

**Healthcare Excellence Canada**

# **2020–21 Performance Measurement Framework (PMF) Report**

**Results: April 1, 2020 – March 31, 2021**



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## 1.0 INTRODUCTION

### 1.1 Background, Purpose and Structure

Healthcare Excellence Canada (HEC) was formed in October 2020, following the amalgamation of two pan-Canadian healthcare organizations – the former Canadian Foundation for Healthcare Improvement (CFHI) and the former Canadian Patient Safety Institute (CPSI). These legacy organizations each reported on the delivery of their outputs and outcomes, performance against accountability targets, and their progress toward strategic objectives on an annual basis. This 2020-21 Performance Measurement Framework Report serves that purpose for HEC.

This report brings together the performance indicators tracked by each legacy organization. Each indicator is presented in its legacy format to maintain its integrity and facilitate comparisons to past years. Section 1.0 provides a summary of the legacy organizations' performance results. Section 2.0 presents the Performance Measurement Matrix, which shows, where possible, aggregate performance for the organization. Section 3.0 then disaggregates some key indicators tracked by the two legacy organizations to provide a picture of collective performance during 2020-21. Finally, Annex A provides tables for all legacy indicators with all available breakdowns and Annex B contains the logic models of both legacy organizations for reference.

### 1.2 Challenges and Limitations

- 1.2.1 Reporting on performance as a single organization when HEC began the year as two separate organizations

The Performance Measurement Frameworks (PMFs) of both legacy organizations pre-date the amalgamation of HEC. Each legacy logic model and performance indicator suite were developed independently of the other. Through to the end of 2020-21, each organization also established its own targets and data elements and developed independent data collection and analysis processes. As such, most indicators across the two organizations cannot be merged to express combined performance. Despite this, similarities between the goals of each organization are evident. Where possible, this Report attempts to illuminate the combined performance of HEC during 2020-21 by grouping indicators measuring similar concepts to highlight those similarities.

- 1.2.2 Resources were diverted from legacy indicator development following amalgamation

Several indicators that the former CPSI identified in its PMF were not reported prior to 2020-21. Reporting of these indicators was slated to begin at the end of 2020-21, after the infrastructure and data collection processes required to facilitate reporting were established during the year. The resources intended to be dedicated to this work were redirected upon amalgamation to support integration-related measurement activities as well as the development of a new PMF for HEC. As such, data were not available to populate several of the former CPSI indicators in this Report. The Performance Measurement Matrix (Table 3) in Section 2.0 identifies the affected indicators.

- 1.2.3 The legacy organizations served similar purposes, but had different funding agreements, resource constraints and areas of focus

Despite a significant alignment in purpose and approach, each of HEC's legacy organizations accessed different levels of funding and prioritized different focus areas. This explains much of the difference in results when performance levels of the two organizations are compared. This Report is not an attempt to compare the performance of the former CFHI with that of the former CPSI. In fact, a key objective of this Report is to show how the two combined to affect change as an emerging single entity. Results should be interpreted accordingly.

### 1.2.4 Impact of the COVID-19 pandemic on performance

The COVID-19 pandemic caused a significant upheaval in the healthcare system during 2020-21. The shift by the healthcare system toward pandemic response compromised the ability of participating teams and leaders to focus on the improvement work the legacy organizations were supporting and also affected their ability to provide the data used to calculate many of the indicators included in this Report. The indicators in this report present the data the legacy organizations were able to collect despite the disruptions caused by the pandemic.

### 1.2.5 Program start and end dates do not cleanly align with the beginning and end of the fiscal year

This Report presents data that pertain to the 2020-21 fiscal year. Many programs conducted by the former CFHI and former CPSI run on calendars that do not directly align with the fiscal calendar and are therefore at different stages at year end. The data used to populate the indicators presented in the Report are collected at different stages of the program life cycle, therefore the programs included in the data differ from indicator to indicator.

## 1.3 Legacy Programs

Table 1 lists the 59 programs that were active during 2020-21 and therefore contributed to the indicators presented throughout this report. Each program contributed only to the indicators that were relevant to its work.

**Table 1 – 2020-21 HEC Programs**

Former CFHI	Former CPSI
<ul style="list-style-type: none"> <li>• Advancing Frailty Care in the Community (AFCC)</li> <li>• AI in Healthcare</li> <li>• AUA (legacy work)</li> <li>• Better Together 1.0 and 2.0</li> <li>• Bridge to Home</li> <li>• Canadian Northern and Remote Health Network (CNRHN)</li> <li>• Canadian Northern and Remote Health Network (CNRHN) Virtual Roundtable</li> <li>• Community Based Dementia</li> <li>• Community Dementia Care and Support Webinar Series</li> <li>• Connected Medicine 2.0</li> <li>• Embedding a Palliative Approach to Care (EPAC)</li> <li>• Essential Together</li> <li>• EXTRA: Executive Training Program – Cohort 15 and Cohort 16</li> <li>• Fellowship in Accelerating Health System Transformation (Harkness)</li> <li>• Hospital One-year Mortality Risk (HOMR)</li> <li>• Implementation Science Teams</li> <li>• Knowledge Translation</li> <li>• LTC+ Acting on Pandemic Learning Together</li> <li>• LTC+ Expanded</li> </ul>	<ul style="list-style-type: none"> <li>• Safety Improvement Projects:               <ul style="list-style-type: none"> <li>• Enhanced Recovery after Surgery</li> <li>• Medication Safety</li> <li>• Teamwork &amp; Communication</li> <li>• Measuring &amp; Monitoring of Safety</li> </ul> </li> <li>• KT/Research</li> <li>• Cultural Safety</li> <li>• Capability Building/Education-</li> <li>• Patient Safety Officer Program PSOC</li> <li>• ASPIRE</li> <li>• TeamSTEPPS</li> <li>• Effective Governance for Quality &amp; Safety</li> <li>• Conquer Silence</li> <li>• World Patient Safety Day Campaign</li> <li>• Canadian Patient Safety Week Campaign</li> <li>• Government Relations/Media</li> <li>• Policy Influence</li> <li>• System Transparency / Measurement</li> <li>• Global Patient Safety Alerts</li> <li>• Measurement and Monitoring for Safety Framework</li> <li>• Psychological Safety of Healthcare Workers</li> </ul>

Former CFHI	Former CPSI
<ul style="list-style-type: none"> <li>• Momentum Challenge I and II</li> <li>• Northern and Indigenous Health</li> <li>• OPUS-AP Phases 2 and 3</li> <li>• Paramedics &amp; Palliative Care</li> <li>• Patient Partnership in a Time of COVID-19 Webinar Series</li> <li>• Policy Circle</li> <li>• Policy Labs</li> <li>• Priority Health Innovation Challenge</li> <li>• Promoting Life Together</li> <li>• Call for Innovations that support a virtual approach to chronic pain prevention and management for children</li> <li>• SQLI Quality of Life Project</li> <li>• Virtual Learning Exchange in Northern and Remote Settings</li> </ul>	<ul style="list-style-type: none"> <li>• Medication Safety – Canadian Medication Incident Reporting and Prevention System, Medication Safety Coalition</li> <li>• Patients for Patient Safety Canada / Partnering with Patients</li> <li>• Standards</li> <li>• Health Standards Organization Canadian Quality &amp; Safety Framework</li> <li>• Institute for Safe Medication Practices Canada &amp; International Medication Safety Network</li> <li>• WHO Collaborating Centre</li> <li>• Global Patient Safety Network</li> </ul>

#### 1.4 Overview of Performance

Table 2 summarizes the year end status of all indicators for both legacy organizations in relation to 2020-21 targets.

**Table 2 – Summary of 2020–21 PMF Results**

Result rating	Former CFHI (# of indicators)	Former CPSI (# of indicators)	Total
Target met	18	13	31
Target not met	0	3	3
No target set	2	2	4
Data unavailable	0	10	10

- Collectively, the Performance Measurement Frameworks of HEC’s legacy organizations contain 48 indicators.
- A total of four (4) indicators had no targets in 2020-21. These include:
  - Former CFHI indicator 1.1: # of new knowledge products developed<sup>1</sup>
  - Former CFHI indicator 2.1: # of knowledge exchange activities delivered<sup>2</sup>
  - Former CPSI indicator 4.1.1: % of acute care hospitalizations with at least one unintended occurrence of harm<sup>3</sup>
  - Former CPSI indicator 4.1.2: % of provinces and territories publicly reporting measures of patient safety<sup>4</sup>

<sup>1</sup>These indicators were considered “Tracker Indicators”, where the desired direction of the indicator (increase or decrease) is unknown, hence no targets were set.

<sup>2</sup>These indicators were considered “Tracker Indicators”, where the desired direction of the indicator (increase or decrease) is unknown, hence no targets were set.

<sup>3</sup>When the former CPSI PMF was developed, these indicators were deemed long-term indicators and targets were established to coincide with the end of the business cycle (2023) rather than on an annual basis.

<sup>4</sup>When the former CPSI PMF was developed, these indicators were deemed long-term indicators and targets were established to coincide with the end of the business cycle (2023) rather than on an annual basis

- When the former CPSI PMF was developed, these indicators were deemed long-term indicators and targets were established to coincide with the end of the business cycle (2023) rather than on an annual basis.
- Data were unavailable for 10 indicators from the former CPSI. These specific indicators are identified in the HEC PMF Matrix in section 2.0. The data collection infrastructure required to support these indicators was initially slated for development in 2020-21, and those resources were diverted to support measurement activities stemming from amalgamation. See Section 1.2 – Challenges and Limitations – for more information.
- Overall, 31 of 34 (92%) indicators with applicable targets met or exceeded those targets in 2020-21. However, three (3) indicators fell short of target:
  - Former CPSI 1.1.2: Webinar participants
  - Former CPSI 2.1.1: Number of teams demonstrating improvement in practices
  - Former CPSI 2.1.2: Number of teams demonstrating improvement in outcomes
- This webinar participation was notably impacted by the COVID-19 pandemic, which caused significant upheaval in the healthcare system, shifted priorities, and forced the redeployment of resources, both internally within the former CPSI and within targeted organizations. HEC is confident that the decrease in webinar participation in 2020-21 is indicative of constraints posed by the pandemic rather than of a lasting trend. HEC will continue to monitor participation in all Knowledge Exchange Activities moving forward.
- Improvement Teams participating in the former CPSI Safety Improvement Projects also suffered the effects of the pandemic. As participating organizations redeployed resources to manage the pandemic, these improvement projects were de-prioritized and performance results were negatively impacted. All improvement projects supported by the former CPSI were completed in 2020-21, and many teams did show improvement. HEC will continue to monitor the impact of its programs moving forward.
- Overall, HEC is pleased with its performance during a year that featured considerable challenges related to the pandemic and significant reorganization resulting from its amalgamation.

## 2.0 HEC PERFORMANCE MEASUREMENT MATRIX

**Table 3 – HEC Performance Measurement Matrix**

Theme	Indicator		Baseline	Result 2020-21 ✓ = target met ✗ = target not met	Target 2020-21	Notes
Knowledge Products	CFHI 1.1	Number of new knowledge products developed by CFHI (e.g., improvement tools and training materials)	169 (2015-16)	211	-	This is a Tracker Indicator. No desired target was set because there is no clear directionality for this indicator.
	CPSI 1.3.1	Number of evidence-informed knowledge products developed.	94 (2018-19)	71	20-25	
Knowledge Exchange Activities	CFHI 2.1	Number of knowledge exchange activities delivered (e.g., workshops and forums)	196 (2015-16)	240	-	This is a Tracker Indicator. No desired target was set because there is no clear directionality for this indicator.
	CPSI 1.2.1	Number of behavioral change campaigns	2 (2018-19)	5 ✓	2-3	
	CPSI	Number of webinars	-	48	-	The former CPSI did not historically report the number of webinars, opting instead to report the number of individuals who participated in all webinars (former CPSI indicator 1.2.2). These data are presented here due to their relationship with the former CFHI indicator 2.1.
Programs	CFHI 3.1	a) Number of collaboratives and programs (at the end of reporting period)	11 (2015-16)	19 ✓	19	
		b) Number of collaboratives and programs in implementation during the fiscal year	8 (2015-16)	11 ✓	11	
	CPSI 1.1.2	a) Number of safety improvement projects launched (active, assessed, or complete)	4 (2017-18)	4 ✓	4	
		b) Number of safety improvement projects completed	0 (2018-19)	4 ✓	4	

Theme	Indicator	Baseline	Result 2020-21 ✓ = target met ✗ = target not met	Target 2020-21	Notes	
Teams, organizational, and jurisdictional participation	CFHI 4.1	Number of improvement teams supported by CFHI	134 (2015-16)	1170 ✓	467 ± 46	
	CPSI 1.1.1	a) Number of organizations represented in active Safety Improvement Projects	25 (2018-19)	25 ✓	15	
		b) Number of teams represented in active Safety Improvement Projects	30 (2018-19)	30 ✓	20	
		c) Number of jurisdictions represented in active Safety Improvement Projects	9 (2018-19)	8 ✓	8	
Intermediaries reached	CFHI 4.2	a) Number of healthcare leaders who participated in all CFHI activities	2429 (2015-16)	6468 ✓	6100 ± 610	
		b) Number of healthcare leaders who participated in CFHI improvement teams	857 (2015-16)	3154 ✓	2660 ± 266	
	CPSI 1.2.2	Number of webinar participants	5357 (2018-19)	4450 ✗	6000-8000	
	CPSI 1.4.1	Number of policies, standards and regulatory (P/S/R) bodies targeted by CPSI	51 (2018-19)	33 ✓	25	The methodology for this indicator underwent several revisions between 2018 and 2021. Fluctuating results are more attributable to the indicator calculation than to actual performance.
	CPSI 1.4.2	Number of P/S/R bodies to which CPSI has submitted recommendations	19 (2018-19)	28 ✓	25	
Beneficiaries reached	CFHI 4.3	Number of target patient and resident populations reached	2817 (2015-16)	15,443 ✓	13500 ± 1350	



Theme	Indicator	Baseline	Result 2020-21 ✓ = target met ✗ = target not met	Target 2020-21	Notes
Knowledge / Skill Acquisition	CFHI 5.1	Number and percent of healthcare leaders who reported knowledge acquisition in QI because of participating in CFHI programming 569   86% (2015-16)	553 87% ✓ (481/553)	90% ± 5%	
	CFHI 5.2	Number and percent of healthcare leaders who reported skill acquisition in QI because of participating in CFHI programming 79   93% (2015-16)	32 88% ✓ (28/32)	90% ± 5%	
	CPSI 2.2.1	Percentage of stakeholders demonstrating awareness of knowledge products			The former CPSI was not able to report on these indicators prior to amalgamation. Development of the required infrastructure and data collection processes was scheduled for 2020 21, but resources assigned to these efforts were re-directed to measurement related activities stemming from amalgamation.
	CPSI 2.2.3	Stakeholders indicating that they have gained knowledge from relevant knowledge products			
Beneficiaries Engaged	CFHI 6.1	Number and percent of improvement teams engaging patients, residents, family members, community members, and others with lived experience as core team members 49   52% (2015-16)	208 66% ✓ (208/314)	60% ± 5%	
	CFHI 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) 102   78% (2017-18)	50 98% ✓ (50/51)	75% ± 5%	

Theme	Indicator		Baseline	Result 2020-21 ✓ = target met ✗ = target not met	Target 2020-21	Notes
Improvement Outcomes	CFHI 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	61   72% (2015-16)	35 97% ✓ (35/36)	85% ± 5%	
	CFHI 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	46   69% (2015-16)	71 97% ✓ (71/73)	90% ± 5%	
	CFHI 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	23   34% (2015-16)	46 94% ✓ (46/49)	75% ± 5%	
	CFHI 10.1	Number and percent of improvement teams that reported making improvements in efficiency of care resulting from their QI project	47   70% (2015-16)	66 96% ✓ (66/69)	75% ± 5%	
	CFHI 11.1	Number and percent of improvement teams that reported making improvements in the work life of healthcare providers resulting from their QI project	36   72% (2017-18)	60 94% ✓ (60/64)	85% ± 5%	
	CPSI 2.1.1	Number of teams demonstrating improvement in practices	4   10% (2018-19)	16 53% ✗ (16/30)	70-80%	
	CPSI 2.1.2	Number of teams demonstrating improvement in outcomes	0   0% (2018-19)	12 40% ✗ (12/30)	60-80%	
Behavioural Change	CPSI 2.2.4	Number of stakeholders demonstrating increased prioritization of patient safety	-	-	-	The former CPSI was not able to report on these indicators prior to amalgamation. Development of the required infrastructure and data collection processes was scheduled for 2020 21, but resources assigned to these efforts were re-directed to measurement related activities stemming from amalgamation.
	CPSI 3.1.4	Percentage of stakeholders indicating their organization has changed behaviour because of accessing knowledge products	-	-	-	

Theme	Indicator		Baseline	Result 2020-21 ✓ = target met ✗ = target not met	Target 2020-21	Notes
Evidence Utilization	CPSI 2.2.2	Percentage of stakeholders indicating they have used relevant knowledge products				
	CPSI 2.3.1	Number of targeted PSR bodies using evidence endorsed by CPSI to inform their work				
Sustainability	CFHI 12.1	Number and percent of improvement teams that reported sustaining their QI project at least 6 months since the end of CFHI program and/or collaborative	29   43% (2015-16)	12 92% ✓ (12/13)	80% ± 5%	
	CPSI 3.1.1	Percentage of project teams sustaining improvements to outcomes	0% (2018-19)	92% ✓ (11/12)	70-80%	
Scale/Spread	CFHI 12.2	Number and percent of improvement teams that reported further spreading their QI project beyond the original implementation site	35   52% (2015-16)	40 87% ✓ (40/46)	50% ± 5%	
	CPSI 3.1.2	Percentage of project hosting organizations committed to scaling improvements	64% (2018-19)	68% ✓	40-50%	
	CPSI 3.1.3	Number of organizations committed to spreading improvements shown to be sustainable	7 (2018-19)	19 ✓	8-10	

Theme	Indicator		Baseline	Result 2020-21 ✓ = target met ✗ = target not met	Target 2020-21	Notes
Policy Adoption	CFHI 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	26   31% (2015-16)	67 78% ✓ (67/86)	55% ± 5%	
	CPSI 3.2.1	Percentage of targeted P/S/R bodies who have adopted policies, standards or regulations incorporating evidence-informed patient safety requirements	-	45%	20-25%	This indicator was first collected in 2020-21. Historical data and trending information are unavailable.
	CPSI 3.2.2	Rates of application of patient safety-based policies and standards	-	-	-	The former CPSI was not able to report on these indicators prior to amalgamation. Development of the required infrastructure and data collection processes was scheduled for 2020-21, but resources assigned to these efforts were re-directed to measurement related activities stemming from amalgamation.
Sustained system-wide improvements	CPSI 3.1.5	Number of avoided harmful events when localized outcomes of improvement projects are projected system-wide	-	-	-	
	CPSI 4.1.1	Percentage of acute care hospitalizations with at least one unintended occurrence of harm	5.4%(2017-18)	5.4%	5.0% (by 2023)	
	CPSI 4.1.2	Percentage of provinces and territories with key patient safety legislation	-	56%	100% (by 2023)	
	CPSI 4.1.3	Safety Culture Rating	-	-	-	The purpose of this indicator was to measure the existence of a safety culture measure by 2023, the end of the period to which CPSI's strategy applied. No such measure was developed as of the end of 2020-21.
	CPSI 4.1.4	Percentage of public aware of their role in preventing harm	-	-	-	The former CPSI was not able to report on this indicator prior to amalgamation. Development of the required infrastructure and data collection processes was scheduled for 2020-21, but resources assigned to these efforts were re-directed to measurement related activities stemming from amalgamation. In 2019-20, the former CPSI reported the percentage of Public self-reporting knowledge of patient safety as a health care issue as a proxy for indicator 4.1.4. That indicator was available for the 2019-20 fiscal year only, as data were not collected prior to or after 2019-20.

### Notes:

- <sup>(1)</sup>F or the former CFHI, 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 and 12.3. Starting in 2017-18, results were calculated based on the respondent pool.
- <sup>(2)</sup>F or the former CPSI, the target timeframe for indicators 4.1.1 and 4.1.2 was the end of the business cycle (2023). Annual targets were not set for these indicators.
- <sup>(3)</sup>F or the former CPSI, the performance measurement framework was revised in 2018 following the development of a new strategic plan. Indicators were revised at that time; therefore, data prior to 2018 is unavailable.

### 3.0 2020-21 IN REVIEW

The theories of change underlying the work of each of the legacy organizations have much in common. While the differences in measurement practices resulted in several constraints noted in section 1.2, the general approaches each organization took to achieving its aims were very similar. This section traces the activities of the legacy organizations along the logical flow of their common theory of change and uses similar measures to paint a collective picture of performance for 2020-21.

#### 3.1 Capability Building

Both legacy organizations sought to improve the capability of the healthcare system to produce higher quality results. Dissemination of Knowledge Products (KPs) and Knowledge Exchange Activities (KEAs) are two important capability building tactics HEC used to reach care providers, managers, executives, policy makers

and patient partners working in the healthcare system. Through these activities, HEC strove to equip these individuals – collectively referred to as “Healthcare Leaders” – with knowledge and skills to improve the safety and quality of health systems through their day to day roles.

A Knowledge Product (KP) is a tangible synthesis or body of information intended to generate, mobilize, distribute, or facilitate knowledge among targeted audiences. In 2020-21, HEC produced 281 KPs in the form of tools and resources; reports, papers, and scans; summaries and briefs; blog articles; and journal articles.

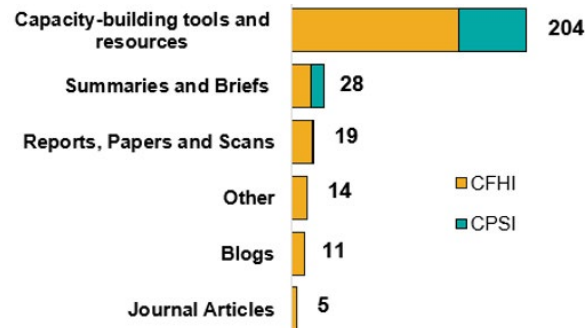


CHART 3.1A – KNOWLEDGE PRODUCTS PRODUCED BY HEC IN 2020-21

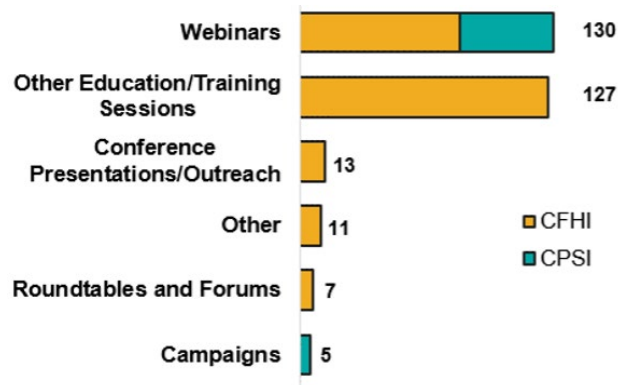


CHART 3.1B – KNOWLEDGE EXCHANGE ACTIVITIES DELIVERED BY HEC IN 2020-21

HEC also conducted 293 Knowledge Exchange Activities (KEAs), which directly engaged healthcare leaders to build partnerships, influence policies, and build capability in patient safety and quality improvement. KEAs included various activities such as webinars, workshops, courses, conferences, roundtables and forums, coaching calls, on-site visits, and virtual visits.

#### 3.2 Reach

Improvement collaboratives were another tactic used by several programs within both legacy organizations to reach healthcare leaders. The programs that used this approach established structured inter-professional teams of leaders in participating organizations and supported those teams to improve the quality and safety of the services provided in their setting. In 2020-21, HEC supported 1,200 improvement teams across 13 provinces and territories and internationally.

In 2020-21, HEC programs reached a total of 10,909 healthcare leaders in all 13 provinces and territories. Where it was possible to measure the impact of HEC programs among the individuals

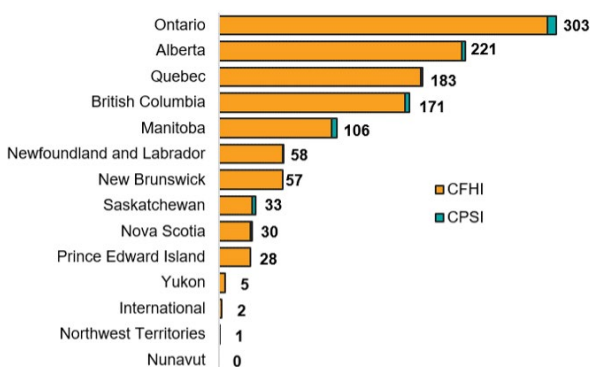


CHART 3.2A – IMPROVEMENT TEAMS SUPPORTED BY HEC IN 2020-21

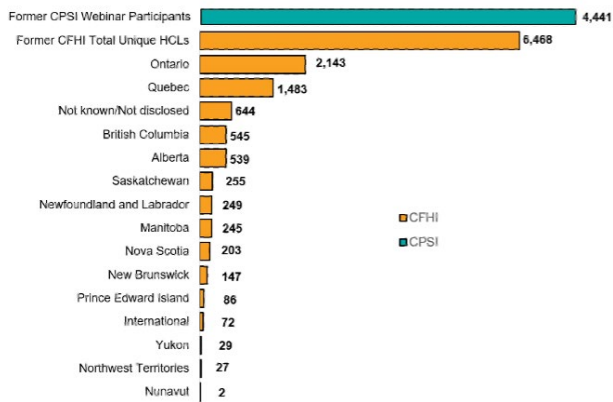


CHART 3.2B – HEALTHCARE LEADERS REACHED BY HEC IN 2020-21

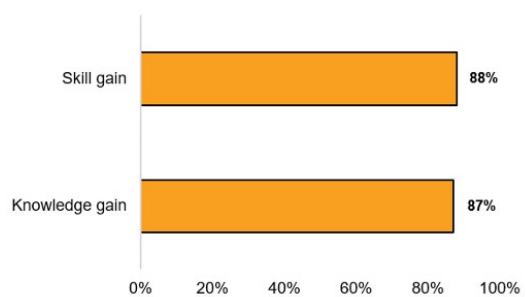


CHART 3.2C – KNOWLEDGE AND SKILL GAIN REPORTED BY HEALTHCARE LEADERS

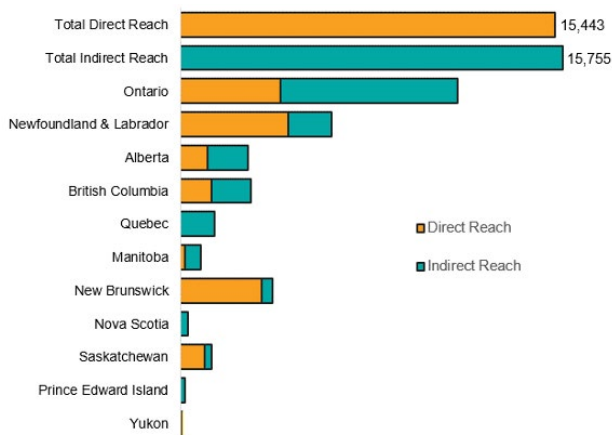


CHART 3.2D – PATIENTS REACHED BY HEC IN 2020-21

reached, 481 of 553 (87%) healthcare leaders reported an increase in their knowledge, and 28 of 32 (88%) reported an increase in their skill level, as a result of having participated in HEC programming.

Healthcare leaders are the intermediaries who we work with directly to affect change. According to the theories of change expressed in both legacy logic models, these individuals will take the knowledge and skills they gain working with HEC to improve the quality and safety of the healthcare system in their local settings. In this manner, HEC makes positive and sustainable change that will be experienced by the intended beneficiaries of those improved services - the patients, clients, and residents who ultimately experience care in those settings.

Most of HEC’s programming is targeted at intermediaries (healthcare leaders and patient partners) and not directly at intended beneficiaries (patients, residents, and clients). As such, tracking the number of intended beneficiaries reached by programs presents some challenges. However, the former CFHI structured its improvement collaboratives – those programs that used the improvement team approach – in a manner that allowed the organization to track “patient reach” for those programs.

The collaboratives that could track resident reach did so in different ways. Some collaboratives worked in a way that allowed participating teams to count the specific individual residents who experienced the services targeted for improvement. In 2020-21, those collaboratives reported directly reaching 15,443 residents across 7 provinces.

Other collaboratives, like LTC+, could not count specific patients directly reached, but could estimate the reach of the settings they support via proxy measures, like the combined bed counts of the facilities they support. In 2020-21, the LTC+ program estimated that they reached an additional 15,755 patients across provinces and territories using the proxy measure of bed counts.

### 3.3 Patient Safety and Quality Improvement

Engendering knowledge and skills in healthcare leaders and supporting improvement teams are fundamental tactics utilized by HEC to improve the quality and safety of services in the settings reached and ultimately spread and scale those improvements beyond the original setting. Both legacy organizations measured these outcomes for the teams they supported.

Some former CFHI programs that were expected to report on these outcomes in 2020-21 are still actively implementing improvements and have not concluded their projects. From a measurement standpoint, this means that many participating teams had not reached the point of their project where outcomes could be reported as of year-end.

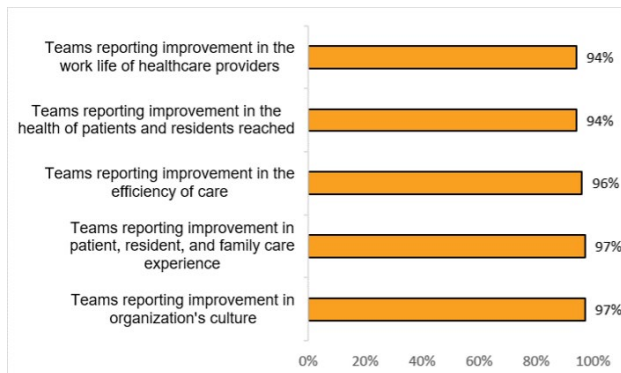


CHART 3.3A – 2020-21 IMPROVEMENT OUTCOMES - FORMER CFHI

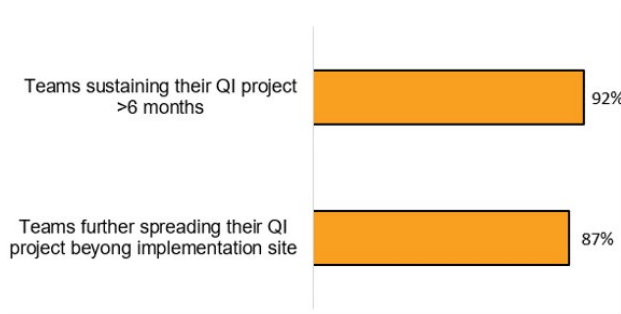


CHART 3.3B – SUSTAINABILITY & SPREAD - FORMER CFHI

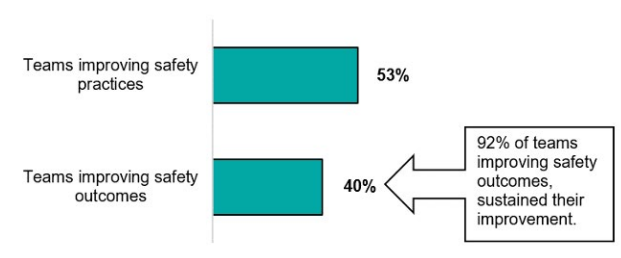


CHART 3.3C – 2020-21 IMPROVEMENT OUTCOMES - FORMER CPSI

In addition, teams faced various challenges due to the COVID-19 pandemic – priorities changed, resources were reallocated, some teams withdrew from their program, while a few others paused the implementation of their intervention to support the pandemic response. In total, all 78 teams for which data were made available indicated that they made improvement in at least one of the outcome areas shown in Chart 3.3a. Of the 78 teams surveyed in 2020-21, 97% reported improving the culture of their organization; 97% reported improving the experiences for patients and essential care givers; 94% reported improving the health of those experiencing care in their settings; 96% reported improving the efficiency of care practices; and 94% reported improving the work life of staff working in their settings – all from having participated in the former CFHI improvement collaboratives.

Several improvement teams supported by the former CFHI reached the phase of their work where they reported on the sustainability of the improvements they made during implementation. Of those teams, 92% reported sustaining their improvements beyond 6 months following the implementation phase, while 87% reported spreading those improvement practices beyond the original implementation site.

The former CPSI completed four (4) Safety Improvement Projects in 2020-21. Of the 30 teams supported across those projects, 16 (53%) showed improvement in practices while 12 (40%) showed improvement in safety outcomes targeted for improvement. Of the 12 teams showing improvement in outcomes, 11 (92%) reported sustaining their improvements for at least six months following the end of their project.

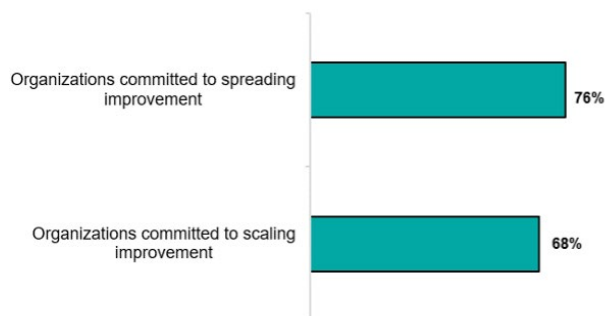


CHART 3.3D – 2020-21 SUSTAINABILITY & SPREAD - FORMER CPSI

Participating teams were also committed to scaling and spreading the safety improvements projects beyond the original implementation site in their organizations. Across the four (4) projects, 76% of participating organizations committed to spreading improvements shown to be sustainable, while 68% committed to scaling those improvements.

HEC’s legacy organizations had well-established logic models and Performance Measurement Frameworks before amalgamation. Though these logic models were created independently and at

different times, even a cursory comparison reveals many similarities. Both the former CFHI and the former CPSI sought to use available resources to develop partnerships, build capability, identify, demonstrate, and spread evidence-informed practices throughout the healthcare system. These activities and their resulting outputs increased knowledge, skills, and capability of health system leaders; improved experiences for patients and essential care givers; improve cultured, practices, and work life for participating organizations; and improved health outcomes for those experiencing care in settings subject to supported improvement efforts.

## ANNEX A – PMF DATA TABLES

### A.1 – Former CFHI Data Tables

<b>1.1 Number of new knowledge products developed by former CFHI (e.g., improvement tools and training materials), by:</b>		<b>211</b>
<b>Type</b>		
<b>Capacity-building tools and resources</b>		<b>145</b>
Webinar Recordings		87
Other Tools/Training tools (for external audiences)		28
Videos		14
Improvement Training Resources (e.g., Change packages)		7
Desktops (for teams engaged in Former CFHI collaboratives and programs)		6
Resources Hubs (for broader audiences)		2
Online Platform		1
App		0
<b>Summaries and Briefs</b>		<b>17</b>
Fact Sheets/ Brochures/ Posters/ Handouts		15
Other Data Briefs and Syntheses		1
Case Profiles		1
Impact Stories/Improvement Conversations/Patient Stories		0
Provincial Profiles/ Regional Backgrounders		0
<b>Reports, Papers and Scans</b>		<b>18</b>
Research and Analysis Reports		14
Background/Summary Reports		3
Corporate Reports		0
Environmental Scan		0



<b>1.1 Number of new knowledge products developed by former CFHI (e.g., improvement tools and training materials), by:</b>	<b>211</b>
White Papers	1
<b>Journal Articles</b>	<b>5</b>
Special Issues	3
Original article	2
<b>Blogs</b>	<b>11</b>
<b>Website</b>	<b>1</b>
<b>Case Books</b>	<b>0</b>
<b>Other</b>	<b>14</b>

<b>2.1 Number of knowledge exchange activities delivered, by:</b>	<b>240</b>
<b>Type</b>	
<b>Education and Training</b>	<b>209</b>
Coaching calls/Affinity calls/Open calls	112
Webinars	82
Workshop	6
Courses and/or special education sessions	5
On-site visits for coaching and support with implementation and progress	4
<b>Conference Presentations and Outreach</b>	<b>13</b>
Oral conference presentations	11
Event exhibits	1
Invited presentations	1
Poster presentations	0
<b>Roundtables and Forums</b>	<b>7</b>
Forums	6
Roundtables	1
<b>Other</b>	<b>11</b>
<b>Language*</b>	
English	158
French	50
Bilingual	32

<b>3.1 a) Number of collaboratives and programs, by:</b>	<b>19</b>
<b>Program phase reached at March 31 2020</b>	
Implementation (Ongoing)	11
Implementation (Completed)	5
Analysis, dissemination, KT	3
Development	0
<b>Shared federal, provincial, and territorial health priority</b>	

<b>3.1 a) Number of collaboratives and programs, by:</b>	<b>19</b>
Home and community care (including palliative care)	6
Access, affordability, and appropriate use of prescription drugs	6
Innovation/transformation	5
Mental health and addictions	3
Diverse federal, provincial, and territorial priorities	2
Indigenous health	1
<b>Collaboration with other pan-Canadian organizations</b>	
None	8
Canadian Patient Safety Institute	5
Canadian Institute for Health Information	4
Canadian Partnership Against Cancer	4
Canadian Agency for Drugs and Technologies in Health	4
Canadian Centre on Substance Use and Addiction	4
Other pan-Canadian organizations	4
Mental Health Commission of Canada	3
Canada Health Infoway	3
<b>Engagement of First Nations, Inuit and Métis Peoples' Perspectives in design, delivery and/or evaluation of the collaborative or program</b>	
No	15
Yes (e.g. as advisors, guidance group members, and committee members)	3

<b>3.1 b) Number of collaboratives and programs in implementation during the fiscal year, by:</b>	
<b>Region†</b>	
Ontario	12
Quebec	10
Alberta	8
British Columbia	8
Manitoba	8
Newfoundland and Labrador	7
New Brunswick	6
Yukon	5
Saskatchewan	5
Prince Edward Island	4
Nova Scotia	3
International	1
Northwest Territories	0
Nunavut	0
<b>Language*</b>	
Bilingual	10

<b>3.1 b) Number of collaboratives and programs in implementation during the fiscal year, by:</b>	
English	5
French	2
† Region in which the collaborative or program was implemented (i.e., had implementation teams).	
*Language(s) in which the collaborative or program was delivered.	

<b>4.1 Number of improvement teams* supported by former CFHI by:</b>	<b>1170</b>
<b>Program and collaborative</b>	
LTC+ Acting on Pandemic Learning Together	793
OPUS-AP Phase 2	145
Momentum Challenge II	45
LTC+ Expanded	38
Priority Health Innovation Challenge	33
Implementation Science Teams	22
Advancing Frailty Care in the Community (AFCC)	17
Bridge to Home	16
Momentum Challenge I	14
Hospital One-year Mortality Risk (HOMR)	13
EXTRA: Cohort 15	11
EXTRA: Cohort 16	11
Paramedics & Palliative Care	7
SQLI Quality of Life Project	5
<b>Type</b>	
Cross-organizational	740
Inter-professional	636
Cross-sectoral	220
Cross-Provincial/Territorial	14
<b>Primary area of care</b>	
Long-term care	1010
Other	39
Palliative and end-of-life care	27
Mental health	24
Primary care	23
Community and/or home care	21
Acute care	4
Patient, family and/or community engagement in care (re)design	4
Access to specialist care	4
Marginalized populations (e.g. LGBTQ+, homeless, immigrants and refugees)	9
Care for high-risk, high-need, high-cost patients (e.g., multiple and/or complex chronic conditions)	3

<b>4.1 Number of improvement teams* supported by former CFHI by:</b>	<b>1170</b>
Indigenous health and care	1
Children and youth	1
Population health / public health	1
Access to pharmaceuticals	0
<b>Region</b>	
Ontario	295
Alberta	218
Quebec	181
British Columbia	167
Manitoba	101
Newfoundland and Labrador	57
New Brunswick	57
Saskatchewan	30
Prince Edward Island	28
Nova Scotia	28
Yukon	5
International	2
Northwest Territories	1
Nunavut	0
*A core implementation team that submitted an Expression of Commitment/Application and signed a formal Contribution Agreement or Memorandum of Understanding with former CFHI.	

<b>4.2 Unique number of healthcare leaders who participated in:</b>	
<b>a) all former CFHI activities</b>	<b>a) 6468</b>
<b>b) Former CFHI improvement teams</b>	<b>b) 3154</b>
<b>Number of healthcare leaders who participated in more than one former CFHI program offering simultaneously</b>	<b>561</b>
<b>Program, collaborative, and other initiatives†</b>	
Other external programming initiatives	3548
LTC+ Acting on Pandemic Learning Together	1295
OPUS-AP Phase 2	1124
Bridge to Home	241
Momentum Challenge II	165
Priority Health Innovation Challenge	164
Advancing Frailty Care in the Community (AFCC)	148
Paramedics & Palliative Care	137
LTC+ Expanded	102
Hospital One-year Mortality Risk (HOMR)	96

<b>4.2 Unique number of healthcare leaders who participated in:</b>	
<b>a) all former CFHI activities</b>	<b>a) 6468</b>
<b>b) Former CFHI improvement teams</b>	<b>b) 3154</b>
Momentum Challenge I	81
EXTRA: Cohort 15	44
EXTRA: Cohort 16	43
SQLI Quality of Life Project	40
<b>Primary role of healthcare leader†</b>	
Administrator (includes Executives, Senior Leaders, Managers, Directors)	1770
Other	984
Not known/not disclosed	780
Nurse (Registered Nurse or Licensed Practical Nurse)	707
Patient/family member/community member/person with lived experience	505
Researcher	416
Physician	414
Allied Healthcare Provider	295
Consultant	270
Policy Advisor/Analyst	203
Quality Improvement Lead	194
Personal Support Worker/ Care Aide	181
Pharmacist	131
Recreation Therapist/Activities Coordinator	34
Indigenous Leader	10
<b>Region†</b>	
Ontario	2143
Quebec	1,483
Not known/Not disclosed	644
British Columbia	545
Alberta	539
Saskatchewan	255
Newfoundland and Labrador	249
Manitoba	245
Nova Scotia	203
New Brunswick	147
Prince Edward Island	86
International	72
Yukon	29
Northwest Territories	27
Nunavut	2
<b>Language*†</b>	

<b>4.2 Unique number of healthcare leaders who participated in:</b>	
<b>a) all former CFHI activities</b>	<b>a) 6468</b>
<b>b) Former CFHI improvement teams</b>	<b>b) 3154</b>
English	4,600
French	1,392
Not known/Not disclosed	554
Bilingual (no preference)	26
<b>Gender†</b>	
Not known/not disclosed	3119
Woman	3029
Man	675
Another gender	5
† Numbers include healthcare leaders who participated in more than one program, collaborative or other initiative. In other words, includes duplicate count of healthcare leaders.	
*The healthcare leader's preferred language for day-to-day communication.	

<b>4.3 Number of target patient and resident populations reached*, by:</b>	<b>15,443</b>
<b>Program and collaborative</b>	
Paramedics & Palliative Care	9,268
Priority Health Innovation Challenge	3,431
Advancing Frailty Care in the Community (AFCC)	2,744
<b>Region</b>	
Newfoundland & Labrador	4,423
Ontario	4,099
New Brunswick	3,337
British Columbia	1,263
Alberta	1,125
Saskatchewan	991
Manitoba	205
Quebec	-
Nova Scotia	-
Prince Edward Island	-
Yukon	-
Northwest Territories	-
Nunavut	-
International	-
* Result reflects the total patient and resident populations directly reached within the reporting fiscal year period by collaboratives and programs implemented over the period. Potential / indirect patient reach is not included in these totals for fiscal 2021-22. HEC is revising this indicator to report both direct and potential reach starting in fiscal 2021-22.	

5.1 Number (n) and percent of healthcare leaders who reported knowledge acquisition in QI because of participating in former CFHI programming, by:	n	Total respondents	%
		<b>481</b>	<b>553</b>
<b>Program, collaborative, and other initiatives</b>			
Implementation Science Teams	43	52	83%
Community Dementia Care and Support Webinar Series	220	247	89%
LTC+ Acting on Pandemic Learning Together	190	222	86%
Extra cohort 15	28	32	88%
<b>Language</b>			
Not known/Not disclosed	57	67	85%
English	402	461	87%
French	22	25	88%
<b>Gender</b>			
Woman	317	364	87%
Man	51	57	89%
Not known/Not disclosed	113	132	86%
Another gender	0	0	0%

5.2 Number (n) and percent of healthcare leaders who reported skill acquisition in quality improvement because of participating in former CFHI programming, by:	n	Total respondents	%
		<b>28</b>	<b>32</b>
<b>Program, collaborative, and other initiatives</b>			
Extra cohort 15	28	32	88%
<b>Language</b>			
English	19	21	90%
French	9	11	82%
Not known/Not disclosed	-	-	-
<b>Gender</b>			
Woman	-	-	-
Man	-	-	-
Not known/Not disclosed	28	32	88%

6.1 Number (n) and percent of improvement teams engaging patients, residents, family members, community members, and others with lived experience as core team members, by:	n	Total respondents	%
		<b>208</b>	<b>314</b>
<b>Program and collaborative</b>			
Bridge to Home	16	16	100%
Implementation Science Teams	22	22	100%
Momentum Challenge	12	12	100%

<b>6.1 Number (n) and percent of improvement teams engaging patients, residents, family members, community members, and others with lived experience as core team members, by:</b>	<b>n</b>	<b>Total respondents</b>	<b>%</b>
		<b>208</b>	<b>314</b>
Paramedics & Palliative Care	7	7	100%
Priority Health Innovation Challenge	26	26	100%
Momentum II Challenge	40	45	89%
SQLI Quality of Life Project	3	5	60%
OPUS-AP Phase 2	76	142	54%
Advancing Frailty Care in the Community (AFCC)	5	17	29%
EXTRA: Cohort 16	1	11	9%
EXTRA: Cohort 15	0	11	-
<b>Region</b>			
International	2	2	100%
Newfoundland and Labrador	32	47	68%
Alberta	18	32	56%
Quebec	86	168	51%
Saskatchewan	6	12	50%
Ontario	38	85	45%
Manitoba	7	16	44%
Prince Edward Island	8	19	42%
Yukon	1	3	33%
British Columbia	9	28	32%
New Brunswick	11	35	31%
Nova Scotia	0	25	-

<b>6.2 Number (n) and percent of improvement teams engaging patients, residents, family members, community members, and others with lived experience in their quality improvement project (e.g., as advisors), by:</b>	<b>n</b>	<b>Total respondents</b>	<b>%</b>
		<b>50</b>	<b>51</b>
<b>Program and collaborative</b>			
Bridge to Home	16	16	100%
EXTRA: Cohort 15	11	11	100%
Paramedics & Palliative Care	7	7	100%
OPUS-AP Phase 2	16	17	94%
<b>Region</b>			
Alberta	3	3	100%
British Columbia	4	4	100%
Manitoba	2	2	100%
New Brunswick	1	1	100%
Newfoundland and Labrador	2	2	100%



<b>6.2 Number (n) and percent of improvement teams engaging patients, residents, family members, community members, and others with lived experience in their quality improvement project (e.g., as advisors), by:</b>	<b>n</b>	<b>Total respondents</b>	<b>%</b>
		<b>50</b>	<b>51</b>
Nova Scotia	2	2	100%
Ontario	9	9	100%
Saskatchewan	3	3	100%
Yukon	1	1	100%
Quebec	23	24	96%
International	-	-	-
Prince Edward Island	-	-	-

<b>7.1 Number (n) and percent of improvement teams that reported improvements in their organization's culture related to healthcare practices and/or delivery models, resulting from their quality improvement project, by:</b>	<b>n</b>	<b>Total respondents</b>	<b>%</b>
		<b>35</b>	<b>36</b>
<b>Program and collaborative</b>			
EXTRA: Cohort 15	10	10	100%
OPUS-AP Phase 2	13	13	100%
LTC+ Acting on Pandemic Learning Together	1	1	100%
Bridge to Home	11	12	92%

<b>8.1 Number (n) and percent of improvement teams that reported making improvements to patient, resident, and family experience of care resulting from their quality improvement project, by:</b>	n	Total respondents	%
		<b>71</b>	<b>73</b>
<b>Program and collaborative</b>			
EXTRA: Cohort 15	7	7	100%
OPUS-AP Phase 2	12	12	100%
Bridge to Home	15	15	100%
LTC+ Acting on Pandemic Learning Together	37	39	95%

<b>9.1 Number (n) and percent of improvement teams that reported making improvements in the health of patients and residents reached resulting from their quality improvement project, by:</b>	n	Total respondents	%
		<b>46</b>	<b>49</b>
<b>Program and collaborative</b>			
OPUS-AP Phase 2	10	10	100%
LTC+ Acting on Pandemic Learning Together	31	33	94%
EXTRA: Cohort 15	5	6	83%

<b>10.1 Number (n) and percent of improvement teams that reported making improvements in efficiency of care resulting from their quality improvement project, by:</b>	n	Total respondents	%
		<b>66</b>	<b>69</b>
<b>Program and collaborative</b>			
OPUS-AP Phase 2	11	11	100%
LTC+ Acting on Pandemic Learning Together	34	35	97%
Bridge to Home	12	13	92%
EXTRA: Cohort 15	9	10	90%

<b>11.1 Number (n) and percent of improvement teams that reported making improvements in the work life of healthcare providers resulting from their quality improvement project, by:</b>	n	Total respondents	%
		<b>60</b>	<b>64</b>
<b>Program and collaborative</b>			
EXTRA: Cohort 15	10	10	100%
LTC+ Acting on Pandemic Learning Together	28	30	93%
OPUS-AP Phase 2	13	14	93%
Bridge to Home	9	10	90%

12.1 Number (n) and percent of improvement teams that reported making improvements in the work life of healthcare providers resulting from their quality improvement project, by:	n	Total respondents	%
		<b>60</b>	<b>64</b>
<b>Program and collaborative</b>			
EXTRA: Cohort 15	10	10	100%
LTC+ Acting on Pandemic Learning Together	28	30	93%
OPUS-AP Phase 2	13	14	93%
Bridge to Home	9	10	90%

12.2 Number (n) and percent of improvement teams that reported making improvements in the work life of healthcare providers resulting from their quality improvement project, by:	n	Total respondents	%
		<b>40</b>	<b>46</b>
<b>Program and collaborative</b>			
Bridge to Home	13	14	93%
OPUS-AP Phase 2	16	18	89%
EXTRA: Cohort 15	9	11	82%
LTC+ Acting on Pandemic Learning Together	2	3	67%

12.3 Number (n) and percent of improvement teams that reported the creation of new, updated, or revised policies, standards, or guidelines, resulting from their quality improvement project, by:	n	Total respondents	%
		<b>67</b>	<b>86</b>
<b>Program and collaborative</b>			
LTC+ Acting on Pandemic Learning Together	42	48	88%
Bridge to Home	11	13	85%
EXTRA: Cohort 15	6	9	67%
OPUS-AP Phase 2	8	16	50%
<b>System level</b>			
Organizational	58	-	
Provincial/Territorial	5	-	
Regional	4	-	
Federal	1	-	

## A.2 – Former CPSI Data Tables

<b>1.1.1 Number of teams, organizations, and jurisdictions represented in Safety Improvement Projects</b>	
<b>Teams by:</b>	<b>30</b>
<b>Project</b>	
Measurement and Monitoring for Safety Framework	11
Enhanced Recovery Canada	7
TeamSTEPPS	7
Medication Safety	5
<b>Jurisdiction</b>	
Ontario	10
Manitoba	5
British Columbia	4
Alberta	3
Saskatchewan	3
Nova Scotia	2
Quebec	2
Newfoundland & Labrador	1
New Brunswick	0
Northwest Territories	0
Nunavut	0
Prince Edward Island	0
Yukon	0
<b>Language</b>	
English	27
French	3
<b>Organizations by:</b>	<b>25</b>
<b>Project</b>	
Enhanced Recovery Canada	7
Measurement and Monitoring for Safety Framework	7
TeamSTEPPS	6
Medication Safety	5
<b>Jurisdiction</b>	
Ontario	10
Manitoba	4
British Columbia	3
Nova Scotia	2
Quebec	2
Saskatchewan	2
Alberta	1

<b>1.1.1 Number of teams, organizations, and jurisdictions represented in Safety Improvement Projects</b>	
Newfoundland & Labrador	1
New Brunswick	0
Northwest Territories	0
Nunavut	0
Prince Edward Island	0
Yukon	0
<b>Language</b>	
English	22
French	3

<b>1.1.2 Number of Safety Improvement Projects: a) launched; and b) completed</b>	
Projects Launched	4
Projects Completed	4

<b>1.2.1 Number of Behavioral Change Campaigns</b>	
<b>Campaigns</b>	<b>5</b>
<b>by Primary Audience</b>	
Public	2
Provider	3
Leader	0

<b>1.2.2 Number of Participants in Webinars</b>	
<b>Number of Webinars Delivered</b>	<b>48</b>
<b>Number of Participants in Webinars</b>	<b>4441</b>
<b>by Language</b>	
English	4375
French	66

<b>1.3.1 Number of evidence-informed Knowledge Products developed</b>	
<b>Knowledge Products</b>	<b>71</b>
<b>by Type</b>	
Tool / Resource	59
Summary / Brief	11
Report / Paper	1
<b>by Language</b>	
English	17
French	1

<b>1.3.1 Number of evidence-informed Knowledge Products developed</b>	
Both	53
<b>by Primary Audience</b>	
Public	26
Provider	29
Leader	19

<b>1.4.1 Number of policies, standards, and regulatory bodies targeted by the former CPSI</b>	
<b>Bodies Targeted</b>	<b>32</b>

<b>1.4.2 Number of policies, standards and regulatory bodies engaged by the former CPSI</b>	
<b>Bodies Engaged</b>	<b>28</b>

<b>2.1.1 Percentage of Safety Improvement Project Teams demonstrating improvement in project-specific patient safety practices</b>	
<b>Teams demonstrating improvement in practices</b>	<b>16 / 30 = 53%</b>
<b>by Project</b>	
Medication Safety	1 / 5 = 20%
Enhanced Recovery Canada	3 / 7 = 43%
Measurement and Monitoring for Safety Framework	11 / 11 = 100%
TeamSTEPPS	1 / 7 = 14%

<b>2.1.2 Percentage of Safety Improvement Project Teams demonstrating improvement in project-specific patient safety outcomes</b>	
<b>Teams demonstrating improvement in outcomes</b>	<b>12 / 30 = 40%</b>
<b>by Project</b>	
Medication Safety	0 / 5 = 0%
Enhanced Recovery Canada	0 / 7 = 0%
Measurement and Monitoring for Safety Framework	11 / 11 = 100%
TeamSTEPPS	1 / 7 = 14%

<b>3.1.1 Percentage of Safety Improvement Project teams sustaining improvements to outcomes for &gt; 6 months</b>	
<b>Teams sustaining improvements</b>	<b>11 / 12 = 92%</b>
<b>by Project</b>	
Medication Safety	0 / 0 = 0%
Enhanced Recovery Canada	0 / 0 = 0%
Measurement and Monitoring for Safety Framework	11 / 11 = 100%
TeamSTEPPS	0 / 1 = 0%

### 3.1.2 Percentage of Safety Improvement Project hosting organizations committed to scaling improvements

<b>Organizations committed to scaling</b>		<b>17 / 25 = 68%</b>
<b>by Project</b>		
Medication Safety		3 / 5 = 60%
Enhanced Recovery Canada		3 / 7 = 43%
Measurement and Monitoring for Safety Framework		7 / 7 = 100%
TeamSTEPPS		4 / 6 = 66%

### 3.1.3 Number of organizations committed to spreading improvements shown to be sustainable

<b>Organizations committed to spreading</b>		<b>19 / 25 = 76%</b>
<b>by Project</b>		
Medication Safety		5 / 5 = 100%
Enhanced Recovery Canada		3 / 7 = 43%
Measurement and Monitoring for Safety Framework		7 / 7 = 100%
TeamSTEPPS		4 / 6 = 66%

### 3.2.1 Percentage of targeted policy, standards and regulatory bodies adopting evidence- informed policies, standards, and regulations

<b>Number of new provisions established</b>	<b>15</b>
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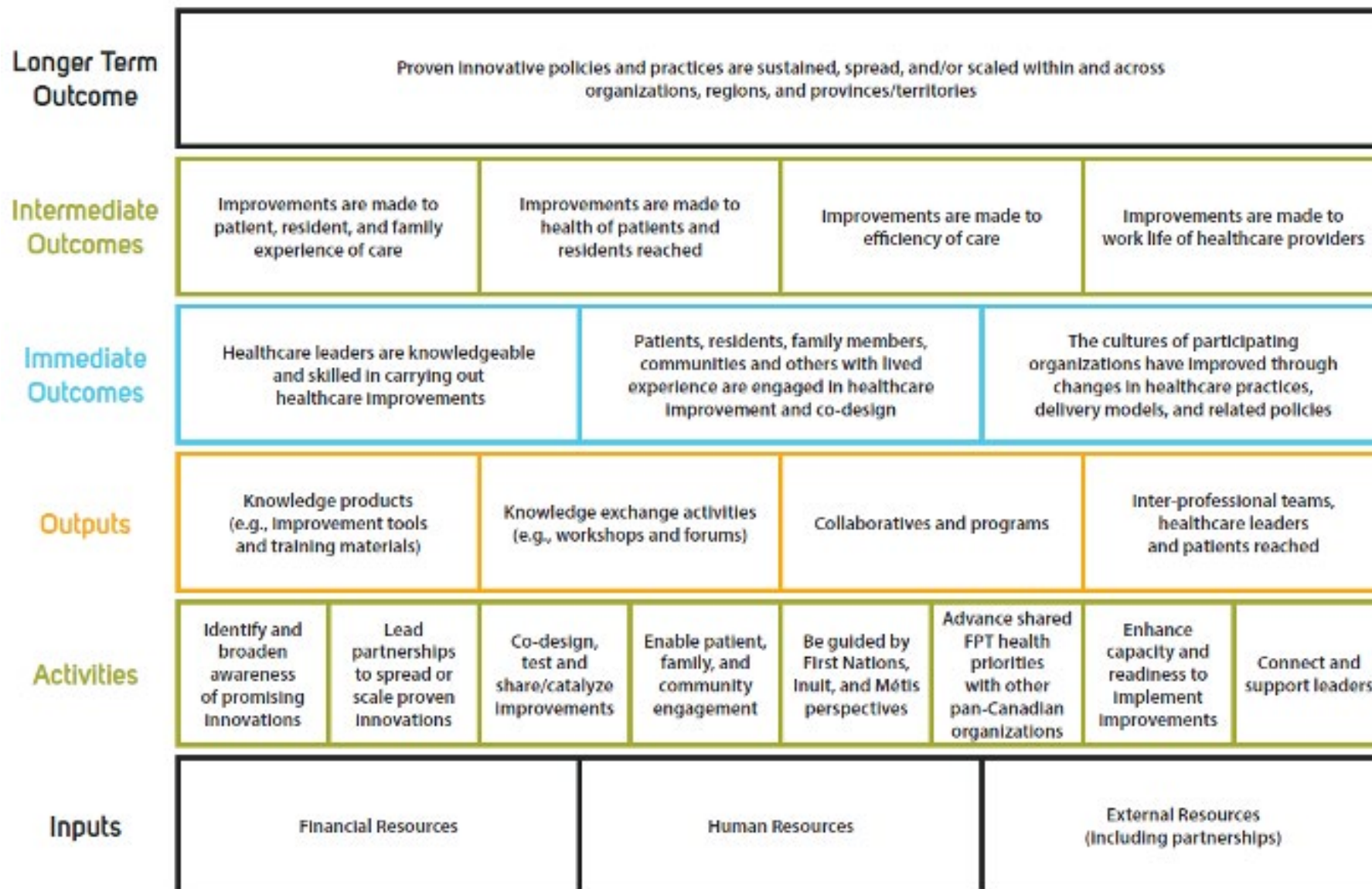
### 4.1.1 Percentage of acute care hospitalizations with at least one unintended occurrence of harm.

<b>Percentage of hospitalizations</b>	<b>5.40%</b>
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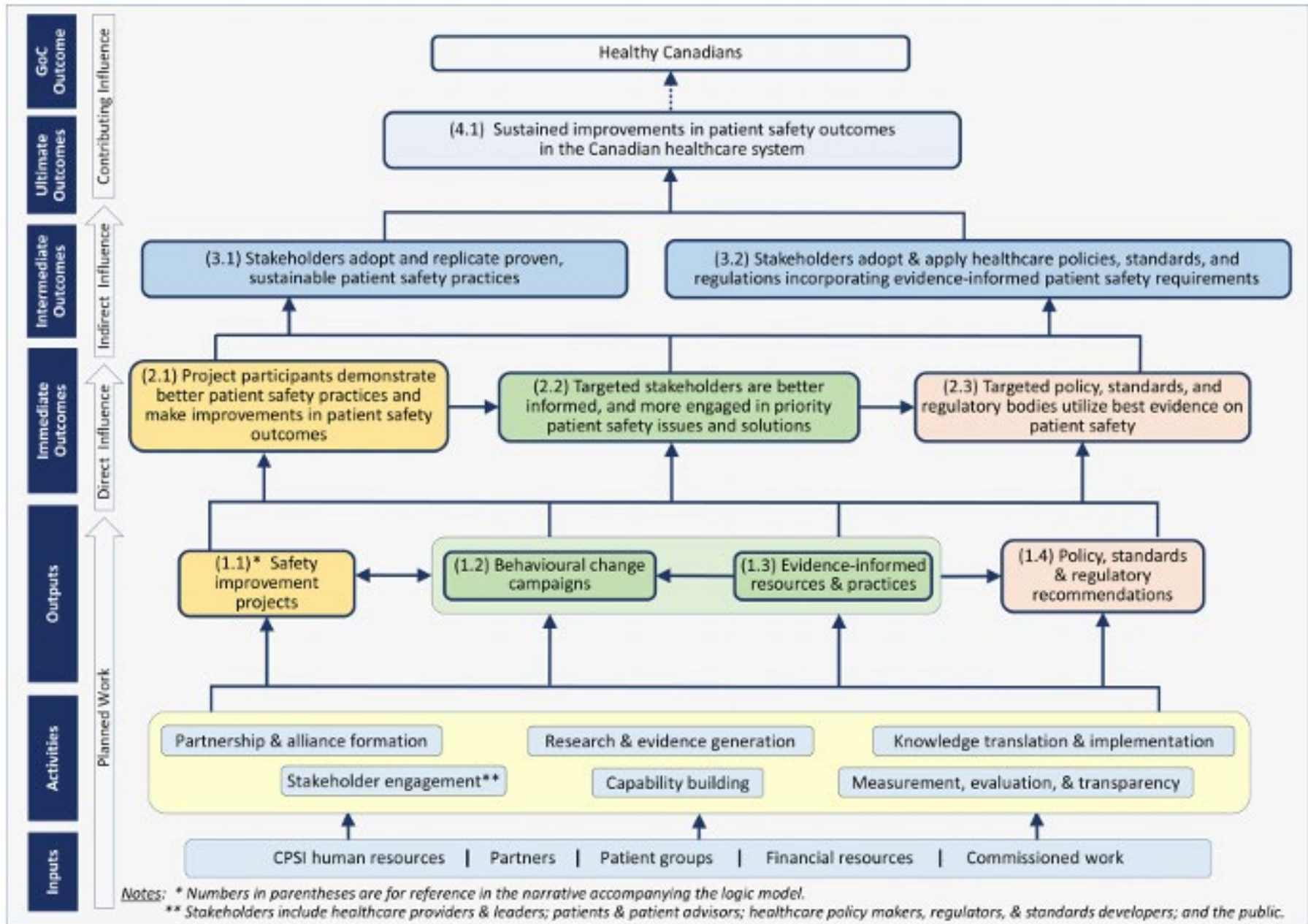
### 4.1.2 Percentage of provinces and territories with key patient safety legislation

<b>Percentage with Key Legislation</b>		<b>75%</b>
<b>by Type</b>		
Apology Protection		11 / 13
Mandatory Reporting		8 / 13
Mandatory Disclosure		7 / 13
Quality Assurance		13 / 13

### CFHI PROGRAM LOGIC MODEL 2018-19 TO 2020-21









# Contact us

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## Social Media

[Twitter](#) | [LinkedIn](#) | [Instagram](#) | [Facebook](#)

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