



## Innovative Practices Evaluation Framework™

The Health Council of Canada developed the *Innovative Practices Evaluation Framework* to support our efforts to report on innovative practices that demonstrate positive impact on health outcomes and/or health care system performance (e.g., service delivery, management, organization, funding). This framework is not intended to be a definitive classification of these practices, but rather to allow a consistent and standardized categorization of innovative practices in support of the Health Council's broader mandate to identify and share innovative practices across Canada. The Health Council uses the term innovative practices to refer to the wide range of health care practices, programs, services, and policies that it profiles.

### Using the Framework

The *Innovative Practices Evaluation Framework* categorizes innovative practices at three levels: **emerging**, **promising**, and **leading** practices.

This progressive categorization captures the different stages a practice may be in at the time of the Health Council's evaluation.

The evaluation process requires innovative practices to meet inclusion criteria and to be assessed based on evaluation criteria, both of which are outlined here.

To be eligible for evaluation using the *Innovative Practices Evaluation Framework*, the practices must meet the following **Inclusion Criteria**:

▲ **Relevance** – the practice addresses a need or gap related to a current health care issue, including those identified by a federal, provincial, or territorial government;

▲ **Non-Medical** – the practice is not a specific drug, surgical, or medical intervention that warrants an evaluation through other processes, such as a randomized controlled trial, systematic review, and/or meta-analysis; and

▲ **Resonance** – the practice is perceived as new and innovative by those for whom the practice is intended, those delivering the practice, and/or other key stakeholders in the health care system.

If a practice meets all of the above inclusion criteria, it will be assessed using the following **Evaluation Criteria**:

▲ **Quality of Evidence** – the extent to which a practice has been evaluated by high quality evidence;

▲ **Impact** – the extent to which a practice has results that demonstrate a positive impact on health outcomes and/or health care system performance;


▲ **Applicability** – the extent to which a practice has been implemented or adapted for use outside of its original setting; and

▲ **Transferability** – the extent to which the results of a practice have been replicated outside of its original setting.

The Health Council uses an *Innovative Practices Evaluation Framework* Rating Guide and corresponding Rating Form that incorporates the inclusion and evaluation criteria to determine the most appropriate categorization of a practice under the Framework.



## Category Descriptions under the Framework



**Leading Practice** – A practice that has been implemented in multiple settings outside of the original setting and there is high quality research (e.g., appropriate and rigorous evaluative methods, publication in a peer-reviewed academic journal) that has evaluated the practice with results consistently demonstrating a positive impact on health outcomes and/or health care system performance.

**Promising Practice** – A practice that has been implemented in at least one setting outside of the original setting and there is preliminary research (e.g., pilot studies) that has evaluated the practice with results (with some variability) demonstrating a positive impact on health outcomes and/or health care system performance.

**Emerging Practice** – A practice that has been implemented in one setting and there is information obtained from personal accounts, informal observations and/or ongoing evaluation that suggests the practice can have a positive impact on health outcomes and/or health care system performance.

**Not Categorized Practice** – A practice reported on by the Health Council that has not been evaluated using the *Innovative Practices Evaluation Framework*.

In order to support the continuity of good ideas and to document changes in health innovations over time, older practices will continue to be displayed and denoted as *archived*.

## Innovative Practices Evaluation Framework™ Matrix

EVALUATION CRITERIA	FRAMEWORK CATEGORIES		
	EMERGING PRACTICE	PROMISING PRACTICE	LEADING PRACTICE
<b>Quality of Evidence</b>	There is information from personal accounts and/or informal observations that has evaluated the practice and/or formal evaluation is ongoing.	There is preliminary research that has evaluated the practice (e.g., pilot studies).	There is high quality research that has evaluated the practice (e.g., appropriate and rigorous evaluative methods, publication in a peer-reviewed academic journal).
<b>Impact</b>	Results are emerging and indicate the practice can have a positive impact on health outcomes and/or health care system performance.	Results (with some variability) demonstrate the practice has a positive impact on health outcomes and/or health care system performance.	Results consistently demonstrate that the practice has a positive impact on health outcomes and/or health care system performance.
<b>Applicability</b>	The practice has only been implemented in one setting but is theoretically applicable to other settings.	The practice has been implemented in at least one other setting.	The practice has been implemented in multiple additional settings.
<b>Transferability</b>	The results have not been replicated in another setting but are theoretically replicable elsewhere.	The results have been replicated in at least one other setting.	The results have been replicated in multiple settings.