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Measurement guide for quality standards




Knowledge Institute
on Child and Youth Mental Health and Addictions



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For more information about this guide, please contact info@cymha.ca

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About this guide

When implementing a quality standard, measurement can help you track progress, assess the effectiveness of changes, and make data-driven adjustments.

This **measurement guide** can be applied to all quality standards produced by the Knowledge Institute on Child and Youth Mental Health and Addictions (the Knowledge Institute). It provides essential information for measuring quality standards, including choosing, using, and effectively applying indicators. Each quality standard is also accompanied by:

- **Suggested indicators for each core principle.** In each quality standard, these can be found in the section titled, “Quality indicators: Suggestions for measuring this core principle.”
- **A standard-specific indicator workbook.** These workbooks outline relevant quality domains, suggested indicators, and other validated measures specific to the topic of the quality standard.



Looking for more support with implementing a quality standard? We can help! The Knowledge Institute offers an **implementation guide** and a **suite of resources** for specific quality standards and can provide additional help with your implementation process.

The indicators suggested for each quality standard have been identified through a combination of comprehensive literature reviews and consultations with the Quality Standard Advisory Committee (QSAC), a group that includes system and agency leaders, clinicians, scientists, and people with lived expertise. Taking a collaborative approach has helped to ensure the suggested indicators are evidence-informed and reflect current practices, increasing their relevance and applicability across various settings. Agencies have the flexibility to choose indicators that align with their specific circumstances and capacity. While your agency may already be collecting data in some quality domains, other domains may represent long-term goals for improvement.

We cannot suggest a single approach to measure a quality standard, as it depends on specific context. Each agency must determine how to meaningfully assess its progress toward each quality standard and its core principles. This guide can act as a foundational tool for understanding indicators and as a starting point for developing your organization's measurement plan.



Hoping to learn more about the indicators for a specific quality standard? [Get in touch with us](#) to access the relevant indicator workbook.

How to use this guide

Implementation team

describes any group of individuals—whether formally assigned or working together informally—who are collectively focused on putting a quality standard into practice.

System and agency leaders can work with their implementation team to use this guide to better understand the function of indicators and to develop a measurement approach. We recommend following the steps outlined below.

- **Identify your current state.** Review your agency and community practices, services, and processes and identify opportunities for improvement according to the quality standard. Determine the steps you need to take to align with the promising practices outlined in each quality statement. *For more guidance on identifying your current state, refer to the quality standard’s corresponding implementation guide.*
- **Choose relevant indicators.** Use the quality standard document (“Quality indicators” section) or the relevant **indicator workbook** to select indicators that can provide the most meaningful insight into the current state and progress made in your program, model, or practices. A **list of guiding questions** for selecting indicators and collecting data is provided in [Appendix A](#).
- **Assess current and future data sources.** Identify existing sources of data within your agency that can be used to measure the indicators you’ve chosen. Determine if there are any gaps in data collection and explore new or innovative methods that might help fill those gaps. Try to think beyond current practices alone.
- **Develop a measurement plan.** Create a detailed plan for how to measure the selected indicators. This plan should include the area being measured, targets, data collection methods, and timelines. A **measurement plan template** is provided in [Appendix B](#) in this document. This template is designed to be adaptable to any quality standard and offers a structured approach to planning your measurement activities.
- **Implement and monitor.** Begin collecting data according to your measurement plan. Regularly review and analyze the data with your implementation team to monitor your progress and adjust as needed.
- **Share your results.** Report results transparently in a way that is relevant and accessible to leaders, decision makers, service providers, young people, and caregivers. You can use an impact report, scorecard, poster, or infographic, for example.
- **Use indicators to guide quality improvement.** Analyze data to capture progress as well as to identify areas for improvement. Based on your findings, develop action plans to fill gaps and leverage successes.

Quality indicators

Indicators are units of measurement that help determine if specific impacts, outcomes, or outputs have been achieved. They are used to track progress and assess effectiveness of programs over time (Knowledge Institute, 2024).

A quality standard is a resource that provides clear, practical, and ambitious quality statements describing the practices, processes, and supports required to provide the highest quality care, based on the best available evidence. Quality statements are accompanied by **quality indicators** that show how progress toward the quality statement may be measured (Health Quality Ontario, 2020; Ontario Health, 2023a).

Within a quality standard, each core principle includes indicators that suggest ways agencies can measure how well the principle is being implemented and how well it is contributing to improved care. These indicators are embedded as part of the quality standard to guide an organization's evaluation efforts, with relevant indicators mapped to each principle.



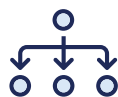
Suggested indicators for each core principle can be found after the “What this means for our audiences” section in the Knowledge Institute’s quality standards.

Our approach

To develop our Knowledge Institute quality standards, we have used a framework that includes indicators for process, structure, and outcomes (Donabedian, 2005).



Process indicators: Process indicators help to evaluate the activities involved in delivering quality care by measuring the percentage or number of instances where a specific activity is performed. Process indicators may focus on whether care adheres to best practices or established guidelines (Health Quality Ontario, 2020; Ontario Health, 2023a, 2023b). For example, process indicators could include the rate or percentage of children, young people, and caregivers who receive referrals, or the percentage of children and young people who have completed a standardized mental health assessment as part of their intake process.



Structural indicators: Structural indicators help to evaluate the settings, systems, and resources that support care delivery, including facilities, teams and staff, and policies. Structural indicators encompass the adequacy, amount, and availability of the resources, structures, and programs that allow for quality care (Health Quality Ontario, 2020; Ontario Health, 2023a, 2023b). These indicators are often simple and easy to measure. An example of a structural indicator is whether a standardized screening or assessment tool is agreed upon and consistently used to help match children and young people to the right level of care.



Outcome indicators: Outcome indicators help evaluate the impact or results of care. They are often concrete and can be measured with precision. Sometimes outcome indicators cannot be attributed to a single process or activity because they are a result of multiple factors but reflect the effectiveness of interventions and overall quality of care (Health Quality Ontario, 2020; Ontario Health, 2023a, 2023b). An example includes the percentage of children and young people with improved outcomes as identified by a standardized assessment tool.



Binary and continuous indicators

Indicators can be categorized as either binary (yes or no) or continuous (a Likert scale, for example) depending on how they are defined. Structural indicators are typically binary; however, they can also be continuous, such as when measuring client-to-staff ratios. Process and outcome indicators are typically continuous and expressed as percentages or rates, but they can also be defined as binary in some cases.

Agencies looking to measure progress can start with binary indicators as a simple and practical first step. These indicators can be designed to collect information using Yes/No responses to determine if a specific item or process has been put in place or if a specific outcome has been achieved. Alternatively, continuous indicators can use a Likert scale to capture varying levels of progress, such as a 0–5 rating or categories such as Yes, Somewhat, or No. For example, binary indicators can assess whether a specific policy is in place (Yes or No), while indicators using Likert scales can evaluate the degree of progress in implementing that policy (Yes, completely; Somewhat; No, not at all).

Quality domains

Quality domains are essential components of performance measurement frameworks, providing a structured way to evaluate the quality of health care (Health Quality Ontario, 2017; Ontario Health, 2024a). According to existing literature (Canadian Institute for Health Information [CIHI], 2013; Centre for Addiction and Mental Health [CAMH], 2017; Danseco & Summers, 2017; McEwan & Goldner, 2001), quality domains encompass key dimensions such as access, appropriateness, continuity, effectiveness, equity, and responsiveness. You can use these domains to develop and assess indicators within a quality standard, ensuring a comprehensive approach to measuring and improving care.

Quality domains define the broad dimensions of quality that are essential in a health care system (e.g., equitable, effective, safe, etc.). Core principles describe the practices, processes, and supports that underpin high-quality care specific to the topic of a quality standard. Quality domains and core principles complement each other, as each principle aligns with a broader domain of quality within the health care system.

The quality domains selected may differ depending on the focus and goals of each quality standard, though some domains, such as equity and access, are commonly relevant across standards. This Knowledge Institute measurement guide adopts a flexible framework to support including quality domains specific to each standard, recognizing that conceptual overlap between domains is possible and that a single indicator may measure multiple aspects of quality.



Are you interested in the quality domains for a specific quality standard? [Contact us](#) for access to the indicator workbook.

Data sources

Data sources for indicators are often categorized as locally or provincially measurable. Local measurement and provincial measurement refer to different geographical scopes and administrative levels at which data is collected and analyzed.

- **Local measurement:** Local measurement involves gathering information at the agency and service provider levels, such as from client records, electronic medical records, or surveys (Health Quality Ontario, 2020; Ontario Health, 2023a, 2023b).
- **Provincial measurement:** Provincial measurement involves data that is standardized and comparable across agencies. Examples of provincial data sources include the Canadian Institute for Health Information (CIHI), the Institute for Clinical Evaluative Sciences (ICES), and Business Intelligence (BI) Solution. Ideally, indicators should be measurable using province-wide data sources, though in many cases this is not possible due to poorly defined indicators and inconsistent data sources at the system level. In these cases, local measurements can be used (Health Quality Ontario, 2020; Ontario Health, 2023a, 2023b).

Data sources for indicators can include questionnaires, interviews, electronic health records, standardized assessments, or administrative data, and data collected from these sources can be quantitative or qualitative. Quantitative data is often expressed as a rate or a numerical measure with a target value or benchmark (quantifying an outcome, like percentages or counts). Qualitative data describes qualities or characteristics and provides context to help explain why an outcome occurred, using information from sources like key informant interviews, written feedback, or narrative accounts (Knowledge Institute, 2024).



To strengthen your data collection process, it is helpful to capture qualitative data alongside quantitative measures. Adding a section for notes or comments can provide important context and insights into your findings.

Self-report surveys and chart data

The topic-specific indicator workbooks for each quality standard specify whether data for certain indicators can be collected through self-report surveys from young people and caregivers or from administrative data, such as client charts or electronic medical records (including case notes, intake and discharge forms, and assessments). Both methods have their advantages and disadvantages.

- **Self-report data**, which is collected through surveys, feedback forms, informal feedback (such as narrative accounts or letters) and feedback sessions (interviews and focus groups), is an essential tool for capturing the voices of young people and caregivers directly. Self-report data provide valuable personal perspectives, allowing individuals to share their experiences and insights. Self-report data is particularly important when measuring progress toward core principles that include client-centered care, caregiver involvement, and improved service-user perceptions. When possible, self-report data can be collected anonymously to encourage honest and open responses and to protect clients' privacy. However, self-report data has limitations, such as response bias and errors in recall, which can affect the accuracy of information (Althubaiti, 2016).
- **Chart data**, such as information from client charts or electronic medical records, is typically captured by service providers. While this method is effective for documenting clinical information and treatment outcomes and is meant to be objective, it does not directly capture the voices of clients. Chart data is useful for capturing both qualitative and quantitative data, and can be valuable for understanding trends, tracking clinical progress, and supplementing the insights gathered from self-reports (Casey et al., 2016; Castillo et al., 2015).

Suggested measures

Specific measurement tools such as full, validated questionnaires can be used to capture certain indicators, if agencies are interested in introducing a new measure to their data collection. Often, this requires a commitment of time and finances to ensure staff are trained on administering the measure. In each standard-specific **indicator workbook**, we provide a list of example measures that agencies can consider. To see the indicator workbook for a specific quality standard, please [contact us](#).



Benchmarks and targets

Benchmarks and targets are both used in performance measurement and quality improvement, but they serve different purposes. Benchmarks represent levels of performance that are considered excellent or achievable in each field (Health Quality Ontario, 2020; Ontario Health, 2023a). Targets are internal goals that agencies set to achieve within a specific timeframe (Health Quality Ontario, 2020; Ontario Health, 2023a). The key difference lies in their function: benchmarks offer a point of comparison, while targets set a clear direction for improvement efforts.

This measurement guide and our Knowledge Institute indicator workbooks do not provide benchmarks for the suggested indicators. Since agencies implementing quality standards have diverse practices, resources, and client populations, it is not realistic or meaningful to establish a universal benchmark across the province at this time. Instead, we encourage agencies to set their own targets reflecting their unique contexts (Ontario Health, 2023b).

Equity considerations

Before beginning your data collection, it is essential to approach this work with cultural humility. Practicing cultural humility means continuously learning, reflecting, and respecting the diversity within communities. This approach helps build trust, reduce biases, and supports data collection methods that are fair and inclusive. This approach helps build trust, reduce biases, and support data collection methods that are fair and inclusive for everyone involved. Cultural humility emphasizes understanding the unique perspectives and experiences of diverse groups, making it a valuable mindset when considering equity in data collection (Fritter & Shihabuddin, 2024; Yeager & Bauer-Wu, 2013).

Equity stratification

Consider collecting data and measuring indicators by equity stratifications that are relevant and appropriate for your community (Ontario Health, 2023a, 2024b). Equity stratification provides the data and insight necessary to develop informed strategies for improvement.

The purpose of equity stratifications is to analyze how subpopulations experience health and healthcare access differently based on sociodemographic characteristics such as age, race, gender, ethnicity, sex, income, education, and language (Ontario Health, 2023a, 2024b). By arranging data in this way, agencies can identify disparities in outcomes or access to care that disproportionately affect specific groups. This process is essential because it can highlight where inequities exist, allowing for a clearer understanding of which populations are underserved or facing disadvantages within the healthcare system (CIHI, 2018).

Once inequities are identified, your agency can develop and implement initiatives specifically designed to reduce these disparities. Focusing on specific subpopulations supports promoting health equity across the system.

Race-based data

It is crucial to recognize the historical misuse of racial data and data related to First Nations, Inuit, and Métis peoples. This data was often collected in ways that were extractive and harmful to these communities. When you are collecting data about race, ethnicity, or Indigenous identity, provide clear context for why the question is being asked and consult with communities to ensure appropriate terminology is being used. Data governance—ensuring that data is collected, managed, and used ethically—is essential to ensure that race-based data is used to advance health equity. Agencies should establish and maintain clear data governance policies that define access, storage, and security of data, ensuring compliance with privacy laws, ethical standards, and equity goals (Schutte et al., 2022).



For guidance on data governance and using race-based data to support mental health equity, see our resource [How to use race-based data to advance mental health equity](#).

Limitations

Setting indicators is a useful starting point for measuring progress toward a quality standard's core principles. However, indicators have limitations.

- **Data quality and reliability.** The accuracy and consistency of data collection and reporting across different agencies or providers can vary based on differing resources and priorities, making it difficult to carry out large-scale comparisons and benchmarks.
- **Resource constraints and staff burden.** The processes involved in collecting and analyzing data can strain limited resources, especially in smaller agencies, and can overburden both staff and service users, potentially impacting the quality of care. Balancing data collection efforts with core client care is crucial.
- **Contextual factors.** Standardized indicators may not fully capture factors like local context, cultural considerations, and individual client needs. What works in one setting may not be appropriate in another.
- **Overemphasis on measurable outcomes.** There is a risk of focusing too heavily on what can be measured easily. Not all aspects of quality care may be easy to measure or reduced to simple indicators. It is possible to neglect important but less quantifiable aspects of care.
- **Evolving best practices.** Mental health and substance use health care practices and standards evolve. Indicator systems must be regularly reviewed and updated to remain relevant.

Indicators offer valuable insights into performance and outcomes. However, they reflect only a snapshot in time. Without proper context or interpretation, data from indicators can be misleading, as it may not fully capture the complexities or dynamics of a program. As a key tool in program evaluation, indicators provide measurable data points to track progress, identify trends, and inform decision-making. Indicators are just one part of a broader evaluation framework. To ensure a rich and deep understanding, measurement should include qualitative and quantitative methods and multiple sources of information.



For guidance on evaluation and data collection, check out our resources [Clearer insights, greater impact: A program evaluation toolkit](#), and [Data collection guides: Tools for effective evaluation](#).

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Appendix A: Guiding questions for selecting indicators and collecting data

When selecting indicators, it is important to consider their relevance, feasibility, and alignment with organizational goals. Here are key questions to help guide your decision-making (Ontario Centre of Excellence for Child and Youth Mental Health, 2021).

- What data is most important for measuring our progress?
- Are we already collecting any of this information, even if we are not analyzing it?
- What information are we regularly collecting that could speak to these principles or areas for improvement? Is this data complete?
- Are there unique factors of our context that could influence the data we collect (population, setting, resources)?
- How will these indicators inform our decision-making?
- Is this data relevant to the organization, and to young people and caregivers?
- Is it feasible for us to collect data on this indicator?
- Is the amount of data we are hoping to collect a burden on young people, caregivers, or providers? Is this data needed?
- Do we have a clear plan for how data will be collected, and at which points in time?
 - When will this information be collected and how often?
 - Who will be the person most responsible for collecting this information? For managing this data? For analyzing this data?
 - Do we plan to link or connect data to other data sources (for example, data from other organizations)?
- Do we have the data literacy skills in-house to perform statistical analyses and interpret the data, or do we need to process this data externally?
- Do we have mechanisms to report on and influence the organization and the wider system?
- Are we using data-driven rapid testing cycles or longer-term evaluations?
 - Did/do we consider how rapid testing cycles enable organizations to quickly adapt and mitigate any concerns or issues?
 - Do we have a plan for longer-term evaluations?

Appendix B: Measurement plan template

This measurement plan template can be copied to use and adapt at your organization. We have included the main categories we would recommend to begin shaping your plan in alignment with a quality standard. The guiding questions provided in Appendix A complement this template.

Indicator	Alignment with quality statement	Data source and population <i>(where and who will this data be collected from?)</i>	Calculation <i>(as necessary)</i>	Frequency <i>(how often will we collect this data?)</i>	Directionality <i>(what indicates progress?)</i>	Target/benchmark <i>(what is our goal?)</i>	Most responsible person <i>(who will collect and monitor this data?)</i>



 CYMHAOntario

 cymhaon

 @cymha_on

695 Industrial Avenue, Ottawa, Ontario K1G 0Z1

 – info@cymha.ca

 – cymha.ca