

Western Public Health Casebooks

2021

CASE 11: Evaluating a Public Health Program for Continuous Quality Improvement: Options and Methods in a Time of Pandemic

Adeola Oyelade
Western University

David Pavletic
Food Safety and Healthy Environments, Middlesex-London Health Unit

Gerald McKinley
Western University

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Recommended Citation

Oyelade, A., Pavletic, D., McKinley, G. (2022). Evaluating a Public Health Program for Continuous Quality Improvement: Options and Methods in a Time of Pandemic. in: Darnell, R. & Sibbald, S. L. [eds] Western Public Health Casebook 2021. London, ON: Public Health Casebook Publishing.

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CASE 11

Evaluating a Public Health Program for Continuous Quality Improvement: Options and Methods in a Time of Pandemic

Adeola Oyelade, MSc, MBA, MPH (Class of 2020)

David Pavletic, MPH, CPHI(C)

(Manager, Food Safety and Healthy Environments, Middlesex-London Health Unit)

Gerald McKinley, PhD (Assistant Professor, Western University)

It is a bright and sunny day in the middle of June, but not like the usual June. This one is mired in caution and focused on expectations for Rex Paul, Manager of the Food Safety and Healthy Environments (FSHE) team at the Middlesex-London Health Unit (MLHU). The province of Ontario is making a gradual and progressive recovery from the COVID-19 pandemic, so the government is loosening public health restrictions while planning to allow certain businesses, services, and public spaces to reopen cautiously. Rex noticed an email from Dr. Lee Sue, the Associate Medical Officer of Health at the MLHU, who was sharing information from the office of Ontario's Chief Medical Officer of Health (CMOH) regarding public health inspections. In the email Dr. Sue writes, "our recovery discussions will be impacted by this information."

The statement from the CMOH meant a lot to Rex and his team. He quickly updated his discussion points on the agenda for the weekly virtual meeting of the public health inspectors and program staff of the Environmental Health Team scheduled for 1:00 p.m. that day. During the meeting, Rex informed his team that the Ontario CMOH has guided public health inspectors in preparation for the phased approaches to reopening businesses in the province. He reported that according to the CMOH, and in line with the *Ontario Public Health Standards* (Ministry of Health and Long-Term Care, 2018a) and related protocols, certain facilities will not need reopening inspections but, at a minimum, facilities such as pools, spas (hot tubs), and public beaches will require an inspection before reopening. He emphasised the plan toward supporting the operators of these businesses as they prepare to reopen. A public health inspector chipped in and reported that operators are already calling the health unit about reopening, and that they wish to have public health inspection consultations. In response, Rex restated the efforts of the Health Unit to establish guidance material, key messages, and appropriate triaging to address any specific questions they may have. Sipping his remaining coffee after the meeting, Rex realized a lot was ahead for his team. He knew he had to send notice to the Director of Environmental Health and Infectious Disease, John Albert, regarding the number of inspections and consultations needed in the coming days to weeks.

Scrolling through his emails for updates, Rex thought about evaluating the experiences of the public pool and spa operators with the public health inspection services delivered when these facilities reopened. He knows there has been inadequate evaluation of client perceptions in most of the MLHU's mandatory public health inspection programs. These are programs involving inspection or regulatory work like housing, personal service settings, pool, and food premises inspections. Same gaps have been identified during a review of public health inspector activities, and plans were underway to map out how to proceed with this at the next public health inspection review meeting. Meanwhile, Rex envisages that collecting feedback on

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the reopening experiences of public pool and spa operators will serve as a pilot test for the proposed survey on the experience of clients receiving mandatory services from the MLHU. These public pools and spa operators are regulated by government and are referred to as clients in this context.

Rex wants to address this challenge before the next annual review meeting. He contacts Ellen Grey, a program evaluator at the MLHU, to brainstorm about the relevant steps that need to be taken. He also plans to involve some of his team members and one of the volunteer practicum students, Mary Brown.

Ellen assured Rex that she would review the MLHU Planning and Evaluation Framework (Exhibit 1) and give Rex some feedback in a week. The week passed by quickly and Ellen walked into Rex's office on Monday morning looking excited. She informed Rex that she has carefully assessed the logic model designed for the pool safety program. She noticed that client experience was missing in the short-term indicators of the logic model for pool safety. Rex liked this observation and confirmed this information is of utmost interest to him because it represents a unique strategic priority area that sets the direction for the MLHU's service delivery and platform for continuous quality improvement. They both agreed his department had to go through the planning process of evaluation and incorporate client satisfaction as an important component of the short-term outcome indicators. Ellen proceeded to revise the logic model to incorporate client service experiences as the health unit's foundational standards requirements.

As part of the planning phase of evaluating public health programs, the MLHU must engage the relevant stakeholders. In this instance, these stakeholders include the public pool and spa operators, supervisors, or managers, pool user representatives, public health inspectors, program evaluators, program managers, IT units, and statisticians. Ellen and her team want to gather evidence on best practices for collecting data about client experiences related to mandatory public health programs. The team also wants to work with Rex to prepare the Evaluation Plan (Exhibit 2) and New Data Collection Tool (Exhibit 3). The Evaluation Plan helps to map out evaluation steps and guides formulation of evaluation questions for program improvement. On the other hand, the New Data Collection Tool guides for identifying relevant data sources are used every time new data are being collected. These tools will help Rex's team incorporate clients' feedback into interventions to improve the delivery of mandatory public health services. The feedback will also provide baseline information for the planned monitoring of how clients experience the MLHU's mandatory programs.

BACKGROUND

In 2018, a review of the MLHU's public health inspection program focused on public health inspection learning and development needs, service delivery models, workload balance, performance measurement, and quality and performance indicator monitoring. One important cluster recommendation from the review the MLHU must implement in order to meet the requirements of the *Ontario Public Health Standards* is to initiate activities to promote quality assurance and continuous quality improvement. These activities include developing key performance indicators, establishing an audit process for inspection reports, and monitoring clients' experiences of mandatory public health services. Monitoring client experiences will involve regular surveys to provide the health unit with information for improving quality of mandatory public health services. The client perceptions survey is expected to examine the ease or burden of complying with relevant regulations, provide feedback about client awareness levels, their confidence, interest, and knowledge about their responsibilities to comply with regulations.

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As the MLHU planned to implement these recommendations, it became clear that the approach/methodology had to differ from previous client experience surveys, which had focused on healthy individuals and patients. Instead, the survey needed to focus on businesses – people who risk enforcement activities, such as fines, suspensions, and closures, from the health unit – to improve the quality of mandatory public health service provided to food service, pools, and personal service operators. The evaluation also needed to measure the success of the public health inspection (PHI) program from the clients' perspectives, while helping to improve communication strategies between public health inspectors and clients. Of note, PHI interventions with operators also include education and assisted compliance work, where PHIs work with operators to address any compliance challenges they may have. Thus, the survey could seek to inquire on areas where there could be value added.

Together, Rex and Ellen will explore the best practices and/or approaches for helping the MLHU understand client experiences and support businesses as they resume operations during the pandemic. This will also provide information for the MLHU client experience initiative to improve client and community confidence and quality of mandatory public health services for regulatory clients instead of service-seeking clients.

Middlesex-London Health Unit Service Delivery

The MLHU delivers programs and services to prevent the spread of diseases and to promote and protect the health of residents of London and Middlesex County. This is in line with the *Ontario Health Protection and Promotion Act* and further guided by the *Ontario Public Health Standards*. The unit's mandate is to identify and address public health issues that affect individuals, families, and communities while promoting healthy living and identifying community needs. This is the underpinning of the MLHU's commitment to collecting feedback from the community and the businesses they serve to improve service delivery and maintain continuous quality improvement.

The MLHU's services to individuals, families, and the community are either voluntary for clients who seek public health services or nonvoluntary for clients mandated to receive regulatory services according to the *Ontario Health Protection and Promotion Act* and *Ontario Public Health Standards*. According to these classifications, the unit's service-seeking clients include people receiving public health services through immunization clinics, dental health programs, sexual health programs, family planning services, and communicable disease assessments. It also includes refugee services, school programs, long-term care, and retirement home services, among others. Mandatory or regulated clients are those who own restaurants and operate food services, public pools, spas, tattoo shops, and hairdressing and nail salons. These mandatory services are mainly under the purview of the EHID division of the MLHU, specifically in the FSHE and Safe Water, Rabies, and Vector-Borne Disease (SWRVBD) programs.

Rex invited Mary to a quick meeting to brief her on plans for the public pools and spas client experience evaluation. This is a good practicum learning opportunity for her as she will join the public health inspectors during the survey and also experience how the unit will guide the public pools and spas that are preparing to reopen after a long winter and COVID-19 closure. Rex reiterated this is in line with the directives of the provincial CMOH to inspect pools and provide the necessary support for operators as they reopen for business after the initial COVID-19 lockdown. He explained that public health inspectors inspect facilities, provide consultation services and mandatory educational training to operators and their employees, and render other regulatory services to ensure compliance with safety, quality, and business standards. Rex continued his routine mentoring and capacity development discussions with Mary as she nodded in agreement and continued to take notes.

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Recreational Water and Pool Safety

Recreational water includes pools and spas, wading pools, splash pads, and public beaches. These water facilities are used for sport or exercise, relaxation, health therapy, or pleasure (MLHU, 2020a). The use of recreational water requires concerted public health measures to ensure a safe environment. In the *Health Protection and Promotion Act*, health units in Ontario are required to ensure safe and sanitary operation of recreational water according to the *Ontario Public Pools Regulation (Health Protection and Promotion Act, 2007)*, *Ontario Public Health Standards*, and other related guidelines. Common recreational water illnesses associated with the use or ingestion of contaminated recreational water include eye, skin, ear infections and, most commonly, diarrhea. If not properly treated, recreational water can harbour bacteria, viruses, and parasites such as *Escherichia coli*, *Cryptosporidium*, *Giardia*, *Legionella*, *Pseudomonas* (hot tub rash), *Schistosomes* (schistosomiasis), *Shigella* (shigellosis), and diseases caused by noroviruses (Farquhar, 2015). There are also recreational water safety issues including drowning and those associated with injuries from swimming such as cuts and scrapes, pinched skin, sprains or strains, broken bones, head and spinal injuries, and overheating due to high water temperatures in hot tubs (Davis, 1984).

London and Middlesex County have approximately 225 public pools and spas. The health unit's public health inspectors work closely with the operators of these pools and spas to provide regular inspections, and to provide support and guidance to ensure safe and sanitary operations. Sustained efforts from all levels of government, local businesses, industries, members of the community, and recreational water managers and users are important to ensure the safety and cleanliness of the facilities.

Rex updated his notes as he prepared to brief John Albert about the scheduled plan to evaluate how clients experience services provided by the EHID division. Before this meeting, Rex wants to discuss the foundational standards of the Ontario Public Health Programs with his team so they are updated on requirements underlying the public health programs delivered by the division, with a specific focus on program planning, evaluation, evidence-based decision-making, and quality and transparency. Rex knew his team had to be fully aware of the requirements of the *Ontario Public Health Standards*, its prerequisite for program service delivery, and the plan to conduct the survey.

Foundational Standards for Public Health Programs in Ontario

The foundational standards outlined in the *Ontario Public Health Standards* underlie the public health programs, including the FSHE and SWRVBD programs, delivered by the MLHU. The foundational standards support the use of best available evidence to respond to the needs and emerging issues of the health units, which is the foundation for effective public health practice (Ministry of Health and Long-Term Care, 2018a). The key areas of the foundational standards integral to the delivery of effective public health programs include population health assessment, health equity, emergency management, and effective public health practice. Effective public health practice requires applying skills in program planning, evaluation, and evidence-informed decision-making; research, knowledge exchange, and communication; and quality and transparency (Ministry of Health and Long-Term Care, 2018a).

Population-based goals, program outcomes, and specific requirements have been designed as core components to operationalize the foundational and program standards. For instance, the goal of the foundational standards on effective public health practice is to see that “public health practice is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement” (Ministry of Health and Long-Term Care, 2018a). One of the

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desired outcomes of public health practice is to ensure that ongoing program improvements enhance client and community partner experiences and address issues identified through various means.

Rex reiterates the core components of the foundational standards and speaks to the proposed plan to evaluate the experiences of the clients served by his team. He highlights the requirements of the standards with respect to effective public health practice through program planning and evaluation. These requirements are the specific actions the health unit is expected to conduct consistently across the province of Ontario while being responsive to the individual and local needs of priority populations.

To further underscore the importance of regulatory standards and uniformity when implementing public health programs, Rex emphasizes the need to follow the phases and stages outlined in the Planning and Evaluation Framework (Exhibit 1), which models how planning and evaluation work is conducted at the MLHU (MLHU, 2020b).

The Middlesex-London Health Unit Planning and Evaluation Framework

The Planning and Evaluation Framework (Exhibit 1) represents the common vision for planning and evaluation processes at the MLHU. It is designed to be adaptable when developing a new program or monitoring and evaluating ongoing programs or activities that form the core phases of the framework. The framework provides relevant guides and tools that support program managers and other users in the recommended stages of each phase of the program, and it can be scaled to fit the needs of each program. Health equity and stakeholder engagement are critical concepts to apply when using the framework during the planning, implementation, and evaluation phases (MLHU, 2020b). However, it may not be necessary to use all the recommended tools in each stage of the framework. The program manager is responsible for identifying the appropriate tools to be used. The *evaluate* phase of the framework includes four stages: "focus the evaluation," "prepare to evaluate," "evaluate the program," and "share the result" (MLHU, 2020b).

Ellen advised Rex during their brainstorming meeting to think about the evaluation phase of the framework, particularly the "prepare to evaluate" stage, as the basic outline of steps to take for the public pools and spa operators client experience project. The stage highlighted the need to develop evaluation work plans, identify the activities, resources, and support required for the program. It also helps in identifying existing data sources or the need for collecting new data for the project. In a more general sense, the evaluation plan helps users ask appropriate questions that will address the evaluation needs and ultimately improve the program (Martin, 2015; MLHU, 2020b).

Ellen also noted that the Evaluation Plan (Exhibit 2) and New Data Collection Tool (Exhibit 3) would be useful for determining the evaluation questions and data collection methods to use, the types of data to collect, and which measures or indicators to seek - quantitative or qualitative (MLHU, 2020b). Ellen had also reiterated the importance of reviewing the program logic model developed at the program planning phase. This will help them understand how client experience fits either as a process indicator or as a short-term outcome indicator as they prepare to evaluate the program (Abdi & Mensa, 2016; W. K. Kellogg Foundation, 2004).

Measuring the Perception and Experience of Clients Receiving Mandatory Services

The Ontario *Excellent Care for All Act* created an expanded provincial quality agency, Health Quality Ontario, whose mandate is to undertake health system performance monitoring and public reporting, support quality improvement, and promote the provision of best-quality health

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care. The act mandates that health sector organizations include quality committees on their boards and that patient, family, and employee satisfaction surveys be conducted (Ministry of Health and Long-Term Care, 2018b). The client satisfaction survey is a key method for evaluating the quality of health care services. The design and execution of an effective quality management system focuses on quality improvement, error reduction, and associated risks. The evaluation generates interventions aimed at quality improvement and ensures better management systems, good process design, wise resource use, meeting patients' needs, and increased satisfaction (Adane et al., 2019). There is a growing need to measure performance to review the effectiveness of regulatory programs to ensure greater accountability (Organization for Economic Co-Operation and Development [OECD], 2012).

As reflected in the *Ontario Public Health Standards*, the principles encouraging the evaluation of regulatory program effectiveness are promoted globally. Perception surveys are used to assess how businesses and citizens most affected by regulations perceive the impact and benefit of these regulations. However, one key factor to a successful regulatory function is positive perception and stakeholder support, which encourages business investments and consistent compliance with regulatory requirements (OECD, 2012). OECD cites studies showing that business start-up decisions are greatly influenced by individual perceptions about business regulations and associated regulatory qualities such as regulatory structure, regulatory approaches, and regulatory enforcement. Perception surveys have become a useful tool for evaluating and communicating the level of awareness and confidence of businesses and citizens on regulatory initiatives to inform necessary reforms and improve government policies (OECD, 2012).

Rex received some input from his team on the approaches used for evaluating the client satisfaction survey, providing further insights on how to proceed with the project. Two approaches, qualitative and quantitative, have been promoted recently for evaluating patient satisfaction. However, a multimethod approach incorporating both focus groups and individual interviews is recommended to evaluate client satisfaction and add useful information about client perspectives (Boechler et al., 2002).

Although there is no prescribed data collection instrument for the client experience survey, selecting the right instrument depends on a balanced consideration of aspects about utility, reliability, and validity (Beattie et al., 2015; de Almeida et al., 2015). Some instruments for measuring patient satisfaction are provided by private vendors and, because they are usually not public, their reliability and validity are not clear. Other standardized public instruments include patient satisfaction questionnaires; the five-dimension service quality (SERVQUAL) scale; the Patient Satisfaction Questionnaire Short Form (PS-18); and the Consumer Assessment of Health Care Providers and Systems program (CAHPS). In 2019, the MLHU used the Algoma Client-Centered Care Tool (ACCCT) to collect data for measuring service-seeking client experiences. Such instruments have good reliability and validity; however, they offer a limited scope of survey questions (Boston et al., 2013). Internally developed instruments may have the advantage of context and inclusion of questions from other existing standardized instruments (Al-Abri & Al-Balushi, 2014; Teshnizi et al., 2018). In terms of delivery mode, standardized questionnaires (self-administered, interviewer administered by telephone or in person, via the web or apps, or on paper or online) have been the most common assessment tool for conducting patient/client satisfaction surveys (OECD, 2012; Quintana et al., 2006; Urden, 2002). It should be noted that variation in the mode of delivering a survey questionnaire can affect the quality of the responses collected (OECD, 2012).

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There are many methodological issues to consider when designing a client satisfaction survey. According to Lebow (1983), these issues include uniformity myths, the inclusion of items not measuring satisfaction, ambiguity in response alternatives, lack of precision in the use of terminology, failure to distinguish dissatisfaction and lack of satisfaction, failure to sufficiently probe, poor psychometric practice, the absence of accepted measures, failure to identify norms for satisfaction, lack of control over the procedure, sampling bias, biasing responses, the lack of variability in responses, and primitive design, analyses, and reporting. Other key considerations before fieldwork starts may include training data collectors, planning data analysis, interpreting patient experience data, and consensus on how the data will be used to improve the quality of practice (Gleeson et al., 2016).

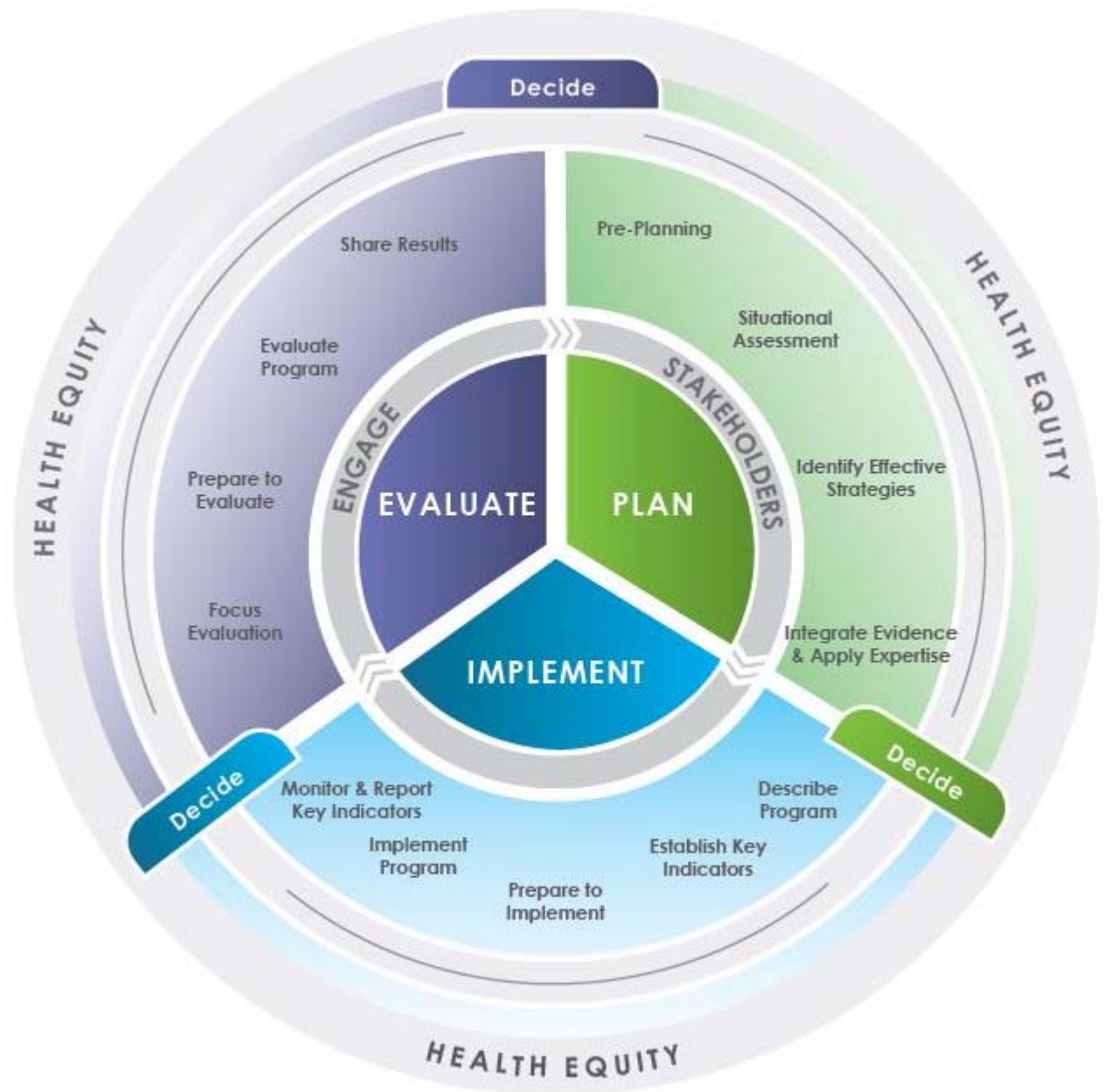
CONCLUSION

Rex thought about how the COVID-19 pandemic would impact data collection processes and approaches. Given the various business restrictions and reduced customer interactions, he wondered whether the survey would help the unit collect new information about the concerns and attitudes of its clients to inform quick policy responses that subsequently supported businesses.

Within the stipulated timeframe, Rex received the logic model design and completed the Evaluation Plan and New Data Collection tool from his team. As he read through the documents, he kept pondering other questions relating to the survey. He wondered which pitfalls he should avoid when conducting client experience surveys. Which practices should be used in this design compared with those from the previous survey on service-seeking clients? What needed to be considered when researching public health emergencies? He began to write an email about his scheduled meeting with John Albert, outlining all the necessary documents and information required for evaluating client experiences now and in the future.

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EXHIBIT 1 Program Evaluation Framework



Source: Middlesex-London Health Unit Program Planning and Evaluation Framework, 2018.

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EXHIBIT 2 Middlesex-London Health Unit Evaluation Plan A

EVALUATION PLAN

The **Evaluation Plan** will help ensure you are asking the right questions to address your evaluation needs and ultimately, improve your program.

Instructions:

- After consulting with your stakeholders, clarify the purpose of the evaluation.
- Identify the key evaluation questions to be answered; avoid questions that are trivial or irrelevant.
- Develop your **Evaluation Plan** before you start developing data collection tools or collecting data.
- The **Evaluation Plan** will help you map out your evaluation. The details will be determined as you develop your **New Data Collection Plan(s)** and **Work Plan**.

Evaluation Purpose <i>How will results of the evaluation be used?</i>			
Evaluation Questions <i>What do you need to know?</i>	<i>Evaluation Question 1</i>	<i>Evaluation Question 2</i>	<i>Evaluation Question 3</i>
Rationale <i>Why is this question important?</i>			
Type of Data <i>What measures/indicators are you looking for?</i> <i>Is this a qualitative or quantitative measure?</i> <i>Example: % of youth 15-19 using condoms during sex; perspectives on negotiating safer sex among youth 15-19</i>			

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<p>Data Source <i>Where can you get the data?</i> <i>Identify if there are existing data or if new data needs to be collected.</i> Existing data sources: <i>Identify sources such as surveillance data, monitoring data & program administrative data.</i> New data collection: <i>Identify sources such as program participants, program partners, program staff.</i></p>			
<p>Data Tools <i>Are data collection tools required?</i> <i>Identify if data tools will be required to access existing data or collect new data. Document any known existing tools or indicate if tools will need to be developed.</i> <i>Note: If you are collecting new data, complete the Data Collection Plan for each data collection tool.</i></p>			
<p>Data Collectors <i>Who will collect/collate the data?</i></p>			
<p>Timeline <i>When will data be collected</i></p>			
<p>Data Analysis <i>Who will analyze the data?</i></p>			
<p>Communication <i>Who needs the results?</i> <i>Identify the audiences that need to hear about the evaluation results.</i></p>			

Source: Middlesex-London Health Unit Program Planning and Evaluation Framework, 2018.

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EXHIBIT 3 Middlesex-London Health Unit New Data Collection Tool

NEW DATA COLLECTION TOOL

The *New Data Collection Tool* should be used every time you are collecting new data. If you are using existing data sources, refer to the *Existing Data Source Tool*.

Instructions:

- Complete each section as outlined to document your plan to collect new data and analyze it. Consider consulting Program Planning & Evaluation, or Population Health Assessment and Surveillance staff as needed.
- Prior to collecting data, please refer to the [Research and Evaluation Policy \(2-040\)](#) to ensure that ethical considerations and organizational standards are understood.

Overall Purpose of the Project	
Purpose of Data Collection	
Key Questions <i>Broad questions that the data collected will answer These key questions directly relate to the purpose of collecting data, and should <u>not</u> be the specific questions on your data collection instrument.</i>	
Data Collection Tools	
Data Sources <i>From whom will the data be collected? Who are the respondents?</i>	
Procedure for Data Collection <i>What methods will be used to collect the data?</i>	
Timeframe for Data Collection	

Data Entry <i>Who will complete data entry? What format will be used to store the data?</i>	
Analysis Procedure <i>Who will analyze the data? What methods will be used to analyze the data?</i>	
How do you propose to share the results? <i>Consider using the Knowledge Exchange Plan, when appropriate</i>	

Source: Middlesex-London Health Unit Program Planning and Evaluation Framework, 2018.

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INSTRUCTOR GUIDANCE

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Adeola Oyelade MSc, MBA, MPH (Class of 2020)

David Pavletic, MPH, CPHI(C)

(Manager, Food Safety and Healthy Environments, Middlesex-London Health Unit)

Gerald McKinley, PhD (Assistant Professor, Western University)

BACKGROUND

In 2018, a review of the public health inspection program by the Middlesex-London Health Unit (MLHU) identified a gap in how its Environmental Health and Infectious Disease division evaluated mandatory public health services. To meet the requirements of the Ontario Public Health Standards, the MLHU must implement important recommendations from the review to ensure the most effective and efficient service model is delivered. One recommendation under consideration is to initiate activities that will entrench quality assurance and promote continuous quality improvement through monitoring and integration of findings from client experience into MLHU's mandatory public health services. Rex Paul, the Manager of the Food Safety and Healthy Environment team at the MLHU, wants to initiate an evaluation framework for mandatory public health inspection programs. He is interested in exploring best practices and/or approaches for evaluating experiences of public pool and spa operators. This will serve as a pilot to assess client experiences with other mandatory public health services. Additionally, Rex wants to know the best data collection methods for the assessment of mandatory public health services in the context of COVID-19 pandemic. This will take a different approach as it is focused on improving the performance of staff who conduct regulatory work that enforces rules as opposed to previous client experience surveys where clients seek services from Public Health (vaccines, sexual health checks, smoking cessation, etc.).

This case outlines the procedures and approaches for the evaluation of a public health program. It discusses relevant tools including logic models useful for clarifying the purpose of evaluation, mapping out an evaluation plan, identifying data collection tools, and collecting important information to address evaluation needs. The case also describes the importance of organizational standards and stakeholder consultations towards effective data collection and analysis for overall improvement in the program outcome.

This process will help Paul's team understand best approaches for collecting client feedback and incorporating findings to improve delivery of mandatory public health services. It will eventually provide baseline information for the planned monitoring of all regulated clients' experiences of the MLHU's mandatory programs.

OBJECTIVES

1. Discuss the importance and consequences of logic models in the evaluation of public health programs.
2. Explain the purpose of an evaluation plan and discuss its components.
3. Identify the barriers and facilitators for successful evaluation of mandatory public health programs, especially those faced during a pandemic.

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4. Discuss the likelihood of long-term adaptation beyond the crisis mode of the present project and the possibilities for later use in non-crisis evaluations.
5. Highlight the benefits of conducting research, such as client experience surveys, during a pandemic.
6. Discuss the approaches for successful data collection during public health emergencies such as the COVID-19 pandemic.

PRE-DISCUSSION QUESTIONS

1. Why do you think it is important to evaluate public health programs and why evaluate the program in today's case?
2. Who should be involved in evaluation processes, both in general and in this case?
3. What is the purpose of an evaluation plan when planning to evaluate a program?
4. What is the importance of logic models in the planning, implementation, and evaluation of public health programs?
5. What are the components of a logic model? List the components in this case.
6. Distinguish between mandatory and non-mandatory public health services.

DISCUSSION QUESTIONS

1. What are the key stages and the appropriate evaluation questions for designing an evaluation plan? What stages and evaluation questions/methods would be appropriate for the case?
2. What are the different ways of designing a logic model and how would you develop a logic model for evaluating the program?
3. What are the different data collection methods for evaluating public health programs?
4. What data collection method(s) do you think are suitable for this case?
5. In what ways can measuring the performance of a regulatory organization through client experience surveys contribute to continuous quality improvement of a mandatory public health program?
6. What are the issues to consider when designing a client experience survey of a public health program?
7. What are the benefits of conducting research, such as client experience surveys, during a pandemic?
8. What approaches would you suggest for successful data collection during public health emergencies such as the COVID-19 pandemic?

KEYWORDS

Client experience; COVID-19; logic model; mandatory services; pandemic; pool safety; program evaluation; Public Health; public health inspection; quality assurance; regulation; service delivery; surveys.