

Facility Engagement (FE) Quick Wins Resource: Examples of Common Measures Across FE

How to use this resource

This resource offers examples of relevant, actionable measures to consider when planning the evaluation of FE-funded **engagement activities**, in alignment with the **JCC Quintuple Aim Framework**. We encourage you to scan through this resource for **activity types** that relate to your FE-funded engagement activities to identify examples of **outcome and output measures** that are applicable across FE. This resource is intended to inspire further planning and discussion and is not an exhaustive list of measures. *For further tips and a glossary of common terms, please go to [page 5](#).*

Context setting: FE impact within the JCC Quintuple Aim Framework

In alignment with the FE [Memorandum of Understanding](#), FE maps onto the JCC Quintuple Aim Framework with direct impact on the **domains** included below in **blue boxes**; the majority of example measures identified in this document relate to these domains. *In the table of common measures beginning on the next page, all FE activity types have been linked to the domains that they directly impact.*

PATIENT EXPERIENCE ●

RESPECT	ACCESS	CARE COORDINATION	SAFETY
Patient Voice	Timely Access	Team Functioning	Cultural Safety
Information/Education	Geographical Access	Continuity Across Transitions	Feeling Safe
Relational Skills	Comprehensive care access		Being Safe
	Attachment/Longitudinal Care		

PROVIDER EXPERIENCE ●

ENGAGEMENT AND COLLABORATION	PROFESSIONAL FULFILLMENT	PRACTICE ENVIRONMENT	SYSTEM TRANSFORMATION
Physician Voice	Joy in Work	Administrative Burdens	Collaborative Decision Making
Trust	Physician Health and Wellness	Compensation	Leadership Pathways
Civility	Work-life Balance	Interprofessional practice collaboration	Quality Improvement Opportunities/culture
Community and Belonging	Feeling Valued	Business and Practice Support	Opportunities for Innovation
		Health System Capacity/Availability of Resources	

PER CAPITA COST ●

APPROPRIATE/EFFECTIVENESS	EFFICIENCY
Best Practices	Cost Stewardship
Spread of Innovation	Practice Efficiency
Avoiding Duplication	Optimized Scope of Practice
	Cost Savings/Reduction/Avoidance

EQUITY ●

STRUCTURAL	RELATIONAL	TRANSFORMATIVE
Policies	Relationships	Mental Models
Practices	Power Dynamics	
Resource Flows		

POPULATION HEALTH ●

DISEASES AND CONDITIONS	HEALTH BEHAVIOURS	WELL-BEING
Diagnoses/Condition status	Substance Use	Physical Well-Being
Functioning	Physical Activity	Emotional Well-Being
Mortality/Survival	Diet and Nutrition	Social Well-Being
	Sleep	Spiritual Well-Being
	Health Service Use	

Examples of common measures used across FE

Activity Type	Domains	Outcome Measures Examples	Output Measures Examples
Physician Wellness			
Physician Wellness Events	<ul style="list-style-type: none"> Physician health and wellness Work-life balance Joy in work Community and belonging Professional courtesy (civility) 	<ul style="list-style-type: none"> Reported feelings of value/energized in their work Reported changes in work-life balance or implemented wellness strategies Participation rates in ongoing wellness programs after the event and awareness of resources 	<ul style="list-style-type: none"> Number of events held Attendance/participation rates Number of wellness materials distributed Event satisfaction
Burnout and Morale Projects	<ul style="list-style-type: none"> Physician health and wellness Work-life balance Joy in work Community and belonging Professional courtesy (civility) Administrative burdens Policies Practices 	<ul style="list-style-type: none"> Reported feelings of being part of a supportive work environment and job satisfaction Reported levels of team integration, connection, collegiality, communication, and/or resiliency Satisfaction with new workflows for reducing risk of burnout Reported levels of time spent on administrative tasks 	<ul style="list-style-type: none"> Number of solutions identified and efficiencies, enhancements, or policies introduced or piloted Number of new support resources and utilization rates
Recruitment and Retention			
Recruitment Projects	<ul style="list-style-type: none"> Work-life balance Health system capacity/availability of resources Collaborative decision making Domains related to access 	<ul style="list-style-type: none"> Post-recruitment survey satisfaction rates of experience, process, and familiarity with the workplace/community Number of new physicians recruited Time to fill positions 	<ul style="list-style-type: none"> Tracking of recruitment activities <i>e.g. dinner meetings held, follow-up calls, community tours</i> Number of marketing materials created/distributed Number of partnerships developed <i>e.g. municipality, community, residency programs</i>
Retention Projects	<ul style="list-style-type: none"> Work-life balance Community and belonging Health system capacity/availability of resources Domains related to access 	<ul style="list-style-type: none"> Retention rates over time Number of returning locum physicians Reported job satisfaction of current medical staff <p><i>See Engagement Among MSA Members section for more examples of enhanced workplace culture.</i></p>	<ul style="list-style-type: none"> Number of exit interviews conducted and analyzed Number of retention solutions identified and piloted or adopted
Onboarding and Orientation	<ul style="list-style-type: none"> Community and belonging Joy in work 	<ul style="list-style-type: none"> Retention rates over time Surveyed perceptions of onboarding and orientation experience and workplace integration 	<ul style="list-style-type: none"> Number of orientations held/ buddies matched Average hours new physicians spend with a buddy Time taken for new physicians to achieve full competency and confidence in their roles
Professional Development			
Professional Development Workshops and Events	<ul style="list-style-type: none"> Joy in work Interprofessional practice collaboration Leadership pathways Opportunities for innovation 	<ul style="list-style-type: none"> Reported feelings of value of knowledge on topic Reported indication that learning will improve practice/patient safety/interprofessional collaboration/leadership skills 	<ul style="list-style-type: none"> Number of workshops and events held Attendance/participation rates Event satisfaction Number of physicians accessing and participating in leadership development and training options

Activity Type	Domains	Outcome Measures Examples	Output Measures Examples
	<ul style="list-style-type: none"> <i>Domains related to safety</i> <i>Domains related to appropriateness/effectiveness and efficiency</i> 	<ul style="list-style-type: none"> Feedback satisfaction rate of support tools and effectiveness and clarity of materials Number of physicians stepping into leadership roles after accessing training/supports Physician leader retention rates 	<ul style="list-style-type: none"> Number of orientation handbooks distributed to emerging leaders and members
Cultural Safety and Humility (CSH) and Indigenous-Specific Anti-Racism (ISAR)			
Indigenous Engagement, Education and Shared Experience Workshops	<ul style="list-style-type: none"> Relationships Policies Practices Relationships Mental models <i>Domains related to safety</i> 	<ul style="list-style-type: none"> Reported change in cultural awareness, integration, and attitudes (becoming more at ease with cultural knowledge and history) Number and areas of focus of implemented ISAR and CSH recommendations and strategies Connections and relationships built over time 	<ul style="list-style-type: none"> Number/type of education and workshop opportunities and experiences provided or promoted Attendance/participation rates Number of materials made available and utilization rate of resources
MSA and Health Authority (HA) Engagement			
MSA and HA Meetings and Collaborative Projects	<ul style="list-style-type: none"> Physician voice Trust Feeling valued Professional courtesy (civility) Collaborative decision making Relationships Power dynamics Policies Practices Resource flows <i>Domains related to access and safety</i> <i>Domains related to appropriateness/effectiveness and efficiency</i> 	<ul style="list-style-type: none"> Evidence of collaborative projects implemented and sustained resulting from engagement Evidence of joint decision-making Reported levels of MSA-HA engagement Perceived value of physician input and influence in decision-making Reported perception of the quality of collaboration and consultation. Number of physicians engaged in site-specific joint committees and projects Evidence of alignment/development of MSA/HA-shared priorities 	<ul style="list-style-type: none"> Number of MSA-HA meetings held Attendance/participation rates, by group Meeting satisfaction Number of physician recommendations submitted to MSA or HA Tracking of action items or decisions identified FEMS Post Claim Survey: Reported rates of increasing physician and health authority engagement
Engagement Among MSA Members			
MSA Meetings	<ul style="list-style-type: none"> Physician voice Trust Community and belonging Professional courtesy (civility) 	<ul style="list-style-type: none"> Member satisfaction rates and perceived value and quality of engagement Self-reported levels of physician-to-physician engagement 	<ul style="list-style-type: none"> Number of meetings held Attendance/participation rates Meeting satisfaction FEMS Post Claim Survey: Reported rates of increasing physician-to-physician engagement
Engaging Members in MSA Priorities and Activities	<ul style="list-style-type: none"> Physician voice Trust Feeling valued 	<ul style="list-style-type: none"> Change in physician engagement and participation in discussions, initiatives, and projects being implemented 	<ul style="list-style-type: none"> Number of events held Number of opportunities for medical staff to provide feedback to the MSA executive

Activity Type	Domains	Outcome Measures Examples	Output Measures Examples
	<ul style="list-style-type: none"> Relationships Power dynamics 	<ul style="list-style-type: none"> Evidence of member input reflected in MSA decisions and priorities Satisfaction with MSA representation 	<ul style="list-style-type: none"> Number of new members recruited and retained in the working group or advisory committee
Community Building	<ul style="list-style-type: none"> Community and belonging Joy in work Team functioning 	<ul style="list-style-type: none"> Reported feelings of being part of a supportive work environment Reported levels of team integration, connection, collegiality, and communication Reported feelings of team culture within and between departments/medical staff/care teams 	<ul style="list-style-type: none"> Attendance/participation rates Number of new community building materials and resources developed, and utilization rates FEMS Post Claim Survey: Reported rates of increasing physician to physician engagement
Recognition Initiatives	<ul style="list-style-type: none"> Community and belonging Feeling valued Joy in work 	<ul style="list-style-type: none"> Reported levels of morale and feeling valued Change in participate rates in recognition initiatives over time <i>e.g. events, kudos</i> 	<ul style="list-style-type: none"> Attendance/participation rates Satisfaction with recognition events/initiatives Number of recognitions <i>e.g. awards, kudos</i>
Communication Strategy			
Communication to MSA Members and FE partners	<ul style="list-style-type: none"> Physician voice Community and belonging Joy in work Relationships 	<ul style="list-style-type: none"> Number/rate of members engaged in promoted MSA activities/committees Number/rate of activity applications and approvals Reported levels of awareness of MSA/FE activities 	<ul style="list-style-type: none"> Number/type of communication touchpoints Open/click-through rate Number of attendees at events or meetings promoted through the communication strategy
System Improvement			
Equity, Diversity, and Inclusion Initiatives	<ul style="list-style-type: none"> Feeling valued Joy in work Resource flows Relationships Power dynamics Policies Practices Mental models 	<ul style="list-style-type: none"> Reported perceptions of equity, fairness, inclusion, and opportunity Reported perceptions of gender equity and workplace culture Reported levels or perceptions of disparities in health outcomes 	<ul style="list-style-type: none"> Number of equity-focused training sessions Diverse representation on key committees Number of solutions identified and equity policies, practices, and/or enhancements piloted, introduced, or adopted
Quality Improvement & Quality of Care Initiatives (<i>e.g. projects related to patient experience, practice environment, efficiency, access and flow, care pathways</i>)	<ul style="list-style-type: none"> Quality improvement opportunities/culture Opportunities for innovation Resource flows Domains related to access Domains related to appropriateness/effectiveness and efficiency 	<ul style="list-style-type: none"> Clinical quality indicators associated with project goals <i>e.g. length of stay, time from referral to visit, readmission rates</i> Patient health outcomes relevant to practice area Reported levels of patient satisfaction Care team satisfaction with change Adoption/sustainment rate/adherence to change 	<ul style="list-style-type: none"> Number of key partners engaged in improvement initiative Frequency of data collection and feedback cycles Frequency of feedback session or improvement meetings/number of PDSA cycles

Tips for identifying measures

- Before selecting measures for your engagement activity, make sure to define activity goals, objectives, and areas of alignment with relevant priorities (i.e. alignment with your MSA's strategic goals, your health authority's priorities).
- Identify quantitative and/or qualitative measures that will help to show progress towards your goals and objectives. Consider the output and outcome measure examples listed in this resource that align with the [JCC Quintuple Aim Framework \(DRAFT\)](#). Other tools and resources that can further support measurement planning include:
 - [JCC Impact Guide \(DRAFT\)](#)
 - [Facility Engagement Evaluation Toolkit](#)
 - [Facility Engagement Activity Intake Form](#)
 - External tools and resources, such as the [CIHI Indicator Library](#) or [IHI quality improvement approaches to establishing measures](#)
- Consult with key health system partners for input on measures you have identified. This can support closer alignment with system priorities and provide opportunities for better access to data and measurement tools.
- Consider who you want to communicate the impact of your engagement activity to; this may influence how and when you want to highlight certain outcomes and impact on the JCC Quintuple Aim.

Glossary

- **Engagement Activity:** FE-funded activities that have an assigned budget and are linked to a specific Memorandum of Understanding (MOU) category.
- **Activity Type:** Broader categories or themes of common engagement activities that are seen throughout FE.
- **Outcome Measures:** Quantitative or qualitative units of measurement that help you to identify if an objective or goal has been met.
- **Output Measures:** Units of measurement that track the processes or activities produced. They are concrete and under the program's control.
- **JCC Quintuple Aim Framework:** The JCC Quintuple Aim Framework is an adaption and expansion of the Institute for Health Improvement (IHI) Quintuple Aim, which has been tailored in the following ways:
 - **Refined aims:** The five aims of the JCC Quintuple Aim Framework include Patient Experience, Provider Experience, Per Capita Cost, Equity, and Population Health.
 - **Refined definitions:** Definitions for each aim were developed, grounded in the foundational concepts of the IHI Quintuple Aim and maintaining its core intent while providing added clarity and relevance for the work of the JCCs.
 - **Creation of domains and domain definitions:** Each broad aim was broken down into specific, actionable domains. These domains represent distinct aspects of each aim, organizing their complexity into manageable categories. Additionally, clear definitions were established for each domain.
 - **Alignment with key partners:** The framework was intentionally developed to ensure consistency with broader health system approaches and to align with partner organizations. More specifically, key parts of the framework align with the [DoBC Strategic Plan](#) and the [BC Health Quality Matrix](#).