other initiatives that contributed to the 2019-20 PMF.

[2] Except for Indicator 6.1.

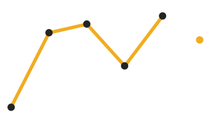
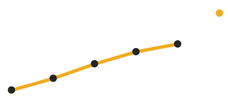
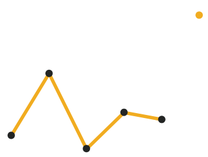
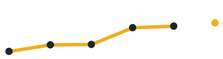
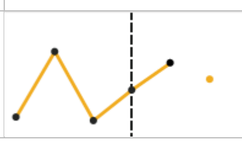
Table 2: Programs, collaboratives and other external programming initiatives included in 2019-20 (April 1, 2019 to March 31, 2020) PMF reporting

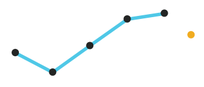
Programs (Total = 7)
EXTRA: Executive Training Program - Cohort 13, Cohort 14, Cohort 15 and Cohort 16
* Momentum Challenge I and Momentum Challenge II
Priority Health Innovation Challenge
Collaboratives (Total = 15)
Advancing Frailty Care in the Community (AFCC)
* Appropriate Prescribing Collaborative in Newfoundland and Labrador and Prince Edward Island and with the Seniors Quality Leap Initiative (NL-PEI-SQLI AUA)
Bridge-to-Home Spread Collaborative
Community-Based Dementia Care
Connected Medicine 2.0
Embedding Palliative Approaches to Care (EPAC)
INSPIRED Approaches to COPD Care (INSPIRED 2.0)
Mental Health and Addictions Collaborative
* Optimiser les pratiques, les usages, les soins et les services – antipsychotiques (OPUS-AP)/Quebec Appropriate Prescribing Collaborative (Phase 1, Phase 2 and Phase 3)
Paramedics and Palliative Care: Bringing Vital Services to Canadians
Promoting Life Together Collaborative
Other external programming initiatives (Total = 21)
ADVANCE Webinar Series
Appropriate Prescribing Practices
Better Together: Policy Development and Sustainability
* Canadian Northern and Remote Health Network (CNRHN) and Roundtable
Economic Impact Framework
Fellowship in Accelerating Health System Transformation (Harkness)
Learning Exchange of wise practices for engaging with more diverse patient populations
Modified Hospital One-year Mortality Risk (mHOMR)
Patient and Family Engagement Dissemination & Knowledge Translation
PEI Private Homes Appropriate Use of Antipsychotics (AUA)
Policy Circle
* Policy Exchanges: Home Care Summit and Primary Care Roundtable
Solutions for Kids in Pain (SKIP)
The "More" Initiative: Leveraging CFHI Knowledge Assets
Transforming Care at Scale
Seniors Quality Life Initiative (SQLI) Quality of Life Project
Value-based Healthcare in Canada
Value-based Integrated Care for COPD
Working Toward Reconciliation Within and Across CFHI and our Programming

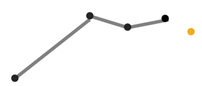
**Comprises multiple collaboratives/initiatives*

CFHI PERFORMANCE MEASUREMENT MATRIX: AGGREGATE RESULTS

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.

STRATEGIC OBJECTIVE	#	INDICATOR	BASELINE 2015-16 BASELINE 2017-18 FOR 6.2 AND 11.1	RESULT 2019-20 ✓= TARGET ACHIEVED	TREND 2015-16 TO 2019-20	TARGETS 2019-20	TARGETS 2020-21*	INDICATOR APPLIES TO:	RESULTS TABLE	DATA SOURCES
OUTPUTS: Knowledge products; knowledge exchange activities; collaboratives and programs; inter-professional teams; healthcare leaders and patients reached.										
1B, 2B	**1.1**	**Number of new knowledge products developed by CFHI (e.g., improvement tools and training materials), by:** - *type*	169	**269**		-	**-**	All CFHI collaboratives, programs and other initiatives.	Table 1.1	Communications and program documents
1B, 2B, 3B, 4A	**2.1**	**Number of knowledge exchange activities delivered (e.g., workshops and forums), by:** - *type* - *language*	196	**537**		-	**-**	All CFHI collaboratives, programs and other initiatives.	Table 2.1	Communications and program documents
1A, 2A, 4B, 4C	**3.1**	**a) Number of collaboratives and programs, by:** - *program phase reached at end of 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*	11	**22** ✓		21	**19**	All CFHI collaboratives and programs.	Table 3.1	CFHI workplan, program documents
		b) Number of collaboratives and programs in implementation during the fiscal year, by: - *region* - *language*	8	**15** ✓		14	**11**			
1A, 1B, 2A, 3A, 3B, 4A	**4.1**	**Number of improvement teams supported by CFHI, by:** - *program and collaborative* - *type* - *region* - *primary area of care*	134	**356** ✓		309 ± 31	**467 ± 46**	All CFHI collaboratives and programs.	Table 4.1	Expressions of Commitment and program documents (e.g., project charters)
1B, 3B, 4A	**4.2**	**a) Number of healthcare leaders who participated in all CFHI activities, by:** - *program and collaborative* - *primary role of healthcare leader* - *region* - *language* - *sex (and/or gender where available)*	2,429	**3,068** ✓		2692 ± 269	**6100 ± 610**	All CFHI collaboratives, programs and other initiatives.	Table 4.2	Expressions of Commitment and program documents (e.g., project charters)
		b) Number of healthcare leaders who participated in CFHI improvement teams	857	**2,819** ✓		2346 ± 235	**2660 ± 266**	All CFHI collaboratives and programs.		
2A	**4.3**	**Number of target patient and resident populations reached, by:** - *program and collaborative* - *region*	2,817	**23,920** ✓		10056 ± 1005	**13500 ± 1350**	All CFHI collaboratives and programs.	Table 4.3	Final reporting, team data submissions

STRATEGIC OBJECTIVE	#	INDICATOR	BASELINE 2015-16 BASELINE 2017-18 FOR 6.2 AND 11.1	RESULT 2019-20 ✓= TARGET ACHIEVED	TREND 2015-16 TO 2019-20	TARGETS 2019-20	TARGETS 2020-21*	INDICATOR APPLIES TO:	RESULTS TABLE	DATA SOURCES
IMMEDIATE OUTCOMES: Healthcare leaders are knowledgeable and skilled in carrying out healthcare improvements; patients, residents, family members, communities, and others with lived experience are engaged in healthcare improvement and co-design; and the cultures of participating organizations have improved through changes in healthcare practices and delivery models.										
3A, 4A	**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* - *language* - *sex (and/or gender where available)*	569 86% *(569/664)*	**314** **87%** ✓ *(314/359)*		90% ± 5%	**90% ± 5%**	All CFHI collaboratives, programs and other initiatives that completed implementation.	Table 5.1	Final surveys and post-event surveys
3A, 4A	**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* - *language* - *sex (and/or gender where available)*	79 93% *(79/85)*	**202** **82%** ✗ *(202/247)*		90% ± 5%	**90% ± 5%**	All CFHI collaboratives, programs and other initiatives that completed implementation.	Table 5.2	Final surveys and post-event surveys
2A, 2B, 4B	**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* - *region*	49 52% *(49/95)*	**208** **65%** ✓ *(208/319)*		60% ± 5%	**60% ± 5%**	All CFHI collaboratives, programs that aim to achieve the outcome.	Table 6.1	Team participation tracking, final reporting
2A, 2B, 4B	**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* - *region*	102 78% *(102/130)*	**109** **96%** ✓ *(109/114)*		75% ± 5%	**75% ± 5%**	All CFHI collaboratives and programs.	Table 6.2	Team participation tracking, final reporting
3A	**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*	61 72% *(61/85)*	**80** **100%** ✓ *(80/80)*		85% ± 5%	**85% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 7.1	Final reporting
INTERMEDIATE OUTCOMES: Improvements are made to patient, resident and family experience of care; the health of patients and residents reached; efficiency of care; and work life of healthcare providers.										
2A	**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*	46 69% *(46/67)*	**69** **100%** ✓ *(69/69)*		90% ± 5%	**90% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 8.1	Final reporting
2A	**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*	23 34% *(23/67)*	**62** **97%** ✓ *(62/64)*		75% ± 5%	**75% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 9.1	Final reporting
2A	**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*	47 70% *(47/67)*	**58** **94%** ✓ *(58/62)*		75% ± 5%	**75% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 10.1	Final reporting

STRATEGIC OBJECTIVE	#	INDICATOR	BASELINE 2015-16 BASELINE 2017-18 FOR 6.2 AND 11.1	RESULT 2019-20 ✓= TARGET ACHIEVED	TREND 2015-16 TO 2019-20	TARGETS		INDICATOR APPLIES TO:	RESULTS TABLE	DATA SOURCES
						2019-20	2020-21*			
2A	**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*	36 72% *(36/50)*	**69** **96%** ✓ *(69/72)*		85% ± 5%	**85% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 11.1	Final reporting
LONGER TERM OUTCOMES: Proven innovative policies and practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories.										
2A, 3A	**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*	29 43% *(29/67)*	**46** **90%** ✓ *(46/51)*		80% ± 5%	**80% ± 5%**	All CFHI collaboratives and programs that completed implementation at least 6 months prior to the end of the reporting fiscal year.	Table 12.1	6- to 18- month follow-up
2A, 3A	**12.2**	**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)*	**47** **64%** ✓ *(47/73)*		50% ± 5%	**50% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 12.2	Final reporting
2A, 3A	**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* - *system level*	26 31% *(26/85)*	**69** **91%** ✓ *(69/76)*		55% ± 5%	**55% ± 5%**	All CFHI collaboratives and programs that completed implementation and aimed to achieve the outcome.	Table 12.3	Final reporting

Dotted line = methodology changes.

✓ indicates CFHI met or exceeded the target range set for 2019-20. ✗ indicates CFHI did not meet the target range set for 2019-20. Orange dot = 2020-21 target

Target range = 10% for indicators 4.1, 4.2 and 4.3

Results prior to 2017-18 may not be directly comparable for indicators 6.1, 7.1, 8.1, 9.1, 10.1, 12.1, 12.2 & 12.3. Starting in 2017-18, results were calculated based on the respondent pool.

* At the time of setting the 2020-21 performance measurement targets, the current COVID-19 pandemic environment continued to pose various challenges and uncertainties for our programming and healthcare improvement teams. The ongoing COVID-19 pandemic is likely to continue to have consequences on CFHI's programming results and project teams' ability to collect and report data throughout 2020-21 in relation to CFHI's PMF indicators.

Strategic Objectives:

1A: Identify promising innovations that deliver better care closer to home and community. 1B: Broaden awareness of these innovations to catalyze further improvements.

2A: Lead partnerships to spread and scale proven innovations that deliver better care closer to home and community. 2B: Co-design, test and share tools for implementing healthcare improvements.

3A: Work with teams across Canada to enhance capacity and readiness to implement ongoing sustainable improvements. 3B: Connect leaders across health systems to share, learn and improve together.

4A: Catalyze improvements in health systems by supporting leaders to share policy insights, identify levers for change and drive implementation.

4B: Guided by the perspectives of First Nations, Inuit and Métis peoples, foster shared learning and enhanced relationships that enable cultural safety and humility in health systems. 4C: With other pan-Canadian organizations, advance shared federal, provincial and territorial health priorities.

INDICATOR RESULTS TABLES

The following tables expand on the information provided in Table 2. Each table matches the listed indicator number.

OUTPUTS

Table 1.1: 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), by:	**269**
Type	
Capacity-building tools and resources	**180**
Webinar Recordings	135
Videos	23
Improvement Training Resources (e.g., Change packages)	7
Desktops (for teams engaged in CFHI collaboratives and programs)	6
Other Tools/Training tools (for external audiences)	6
Resources Hubs (for broader audiences)	1
Online Platform	1
App	1
Summaries and Briefs	**56**
Fact Sheets/ Brochures/ Posters/ Handouts	29
Impact Stories/Improvement Conversations/Patient Stories	10
Other Data Briefs and Syntheses	8
Case Profiles	7
Provincial Profiles/ Regional Backgrounders	2
Reports, Papers and Scans	**16**
Background/Summary Reports	7
Research and Analysis Reports	4
Corporate Reports	4
Environmental Scan	1
White Papers	0
Journal Articles	**5**
Special Issues	3
Original article	2
Blogs	**4**
Website	**2**
Case Books	**1**
Other	**5**

Table 2.1: 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 of knowledge exchange activities delivered, by:	**537**
Type	
Education and Training	**467**
Coaching calls/Affinity calls/Open calls	335
On-site visits for coaching and support with implementation and progress	24
Webinars	85
In-person workshops	20
Courses and/or special education sessions	3
Conference Presentations and Outreach	**54**
Oral conference presentations	23
Event exhibits	15
Invited presentations	13
Poster presentations	3
Roundtables and Forums	**6**
Roundtables	3
Forums	3
Other	**10**
Language*	
English	279
Bilingual	196
French	62

*Language in which the knowledge exchange activities were delivered.

Table 3.1: Inter-professional teams, Collaboratives and Programs

CFHI quality improvement collaboratives and programs bring together interprofessional teams of dedicated healthcare professionals, patients and families from across Canada and internationally 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 collaboratives and programs, by:	**22**
Program phase reached at March 31 2020	
Development	4
Implementation (Ongoing)	7
Implementation (Completed)	1
Analysis, dissemination, KT	10
Shared federal, provincial and territorial health priority	
Innovation/transformation	19
Home and community care (including palliative care)	9
Access, affordability, and appropriate use of prescription drugs	8
Diverse federal, provincial, and territorial priorities	6
Mental health and addictions	4
Indigenous health	1
Collaboration with other pan-Canadian organizations	
Mental Health Commission of Canada	4
Canada Health Infoway	4
Canadian Institute for Health Information	4
Canadian Partnership Against Cancer	4
Canadian Patient Safety Institute	3
Canadian Agency for Drugs and Technologies in Health	3
Canadian Centre on Substance Use and Addiction	3
Other pan-Canadian organizations	7
None	13
Engagement of First Nations, Inuit and Métis Peoples' Perspectives in design, delivery and/or evaluation of the collaborative or program	
Yes (e.g. as advisors, guidance group members, and committee members)	4
No	18
3.1 b) Number of collaboratives and programs in implementation during the fiscal year, by:	**15**
Region[†]	
Ontario	10
Alberta	8
Quebec	8
British Columbia	7
Manitoba	7
Newfoundland and Labrador	7
New Brunswick	6
Prince Edward Island	5
Yukon	4

Saskatchewan	3
Nova Scotia	3
International	1
Northwest Territories	0
Nunavut	0
Language*	
English	7
French	1
Bilingual	7

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

* Language(s) in which the collaborative or program was delivered.

Table 4.1: Improvement Teams

Improvement teams are inter-professional teams participating in CFHI-supported programs, collaboratives and (when applicable) initiatives. 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.

4.1 Number of improvement teams* supported by CFHI by:	356
Program and collaborative	
OPUS-AP Phase 2	127
NL-PEI-SQLI AUA	54
Momentum Challenge II	45
Priority Health Innovation Challenge	21
Advancing Frailty Care in the Community (AFCC)	17
Bridge to Home	16
Momentum Challenge I	14
EXTRA: Cohort 15	11
Hospital One-year Mortality Risk (HOMR)	10
EXTRA: Cohort 14	10
Paramedics & Palliative Care	7
Embedding a Palliative Approach to Care (EPAC)	7
Promoting Life Together	6
INSPIRED 2.0	6
SQLI Quality of Life Project	5
Type	
Inter-professional	356
Cross-sectoral	215
Cross-organizational	190
Cross-Provincial/Territorial	1
Primary Area of Care	
Long-term care	229
Primary care	23
Palliative and end-of-life care	31
Community and/or home care	19
Mental health	16
Acute care	7
Indigenous health and care	7
Patient, family and/or community engagement in care (re)design	7
Access to specialist care	6
Care for high-risk, high-need, high-cost patients (e.g., multiple and/or complex chronic conditions)	4
Marginalized populations (e.g. LGBTQ+, homeless, immigrants and refugees)	3
Other	2
Children and youth	1
Population health / public health	1
Access to pharmaceuticals	0

Region	
Quebec	142
Newfoundland and Labrador	79
Ontario	45
Alberta	21
Prince Edward Island	19
British Columbia	13
New Brunswick	12
Manitoba	9
Nova Scotia	5
Saskatchewan	4
International	4
Yukon	4
Northwest Territories	0
Nunavut	0

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

Table 4.2: Healthcare Leaders

A healthcare leader is any person participating in a CFHI collaborative, program and/or other initiative. It includes individual team members of inter-professional teams participating in a CFHI collaborative or program, as well as participants in other external programming initiatives (e.g. event-based initiatives, such as roundtables, forums, virtual learning webinar series, standalone workshop series).

4.2. Number of healthcare leaders who participated in: **a) all CFHI activities** **b) CFHI improvement teams**	**a) 3,068** **b) 2,819**
Number of healthcare leaders who participated in more than one CFHI program offering simultaneously	**215**
Program, collaborative, and other initiatives[†]	
OPUS-AP Phase 2	955
NL-PEI-SQLI AUA	335
Embedding a Palliative Approach to Care (EPAC)	244
Bridge to Home	241
INSPIRED 2.0	240
Momentum Challenge II	165
Advancing Frailty Care in the Community (AFCC)	147
Priority Health Innovation Challenge	116
Paramedics & Palliative Care	106
Momentum Challenge I	81
Hospital One-year Mortality Risk (HOMR)	55
Promoting Life Together	54
EXTRA: Cohort 15	44
EXTRA: Cohort 14	38
Other external programming initiatives	560
Primary role of healthcare leader	
Administrator (includes Executives, Senior Leaders, Managers, Directors)	844
Nurse (Registered Nurse or Licensed Practical Nurse)	632
Physician	309
Patient/family member/community member/person with lived experience	232
Other	229
Personal Support Worker/ Care Aide	211
Not known/not disclosed	170
Allied Healthcare Provider	166
Pharmacist	121
Researcher	38
Consultant	35
Quality Improvement Lead	30
Recreation Therapist/Activities Coordinator	27
Policy Advisor/Analyst	17
Indigenous Leader	7

Region	
Quebec	1,065
Ontario	451
Newfoundland and Labrador	365
Alberta	207
Manitoba	170
New Brunswick	144
Prince Edward Island	132
Not known/Not disclosed	129
Yukon	103
Nova Scotia	98
British Columbia	77
Saskatchewan	69
International	54
Nunavut	2
Northwest Territories	2
Language*	
English	1,494
French	1,047
Bilingual (no preference)	13
Not known/Not disclosed	514
Gender	
Woman	425
Man	86
Not known/not disclosed	521
Sex**	
Female	1,337
Male	394
Not known/Not disclosed	305

† 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.
**In 2019-20, CFHI revised its collection of data from sex to gender. As such, both sex and gender are reported for 2019-20.

Table 4.3: Patients Reached

Patients reached include patients or residents enrolled, have accessed or in some way benefitted from the innovation being implemented by the QI team. The term "patients" applies to all persons receiving care.

4.3 Number of target patient and resident populations reached, * by:	23,920
Program and collaborative	
Momentum Challenge I	11,439
Bridge to Home	2,484
Priority Health Innovation Challenge	2,354
Embedding a Palliative Approach to Care (EPAC)	2,158
OPUS-AP Phase 2	2,094
EXTRA: Cohort 14	1,847
Paramedics & Palliative Care	1,034
Momentum Challenge II	307
Advancing Frailty Care in the Community (AFCC)	134
NL-PEI-SQLI AUA	69
Region	
Alberta	11,174
Quebec	4,063
Ontario	2,916
Nova Scotia	1,664
New Brunswick	1,188
Newfoundland & Labrador	1,030
Manitoba	902
Prince Edward Island	342
Saskatchewan	320
British Columbia	201
Yukon	120
Northwest Territories	-
Nunavut	-
International	-

* Result reflects the total patient and resident populations reached within the reporting fiscal year period by collaboratives and programs in implementation over the period.

IMMEDIATE OUTCOMES

Table 5.1: Knowledge Acquisition

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

	n	Total respondents	%
5.1 Number and percent of healthcare leaders who reported knowledge acquisition in QI as a result of participating in CFHI programming, by:	**314**	**359**	**87%**
Program, collaborative, and other initiatives			
Canadian Northern and Remote Health Network (CNRHN Roundtable	15	15	100%
PEI Private Homes AUA	32	32	100%
Transforming Care at Scale - Quadruple Aim	25	25	100%
Value-based Integrated Care for COPD	20	20	100%
Policy Exchange - Primary Care Roundtable	38	39	97%
Transforming Care at Scale - Enhancing QI Capacity	31	32	97%
Appropriate Prescribing Practices	17	18	94%
Transforming Care at Scale - Engaging People with Lived Experience	17	18	94%
Solutions for Kids in Pain (SKIP)	11	12	92%
NL-PEI-SQLI AUA	26	30	87%
EXTRA: Cohort 14	21	27	78%
Embedding a Palliative Approach to Care (EPAC)	32	41	78%
INSPIRED 2.0	21	29	72%
Promoting Life Together	8	21	38%
Language*			
English	273	310	88%
French	16	19	84%
Bilingual	1	1	100%
Not known/Not disclosed	24	29	83%
Gender			
Woman	102	122	84%
Man	16	20	80%
Not known/Not disclosed	108	116	93%
Sex**			
Female	61	70	87%
Male	25	27	93%
Not known/Not disclosed	2	4	50%

Notes:
n = number of responding leaders who reported knowledge gain.
* The healthcare leader's preferred language for day-to-day communication.
** In 2019-20, CFHI revised its collection of data from sex to gender. As such, both sex and gender are reported for 2019-20.

Table 5.2: Skills Acquisition

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

	n	Total respondents	%
5.2 Number and percent of healthcare leaders who reported skill acquisition in QI as a result of participating in CFHI programming, by:	**202**	**247**	**82%**
Program, collaborative, and other initiatives			
Transforming Care at Scale - Quadruple Aim	24	25	96%
Value-based Integrated Care for COPD	19	20	95%
Transforming Care at Scale - Enhancing QI Capacity	29	32	91%
EXTRA: Cohort 14	27	33	82%
NL-PEI-SQLI AUA	23	30	77%
Embedding a Palliative Approach to Care (EPAC)	32	41	78%
INSPIRED 2.0	22	29	76%
Promoting Life Together	15	21	71%
Transforming Care at Scale - Engaging People with Lived Experience	11	16	69%
Language*			
English	155	196	79%
French	21	22	95%
Bilingual	1	1	100%
Not known/Not disclosed	24	28	86%
Gender			
Woman	68	86	79%
Man	10	13	77%
Not known/Not disclosed	88	101	87%
Sex**			
Female	26	34	76%
Male	8	10	80%
Not known/Not disclosed	1	3	33%

Notes:
n = number of responding leaders who reported a gain in skills.
* The healthcare leader's preferred language for day-to-day communication.
** In 2019-20, CFHI revised its collection of data from sex to gender. As such, both sex and gender are reported for 2019-20.

Table 6.1: Engagement of Patients as Core Team Members

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		
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:	**n**	**$N_{Respondents}$**	**$\%_{Respondents}$**
	208	**319**	**65%**
Program and collaborative			
Bridge to Home	16	16	100%
INSPIRED 2.0	6	6	100%
Momentum Challenge I	14	14	100%
Paramedics & Palliative Care	7	7	100%
Priority Health Innovation Challenge	21	21	100%
Momentum Challenge II	40	45	89%
Promoting Life Together	5	6	83%
SQLI Quality of Life Project	3	5	60%
Embedding a Palliative Approach to Care (EPAC)	4	7	57%
OPUS-AP Phase 2	63	124	51%
NL-PEI-SQLI AUA	24	51	47%
Advancing Frailty Care in the Community (AFCC)	5	17	29%
Region			
Manitoba	9	9	100%
Nova Scotia	1	1	100%
Saskatchewan	4	4	100%
Yukon	2	2	100%
New Brunswick	11	12	92%
Alberta	17	21	81%
Prince Edward Island	12	17	71%
Newfoundland and Labrador	53	76	70%
Ontario	23	34	68%
British Columbia	5	9	56%
Quebec	69	130	53%
International	2	4	50%
Northwest Territories	-	-	-
Nunavut	-	-	-

Notes:
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, mid-point or end of implementation of the QI project.

Table 6.2: Engagement of Patients in Healthcare Improvement

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		
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:	**n**	**$N_{Respondents}$**	**$\%_{Respondents}$**
	109	**114**	**96%**
Program and collaborative			
Bridge to Home	16	16	100%
EXTRA: Cohort 14	10	10	100%
INSPIRED 2.0	6	6	100%
Paramedics & Palliative Care	7	7	100%
Promoting Life Together	6	6	100%
NL-PEI-SQLI AUA	48	51	94%
EXTRA: Cohort 15	10	11	91%
Embedding a Palliative Approach to Care (EPAC)	6	7	86%
Region			
Alberta	6	6	100%
British Columbia	6	6	100%
Manitoba	5	5	100%
New Brunswick	3	3	100%
Nova Scotia	5	5	100%
Prince Edward Island	12	12	100%
Saskatchewan	3	3	100%
Yukon	3	3	100%
Newfoundland and Labrador	39	41	95%
Ontario	15	16	94%
Quebec	11	12	92%
International	1	2	50%
Northwest Territories	-	-	-
Nunavut	-	-	-
Not known/Not disclosed	-	-	-

Notes:
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, mid-point or end of implementation of the QI project.

Table 7.1: Organizational Culture Change

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

	Results by responding group		
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:	**n**	**$N_{Respondents}$**	**$\%_{Respondents}$**
	80	**80**	**100%**
Program and collaborative			
Embedding a Palliative Approach to Care (EPAC)	7	7	100%
EXTRA: Cohort 14	10	10	100%
INSPIRED 2.0	6	6	100%
NL-PEI-SQLI AUA	51	51	100%
Promoting Life Together	6	6	100%

Notes:
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.

INTERMEDIATE OUTCOMES

Table 8.1: Patient, Resident and Family Experience

Intermediate outcomes: Improvements are made to patient, resident, and family experience of care.

	Results by responding group		
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:	**n**	**$N_{Respondents}$**	**$\%_{Respondents}$**
	69	**69**	**100%**
Program and collaborative			
Embedding a Palliative Approach to Care (EPAC)	7	7	100%
EXTRA: Cohort 14	9	9	100%
INSPIRED 2.0	6	6	100%
NL-PEI-SQLI AUA	47	47	100%

Notes:
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 9.1: Health of Patient and Residents

Intermediate outcomes: Improvements are made to health of patients and residents reached.

	Results by responding group		
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:	**n**	**$N_{Respondents}$**	**$\%_{Respondents}$**
	62	**64**	**97%**
Program and collaborative			
Embedding a Palliative Approach to Care (EPAC)[1]	7	7	100%
EXTRA: Cohort 14	6	6	100%
INSPIRED 2.0	6	6	100%
NL-PEI-SQLI AUA	43	45	96%

Notes:
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.
Nrespondents = total number of responding improvement teams providing data for this measure upon completion of the programs and collaboratives.

[1] In palliative care, the health improvement outcomes would be those specific to quality of life that are being targeted by the intervention. Example quality indicators include: adequate pain and symptom management, psychosocial care, good communication of information, clear decision making, avoiding prolonged dying, preparing for death, dying in the preferred place, avoidance of aggressive care, sense of control, creating a sense of completion, contributing to others, strengthening relationships, and affirming the whole person (Source: Dudgeon, D. (2017). The impact of measuring patient-reported outcome measures on quality of and access to palliative care. Journal of Palliative Medicine , 20, Number S1).

Table 10.1: Efficiency of Care

Intermediate outcomes: Improvements are made to efficiency of care.

10.1 Number and percent of improvement teams that reported making improvements in efficiency of care resulting fromtheir QI project, by:	Results by responding group		
	n	$N_{Respondents}$	$\%_{Respondents}$
	58	**62**	**94%**
Program and collaborative			
Embedding a Palliative Approach to Care (EPAC)	6	6	100%
INSPIRED 2.0	6	6	100%
NL-PEI-SQLI AUA	38	40	95%
EXTRA: Cohort 14	8	10	80%

Notes:
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 11.1: Work Life of Healthcare Providers

Intermediate outcomes: Improvements are made to the 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:	Results by responding group		
	n	$N_{Respondents}$	$\%_{Respondents}$
	69	**72**	**96%**
Program and collaborative			
Embedding a Palliative Approach to Care (EPAC)	7	7	100%
EXTRA: Cohort 14	10	10	100%
INSPIRED 2.0	5	5	100%
Promoting Life Together	5	5	100%
NL-PEI-SQLI AUA	42	45	93%

Notes:
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.

LONGER TERM OUTCOMES

Table 12.1: Sustainability

Longer Term Outcome: Proven innovative policies and practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories.

	Results by responding group		
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:	**n**	**$N_{Respondents}$**	**$\%_{Respondents}$**
	46	**51**	**90%**
Program and collaborative			
Connected Medicine 2.0	9	9	100%
INSPIRED 2.0	6	6	100%
NL-PEI-SQLI AUA	31	36	86%

Notes:
n = number of participating improvement teams that reported sustaining their QI project at least 6 months since the end of the 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 12.2: Spread

Longer Term Outcomes: Proven innovative policies and practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories.

	Results by responding group		
12.2 Number and percent of improvement teams that reported further spreading their QI project beyond the original implementation site, by:	**n**	**$N_{Respondents}$**	**$\%_{Respondents}$**
	47	**73**	**64%**
Program and collaborative			
INSPIRED 2.0	6	6	100%
EXTRA: Cohort 14	7	10	70%
NL-PEI-SQLI AUA	31	51	61%
Embedding a Palliative Approach to Care (EPAC)	3	6	50%

Notes:
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.

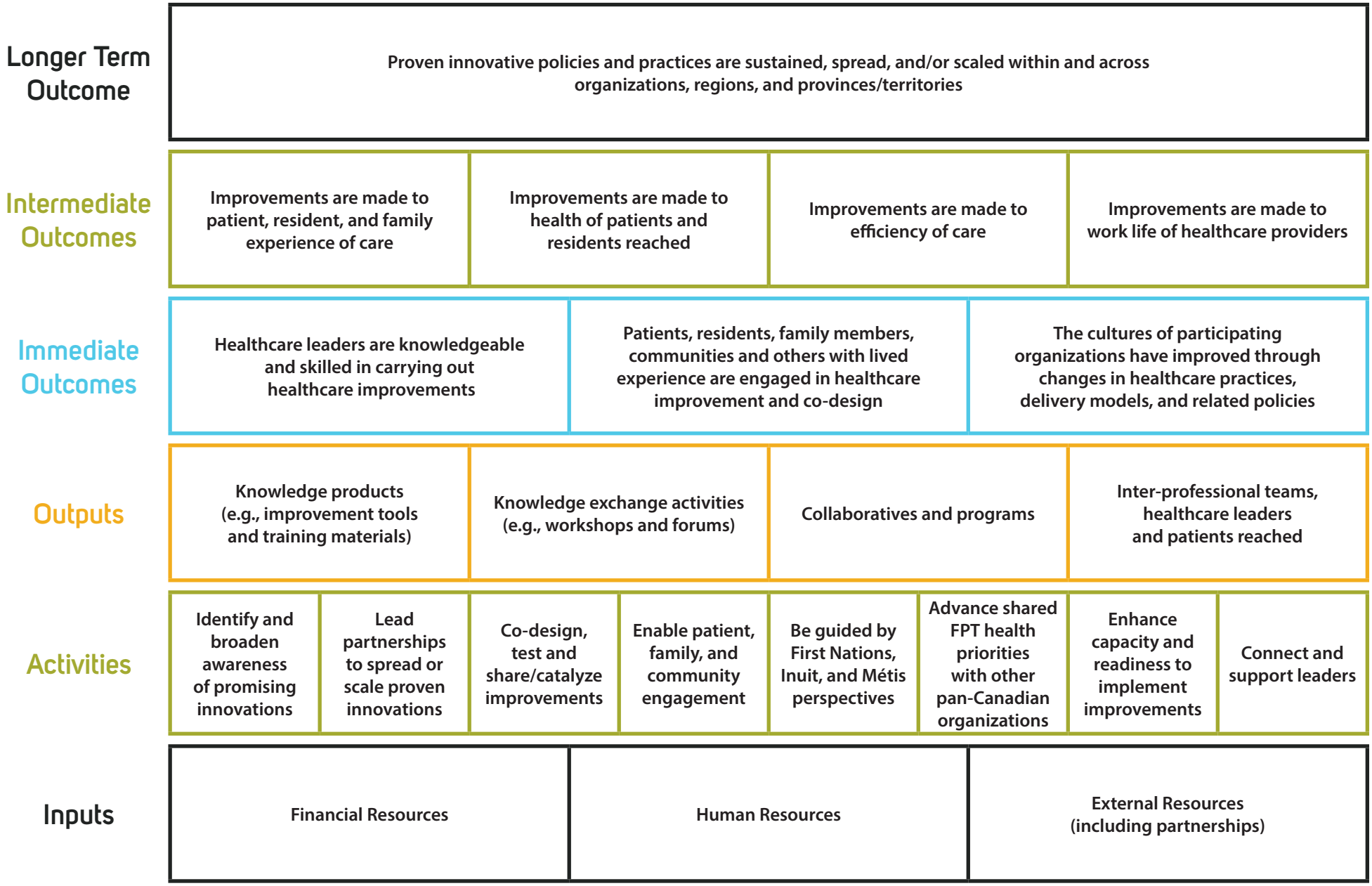
Table 12.3: Policies, Standards or Guidelines

Longer Term Outcomes: Proven innovative policies and practices are sustained, spread, and/or scaled within and across organizations, regions, and provinces/territories.

	Results by responding group		
12.3 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:	**n**	**$N_{Respondents}$**	**$\%_{Respondents}$**
	69	**76**	**91%**
Program and collaborative			
NL-PEI-SQLI AUA	47	48	98%
Embedding a Palliative Approach to Care (EPAC)	6	7	86%
INSPIRED 2.0	5	6	83%
EXTRA: Cohort 14	8	10	80%
Promoting Life Together	3	5	60%
System level			
Organizational	48	-	
Regional	31	-	
Provincial/Territorial	15	-	

Notes:
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.

APPENDIX A: CFHI PROGRAM LOGIC MODEL 2018-19 TO 2020-21



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