



# **Health System Outcomes and Measurement Framework**

---

**December 2013**

**(Amended August 2014)**

## Table of Contents

Introduction .....	2
Purpose of the Framework .....	2
Overview of the Framework .....	3
Logic Model Approach.....	5
Outcomes .....	5
Outputs, Activities, and Inputs .....	6
Social and Environmental Determinants of Health.....	6
Outcome Measures .....	6
Implementation .....	8
Reporting.....	8
Stakeholder Engagement.....	8
Conclusion.....	9
Attachment 1a: Alberta's Health System Outcomes and Measurement Framework.....	10
Attachment 1b: Alberta's Health System Measurement Classification Approach .....	11
Attachment 2: Health System Outcome Measures .....	12
Attachment 3: Cascading Accountabilities .....	15
Attachment 4: Glossary.....	16

## Introduction

Alberta is pursuing its goal of delivering a world-class high quality and innovative health care system. For example, Alberta has one of the lowest 30-day medical readmission rates and the lowest 30-day myocardial infarction readmission rate in Canada.

Yet, Alberta continues to face challenges in its performance. Despite the second highest per capita health spending in Canada, there remains significant disparities in the health status of Albertans. Health system performance measurement, based on intended health system outcomes, is essential to understanding what the health care system is expected to do and how it can be improved to meet performance expectations. Some of these measures exist; others require further development.

Performance reporting facilitates government's accountability obligations to its citizens by documenting progress towards the achievement of targets relevant to the Government of Alberta's strategic goal of "Healthy Albertans."<sup>1</sup> The Framework will guide efforts in delivering a health system that supports Albertans be as healthy as they can be, while enhancing patient experience and care outcomes, and deriving greater value for investments.

In 2012, the Honourable Fred Horne, Minister of Health, identified the need for a Health System Outcomes and Measurement Framework (the "Framework") as a ministry priority.

## Purpose of the Framework

The purpose of the Framework is to provide a clear vision of health system success by identifying the outcomes Alberta's health system is expected to achieve, as well as the logic model to achieve those outcomes and some of the measures that might be used to monitor performance. These outcomes and measures will provide the basis for public reporting on Alberta's health system, with reporting showing both progress towards expectations and changes from previous performance.

The Framework will serve as a foundational document for Alberta's health system, insofar as it will help define medium-to-long term strategic directions and support strategic planning by Alberta Health and Alberta Health Services. It will also ensure that investment in the health system supports achievement of the outcomes.

---

<sup>1</sup> 2013-16 Government of Alberta Strategic Plan: <http://www.finance.alberta.ca/publications/budget/budget2013/goa-business-plan.pdf>

The Framework will also enable comparisons of Alberta's health system performance to results achieved by other provincial jurisdictions and by other developed countries with comparable health systems.

Beyond public reporting, the Framework will help to guide the selection and development of outcome measures to drive health system improvement and investment in areas of strategic importance, and disinvestment in other areas. In addition, more operational measures will help assess the effectiveness of strategies and lead to corrective actions in areas that are not meeting expectations. Importantly, such measures provide a basis for performance assessment and accountability reporting to the Minister.

## Overview of the Framework

The 2008 creation of Alberta Health Services, Canada's first province-wide health system, was followed by a first-of-its-kind 5-year health funding commitment. In conjunction with this commitment, the Government of Alberta released *Becoming the Best: Alberta's 5-Year Health Action Plan 2010-15*, along with by a suite of "Tier 1" measures, with an emphasis on Alberta Health Services' accountability for improving health service delivery in identified areas of underperformance relative to other jurisdictions.

Alberta Health Services performance reporting has been on an agreed-upon suite of measures focused more on acute care operations than on other aspects of the health system. The narrow focus of public reporting has diminished the opportunity to inform and engage Albertans on the broader vision and intended outcomes of the health system.

The proposed Framework presents an opportunity to shift the public conversation about the health system towards awareness of expected outcomes and the necessary efforts to achieve these outcomes. While the Framework will guide the selection and development of performance measures, the measures will continue to evolve and improve.

The Framework is structured as a logic model depicting a causal relationship between inputs, activities, outputs, and intended outcomes, depicting the pathway through which resources are converted to intended results (see Attachment 1a). The measurement classification approach used supports classification of selected measures into various macro-level domains and dimensions, assists in identifying gaps to allow for more focused measurement, and leverages previous work

done by the Canadian Institute for Health Information in the classification of performance measures (see Attachment 1b).

A manageable set of 12 health system outcome measures have been identified to support and contribute to the Minister's public reporting on health system performance towards intended outcomes and to benchmark Alberta's performance against other jurisdictions (see Attachment 2).

Beneath the health system outcome measures will be a suite of strategic performance measures, expected to provide a catalyst for actions most likely to produce needed results. Strategic performance measures support the accountability relationship between the Minister and those Agencies that report to the Minister; e.g. Health Quality Council of Alberta, and Alberta Innovates Health Solutions. These strategic measures are typically referenced in key accountability documents between the Minister and an Agency. The development of relevant strategic performance measures may also be appropriate for other major program and delivery initiatives; e.g. primary healthcare, with the Framework providing a logic model and direct line of sight to the broad health outcomes.

The Framework is sufficiently comprehensive and robust to accommodate evolution of Ministry priorities, as well as the development of new, or evolving measures consistent with these priorities.

The Framework considers and leverages work within Alberta and beyond:

- *Putting People First: Recommendations for an Alberta Health Act*, which suggests that Alberta Health establish three sets of measures: (1) health status of Albertans; (2) health care outcomes; and (3) health system performance. The first set of measures relates to the overall health of the population; by contrast, the second and third sets regard Albertans' interaction with the health system and the system's efficiency as well as effectiveness, respectively. *Putting People First* further states that Albertans expect a health system that is person-centered and that focuses more on wellness than on illness.
- Institute for Health Improvement's *Triple Aim Framework*, which describes an approach to optimize performance through the simultaneous pursuit of three dimensions: better population health, decreased per capita cost, and better patient experience.
- Canadian Institute of for Health Information's proposed *Health System Performance Framework*, which is intended to structure and coordinate reporting across Canada. Much like Alberta's proposed Framework, the Health System Performance Framework moves from health system inputs to outcomes. The Canadian Institute for Health Information's use of a logic

model approach for its Health System Performance Framework suggests that Alberta Health is moving in the right direction with its Health System Outcomes and Measurement Framework.

- A jurisdictional review of health system outcomes frameworks. Examples include the Health Quality Council of Alberta's Quality Matrix for Health, the National Health Service's Outcomes Framework, and the New Zealand Ministry of Health's Outcomes Framework.

## Logic Model Approach

A logic model approach provides a visual overview of how change is expected to take place, insofar as it depicts the pathway through which resources are converted to intended outcomes. As such, the Framework has the capacity to clarify intended results, summarize key program elements, and can be used as a communication tool. The logic model approach identifies and links together five elements: outcomes, outputs, activities, inputs, along with social and environmental determinants of health.

### Outcomes

Outcomes are consequences attributed to policy, program, service, or other initiatives. The Framework distinguishes between three cascading outcome categories:

- **Population Outcomes:** The ultimate outcome expected of Alberta health system is to improve the health status of Albertans, so that all Albertans may live longer, healthier lives. This outcome reflects changes at the population level and requires a long-term commitment, with significant changes in Population Outcomes taking up to twenty years to become apparent.
- **System Outcomes:** Improved health status builds on the attainment of System Outcomes, which represent changes at the health system level and are expected to take place between five to twenty years. The Framework identifies three such outcomes: value for investment; patient experience and care outcomes; and public health outcomes. While distinct from each other, these outcomes maintain complex relations with each other, are interdependent, and cannot be reached at the expense of another. They must be attained while being in balance with one another. For example, improved public health may prevent the over-crowding of emergency departments, thereby contributing to better emergency care and to better emergency care outcomes.

- **Intervention Outcomes:** Much like the Population Outcomes are dependent on attainment of System Outcomes, similarly System Outcomes depend on attainment of a number of Intervention Outcomes. Such outcomes result directly from programs and services and are expected to be realized within one and five years. The Intervention Outcomes identified within the Framework include: appropriate and effective allocation of resources; quality care and effective community support; individual responsibility; and prevention and promotion.

### **Outputs, Activities, and Inputs**

Intervention outcomes are the consequences of a policy, program, and/or initiative's outputs. Outputs are the direct products of services stemming from activities, which in turn require a set of inputs of resources. To illustrate the logical link between all these elements, the schematic in Attachment 1a illustrates how the Outcomes relate to outputs, which in turn build on activities and inputs.

### **Social and Environmental Determinants of Health**

It is important to note the health system exerts varying degrees of influence at different stages in the logic model. While the health system may control inputs, activities and outputs, it can only influence outcomes. Crucially, the role of external factors in determining outcomes increases as we move from intervention outcomes towards population outcomes. For example, health status is influenced by social and environmental determinants of health, which may be influenced by government policy, but not necessarily health policy. The Framework reflects this point by drawing attention to the role of non-health policy in influencing various determinants of health and, by extension, health status.

The Framework can play an important role in meeting Albertans' expectations that government policy be healthy policy, regardless of the Ministry where the policy originates. The reason for this is that the Framework recognizes the role of non-health policy in affecting social and environmental determinants of health and, therefore, health status. As such, the Framework can help facilitate dialogue with other ministries over better policy integration and decision-making.

### **Outcome Measures**

Measurement is an essential component of the Framework and can be distinguished based on whether measurement is used for performance accountability, with the requisite setting of performance targets, or used for indicators of population health status, without targets, yet useful in assessing the effectiveness of the health system performance in affecting intended outcomes.

A list of Health System Outcome Measures is intended to support an understanding of how the health system is performing at both the Population and System Outcomes levels. These measures are deliberately few in number (12), with criteria including: jurisdictional comparability; data availability; system level outcomes focus; and a balanced Triple Aim approach. They provide the basis for performance planning and public reporting to Albertans (see Attachment 2).

This list of Health System Outcome Measures is not static; it may change as other options surface, reflecting an expected maturation and evolution of performance measurement. This list has provided the context for the development and selection of a second layer of Strategic Performance Measures, linked primarily to Intervention Outcomes.

Strategic Performance Measures are expected to include both population indicators and Agency accountability measures. Population indicators represent a shared area of responsibility between Alberta Health and its Agencies and have an important role in monitoring the health system. They do not have specific delegated accountability obligations, are not categorized as performance measures, nor have specific accountability targets.

Strategic (accountability) measures are true performance measures and form the basis of performance planning accountability reporting to the Minister. Consequently, these measures direct Agency focus on areas where results are both desirable and needed, and can demonstrate progress towards expectations and changes from previous performance. These Agency accountability measures are expected to be relatively few in number, intended to affect the outcomes of key priorities set jointly by Alberta Health and Agencies, reflect areas where significant investment is being made, and are expected to be foundational to other emerging health system strategies.

Understandably, Alberta Health Services' strategic (accountability) measures will primarily reflect an acute care health system emphasis, whereas other Agencies' strategic performance measures will reflect an emphasis on respective Agency mandates (for example: research, primary health care, continuing care, and mental health and addictions, quality and patient safety evaluation). Strategic measures may also be foundational in the development and evaluation of new models of care, such as Family Care Clinics. Agencies will develop their respective strategic measures within the next year, with each accountable organization being expected to demonstrate how their respective set of strategic performance measures link back to the overall Health System Outcome Measures.



## **Implementation**

In order to fully implement the Framework and the measures, it is necessary to establish the roles and responsibilities of health institutions and entities, and their accountabilities relative to the achievement of intended outcomes and performance reporting.

### **Reporting**

The report, *Putting People First: Recommendations for an Alberta Health Act*, draws attention to Albertans' support for clearly defined and easy-to-understand health system outcomes: "Albertans are looking for clarification about government's intended outcomes for our health system, and a set of performance measures that will allow us to track our performance and provide for continuous improvement".

The 12 Health System Outcome Measures are to reflect the concerted efforts by the entire health system and can enable the obligations for public reporting on the health system performance. They can also provide performance comparisons with other national and international health jurisdictions. Annual reporting on these 12 Health System Outcome Measures to the public is recommended.

The Strategic Performance Measures are to be recommended as the basis of health care system strategic and business planning, performance assessment, and accountability reporting.

Population Indicators (without targets) can provide a context for the Premier's Focused Agenda Initiatives, are intended to track and inform on broad social and economic trends in the province, and are influenced by many external factors outside of any Agency's direct sphere of influence. Reporting on population indicators is the responsibility of the Minister of Health.

Future work, particularly within Alberta Health Services, will focus on developing additional performance measures, both tactical and transactional, with cascading accountabilities for these level-specific measures. Such measures will reach further into affected organizations, meet requirements of different audiences and have different reporting timelines (see Attachment 3).

### **Stakeholder Engagement**

Alberta Health and Alberta Health Services have worked collaboratively in the development of the Framework and the overall outcomes measures shown in Attachment 2. The following stakeholders have also provided input into the Framework: the Health Quality Council of Alberta; the Canadian

Institute for Health Information; the College of Physicians and Surgeons of Alberta; Myhealth.Alberta; and Alberta Innovates – Health Solutions.

Alberta Health Services has conducted internal administrative and clinical stakeholder consultations on the Alberta Health Services' Strategic Performance Measures, with measurement selection being based on supporting those levers most likely to deliver on the three strategic directions of Better Health Outcomes, Better Experience and Care Outcomes, and Sustainability.

## **Conclusion**

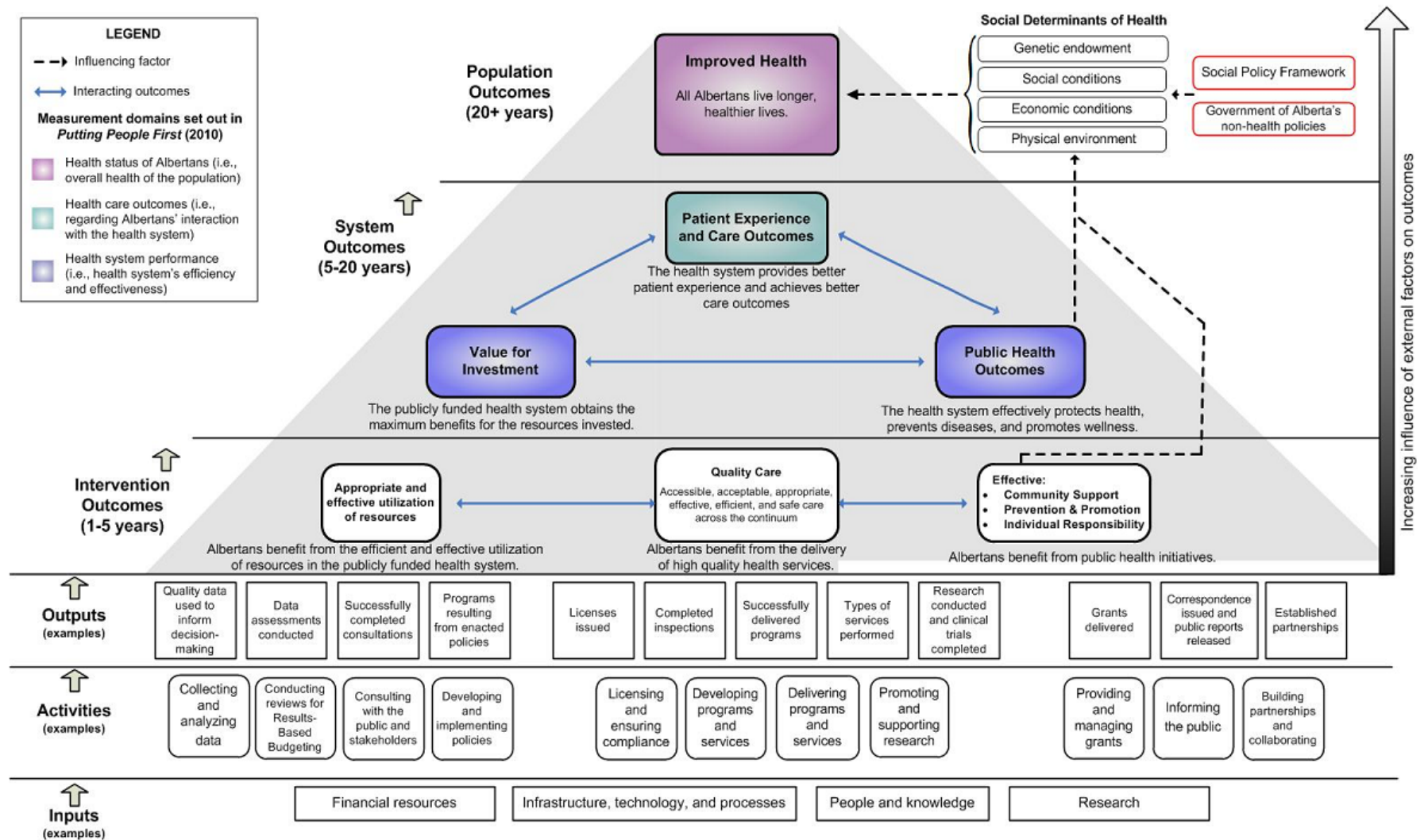
The Framework provides a clear vision of health system success by identifying the outcomes and measures Alberta's health system is expected to achieve. These outcomes and measures will support public reporting on Alberta's health system, provide a basis for setting the strategic direction for Alberta's health system, support strategic planning and investment or disinvestment, as well as provide a means to advance accountability in health system performance reporting.

With its emphasis on national and international jurisdictional comparisons, the Framework will enable comparisons of Alberta's health system performance to results achieved by other provincial jurisdictions and by other developed countries with similar health systems.

Beyond its focus on outcomes, the Framework will also identify further layers of performance measures able to support strategies to deliver on Alberta's long-term vision of improving the health status of Albertans, patient experience and care outcomes, and health care system sustainability.

## Attachment 1a: Alberta's Health System Outcomes and Measurement Framework

### Health System Outcomes and Measurement Framework



## Attachment 1b: Alberta's Health System Measurement Classification Approach

The four macro-level Domains comprise the four major areas of overall importance selected to measure the performance of Alberta's health system. Each domain is further sub-divided into "Dimensions", allowing for more focused measurement within and unique to that domain.

<i>Population Health</i>							
Well-Being	Health Conditions	Human Function	Death	Health Behaviours	Living and Working Conditions	Personal Resources	Environmental Factors
<i>Health Services Delivery</i>							
Acceptability	Accessibility	Appropriateness	Effectiveness	Efficiency	Safety		
Health services are respectful and responsive to user needs, preferences and expectations.	Health services are obtained in the most suitable setting in a reasonable time and distance.	Health services are relevant to user needs and are based on accepted or evidence-based practice.	Health services are provided based on scientific knowledge to achieve desired outcomes.	Resources are optimally used in achieving desired outcomes.	Mitigate risks to avoid unintended or harmful results.		
<i>Governance and Community Engagement</i>							
Governance		Community Engagement			Accreditation		
<i>Health System Sustainability</i>							
Health Technologies		Health Workforce		Information Management/ Information Technology		Fiscal Efficiencies	

## Attachment 2: Health System Outcome Measures

STRATEGIC DIRECTIONS	ALBERTA'S HEALTH SYSTEM OUTCOMES AND MEASUREMENT FRAMEWORK											
	HEALTH SYSTEM OUTCOME MEASURES (FOR ONGOING PUBLIC REPORTING)	LAST ACTUAL RESULTS (YEAR)*				ALBERTA'S RANK**	Patient Experience/ Access		Patient Outcomes		Value for Money	
		ALBERTA	CANADA		Accessibility		Acceptability	Effectiveness	Safety	Appropriateness	Efficiency	
Improving health and wellness of population	1. Age-standardized potential years of life lost (PYLL) under age 75, all causes (per 100,000 population)	4,770 (2007-2009) <sup>i</sup>	4,407 (2007-2009)		6 <sup>th</sup> of 10			X				
	2. Age-standardized mortality rates from treatable causes (per 100,000 population)	64.7 (2007-2009) <sup>ii</sup>	64.6 (2007-2009)		4 <sup>th</sup> of 10			X				
	3. Five year relative survival ratios for the top four most common cancers Note: Reference years refer to date of diagnosis.	Breast	88.5%	Breast	88.5%	3 <sup>rd</sup> of 9			X			
		Colorectal	63.6%	Colorectal	66.5%	5 <sup>th</sup> of 9						
		Lung	15.8%	Lung	18.4%	7 <sup>th</sup> of 8						
		Prostate	96.0%	Prostate	97.6%	5 <sup>th</sup> of 9						
(2005-2007) <sup>iii</sup>		(2005-2007)										
4. Access to surgery: Percentage of the population reporting wait time of four months or more for elective surgery	TBD	25% (2010) <sup>iv</sup>		N/A	X							
5. Harmful Incident indicator	CIHI measure in development	CIHI measure in development		TBD				X				

STRATEGIC DIRECTIONS	ALBERTA'S HEALTH SYSTEM OUTCOMES AND MEASUREMENT FRAMEWORK									
	HEALTH SYSTEM OUTCOME MEASURES (FOR ONGOING PUBLIC REPORTING)	LAST ACTUAL RESULTS (YEAR)*		ALBERTA'S RANK**	Patient Experience/ Access		Patient Outcomes		Value for Money	
		ALBERTA	CANADA		Accessibility	Acceptability	Effectiveness	Safety	Appropriateness	Efficiency
<b>Building a strong community and primary health care foundation</b>	6. Patient satisfaction with quality of health care services received	77% (2012)	No national data are available for this indicator	N/A		x				
	7. Access to primary health care: Percentage of the population with a regular medical doctor	81.3% (2012) <sup>v</sup>	85.1% (2012)	9 <sup>th</sup> of 10	x					
	8. Acute care hospital admission rate for ambulatory care sensitive conditions (per 100,000 population)	313 (2011-2012) <sup>vi</sup>	290 (2011-2012)	4 <sup>th</sup> of 10			x		x	
	9. 30-day unplanned readmission rates to acute care facilities: all causes	8.2% (2010-2011) <sup>vii</sup>	8.5% (2010-2011)	Tied 1st of 10			x			x
<b>Achieving health system sustainability</b>	10. Age-sex standardized hospitalization rate (per 100K pop)	8,573 (2011-2012) <sup>viii</sup>	7,672 (2011-2012)	5 <sup>th</sup> of 10					x	x
	11. Per capita provincial government health expenditures	\$4,606 <sup>f</sup> (2012) <sup>ix</sup>	\$3,870 <sup>f</sup> (2012)	9 <sup>th</sup> of 10					x	x
	12. Cost per weighted case	\$6,371 (2010-2011) <sup>x</sup>	\$5,231 (2010-2011)	9 <sup>th</sup> of 9					x	x

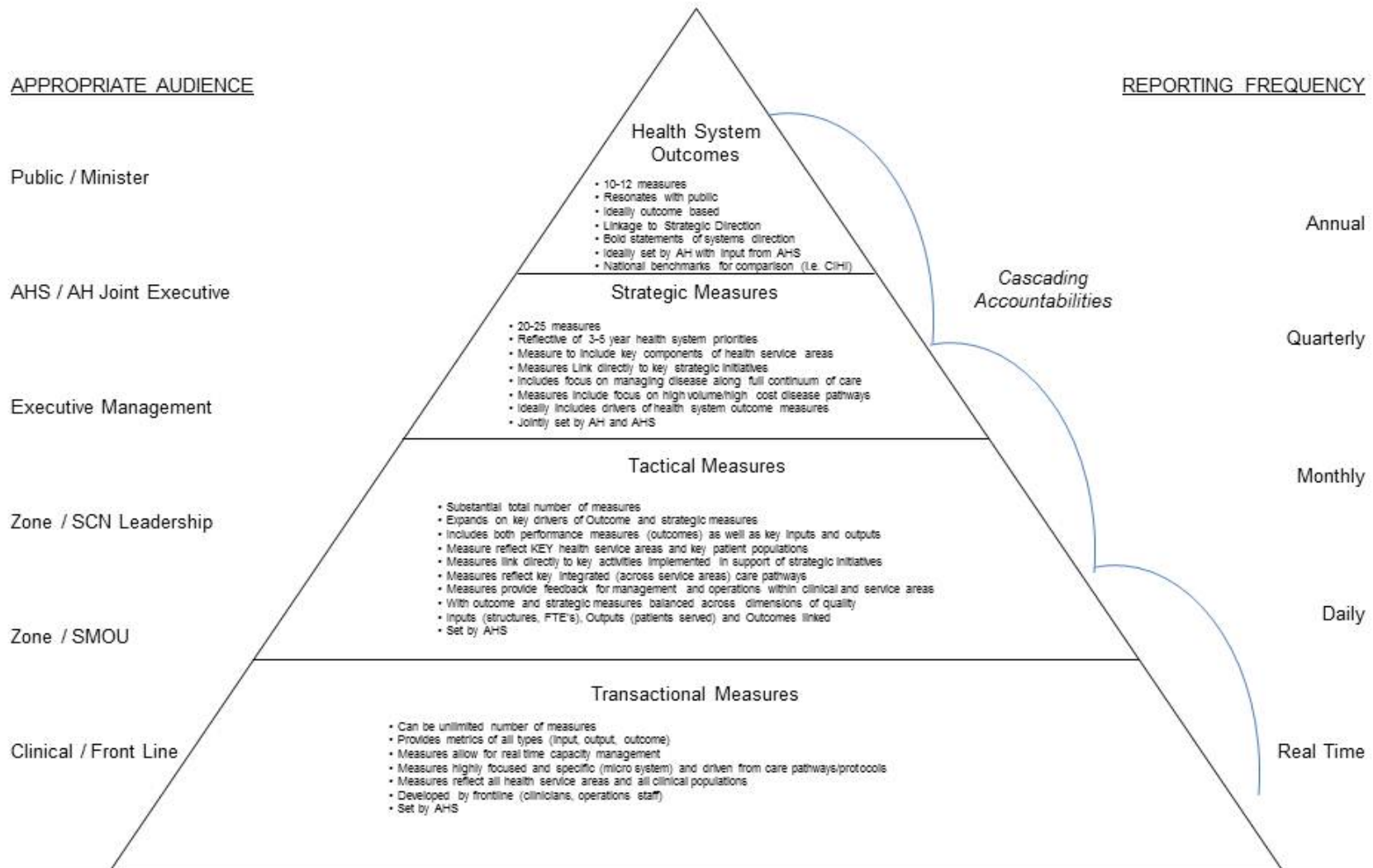
\*The availability of provincial and national data varies; therefore, there may be a lag in the availability of annually comparable numbers.

\*\*Rank based on provinces only; territories excluded.

<sup>f</sup> Forecasted result

- <sup>i</sup> Source: Statistics Canada. CANSIM, Table 102-4311. Premature and potentially avoidable mortality, three-year average, Canada, provinces, territories, health regions and peer groups, occasional.
- <sup>ii</sup> Source: Statistics Canada. CANSIM, Table 102-4311. Premature and potentially avoidable mortality, three-year average, Canada, provinces, territories, health regions and peer groups, occasional.
- <sup>iii</sup> Source: Canadian Partnership Against Cancer (2012). The 2012 Cancer System Performance Report
- <sup>iv</sup> Source: Canadian Institute for Health Information (2011). Learning from the Best: Benchmarking Canada's Health System, p. 23.
- <sup>v</sup> Source: Statistics Canada. CANSIM, table 105-0501 and Catalogue no. 82-221-X. Population with a regular medical doctor, by sex, provinces and territories
- <sup>vi</sup> Source: Canadian Institute for Health Information (2012). Ambulatory Care Sensitive Conditions. Health Indicators 2013, p. 57.
- <sup>vii</sup> Source: Canadian Institute for Health Information (2012). All-Cause Readmissions to Acute Care and Return to the Emergency Department. Figure 4: Risk-adjusted 30-day readmission rates to acute care, by province/territory, p. 16.
- <sup>viii</sup> Source: Canadian Institute for Health Information (2012). Highlights of 2011-2012 Inpatient Hospitalizations and Emergency Department Visits. Table 4 Age-Sex Standardized Acute Inpatient Hospitalization Rates (per 100,000 population), Canada, p. 6.
- <sup>ix</sup> Source: Canadian Institute for Health Information (2012). National Health Expenditure Trends, 1975 to 2012. Table 5 Health expenditure summary, by province/ territory and Canada, 2012, p. 42.
- <sup>x</sup> Source: Canadian Institute for Health Information, Canadian Hospital Reporting Project 2013

### Attachment 3: Cascading Accountabilities





## Attachment 4: Glossary

<b>Activity</b>	An operation or work process that an organization performs. An activity uses inputs to produce outputs and accomplish outcomes.
<b>Benchmarking</b>	Is the process of comparing one's business processes and performance metrics to industry bests or best practices from other industries. Benchmarks are typically defined as ideal performance. In health care, benchmarks are developed from one of three processes: 1) by comparing to peers (e.g., CIHI's approach); 2) through consensus (e.g., First Minister's agreement on access 10 year benchmarks), or through clinical evidence (e.g., impact on outcomes).
<b>Care outcomes</b>	The consequences of health care interventions.
<b>Community Support</b>	Communities are accountable for creating optimal environments that support the health and wellness of individuals and families.
<b>Determinants of health</b>	Factors that contribute to a person's or a population's current state of health, including: genetic endowment, health behaviors, social and economic environment/conditions, physical environment, and health services/medical care.
<b>Effectiveness</b>	The extent to which programs, services, policies, and other initiatives contribute to intended outcomes. Effectiveness is about having programs, policies, and initiatives that achieve their intended outcomes ("doing the right things").
<b>Efficiency</b>	Measure of how economically resources, expertise, and time are converted to results. Efficiency is about performing tasks with the minimum amount of resources possible ("doing things the right way").
<b>Emerging strategic</b>	Reflects emerging strategic health system priorities. Represents emerging priority areas in health system performance assessment. Potential use in formal accountability documents. May be publicly reported. Formal performance targets and discretion.
<b>Health system</b>	Network of institutions, organizations, and people that work to meet the health needs of the population.
<b>Health status</b>	Overall health of the population.
<b>Indicators</b>	Health indicators are measures of performance that help us understand and compare Canadians' health and health care. They are tools that show communities, governments, health care organizations and providers where they've been, where they've headed, and where they need to improve.
<b>Input</b>	The financial and non-financial resources used by organizations to implement policies, programs, and initiatives to produce outputs and accomplish outcomes.
<b>Measure</b>	Measurement is a critical part of testing and implementing changes; measures focus attention and help inform whether the strategies actually lead to improvement.
<b>Outcome</b>	A consequence attributed in part to a policy, program, service, or initiative. Outcomes are not within the <i>control</i> of a single organization, program, policy, or initiative; rather, they are within the area of <i>influence</i> of a specific initiative.
<b>Output</b>	Direct products or services stemming from the activities of an organization, policy, program, or initiative, and usually within the control of the organization itself.
<b>Personal Responsibility</b>	Albertans live healthy lifestyles and take personal responsibility for their health and wellness.
<b>Prevention</b>	People receive a continuum of preventative services that promote health, reduce illness, and improve their quality of life.
<b>Public health</b>	Public health is concerned with preventing illnesses and injuries, promoting healthy behaviours, and protecting the population from health threats.
<b>Strategic</b>	Reflects strategic health system direction/priorities. Represents current priority areas in health system performance assessment. Key elements supporting accountability relationships. Includes targets for health system planning and delivery. Used to publicly report health system performance.
<b>Tactical</b>	Necessary and contributing aspect of a related strategic measure. Represents performance areas to be actively monitored to ensure balanced health system improvement.
<b>Targets</b>	A measurable performance or success level that an organization plans to achieve within a specified time period, typically involving some increment of improvement over current state, and taking into account available investments, competing priorities, benchmarks and other jurisdictions' performance.
<b>Transactional</b>	Represents operational, clinical, or administrative health service delivery performance priorities. Measures that specifically demonstrate program, practice, or organizational performance at the clinical, operational or administrative level.

<b>Quality care</b>	As per the Alberta Quality Matrix for Health, quality care refers to care that is acceptable (i.e., respectful and responsive to user needs, preferences, and expectations), accessible (i.e., obtainable in the most suitable setting in a reasonable time and distance), appropriate (i.e., relevant to user needs and evidence-based), effective (i.e., based on scientific knowledge to achieve desired outcomes), efficient, and safe.
<b>Value for money</b>	Term used to assess whether a specific organization has obtained the maximum benefit from the goods and services it acquires and provides given the resources invested. Value for money is often described in terms of the "three Es;" namely: economy (i.e., minimizing the cost of resources), efficiency, and effectiveness.