# MONITOR & REPORT KEY INDICATORS

Purpose:

The purpose of this stage is to help you review and report on the key program indicators previously established. Routine monitoring and reporting of key indicators can identify program areas that are working well, areas where processes can be improved (continuous quality improvement) and/or areas where an evaluation is needed.

Monitoring is the routine tracking and reporting of key information on how a program is operating. Monitoring activities are important for the delivery of effective public health programs and are often used for program management and accountability purposes (Peersman et al., 2016). Information gathered through monitoring activities can be used to determine if the program should continue as status quo, or if a continuous quality improvement (CQI) initiative or in-depth evaluation is warranted.

Step 1: Review Routine Monitoring & Reporting Tool

In order to engage in a routine process to monitor and report on the program, you need to have first established what will be monitored. Typically, this is achieved through a set of key indicators. If you have not already identified the set of key indicators for the program, consider revisiting the *Establish Key Indicators* stage guide.

If you have an established set of key indicators for the program, start by reviewing the **Routine Monitoring and Reporting Tool** to help identify which indicators are ready to be reported. You may have established a set of key indicators for a variety of purposes, e.g., PBTs, ASPs, balanced scorecard. Refer to all these documents to review the key program indicators to monitor and report on. If you have not done so already, consider consolidating all the indicators into the Routine Monitoring and Reporting Tool, so that all the indicators are documented in one place. The time period identified in the Routine Monitoring and Reporting Tool will help determine if enough time has passed to report on the indicator. It is important that the program has been operating for an adequate amount of time, in order for it to be accurately assessed. For example, it may not be feasible or necessary to report on the population health indicators on a quarterly basis. However, quarterly reporting of the program process indicators may be helpful information for the team.
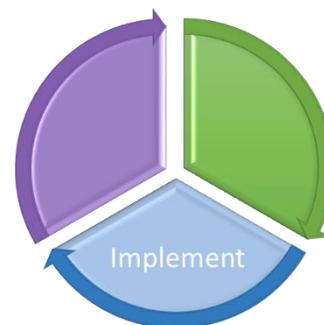
TOOLS
- *Work Plan*
- *Knowledge Exchange Plan*
- *Routine Monitoring & Reporting*

Tip: Consider consulting an Epidemiologist and/or Program Evaluator to support you through this stage

Tip: If changes were made to the program after full scale implementation, you may have to wait longer than the time period specified in the ***Routine Monitoring and Reporting Tool***.

Step 2: Calculate key indicators

Now that you have selected the indicators to report on, connect with the person identified as the lead on the **Routine Monitoring and Reporting Tool**. Ensure adequate time has been allocated so that the person responsible for calculating the indicator can complete all the necessary tasks. Depending on the indicator, it may take more time than anticipated if data needs to be retrieved from multiple sources, or if the data source requires special access.

Once the data has been gathered for the selected key indicators, determine if any calculations need to be done to interpret the data. Revisit the completed **Indicator Development Tool** in the *Establish Key Indicator* stage guide to check if any calculations are needed. If the data are program metrics, there may need to be additional calculations for it to be reported as an indicator. For example, one of the health equity indicators may consider program reach by looking at the proportion of clients from the

> Tip: Consider the audience you plan to communicate the indicator results to. You may need to do additional calculations so the data can be easily understood by the intended audience.

identified priority population(s) who utilized the services. However, the data that is currently collected in the program's database are metrics, such as the number of clients seen who are from the priority population. Although these metrics are helpful, this alone will not tell what proportion of clients are from the identified priority population. Below is an example of how the program metrics from the Sexually Transmitted Infections (STI) Clinic can be used to calculate a health equity indicator.

> **Program**
> The Sexually Transmitted Infections (STI) Clinic utilizes a targeted universalism approach. Its services are available to everyone in Middlesex-London. One of the identified priority populations for the STI Clinic is clients between the ages of 15-24 years.
>
> **Program Metric**
> - # of clients who have visited the STI Clinic in 2018
> - # of clients between the ages of 15-24 who have visited the STI Clinic in 2018
>
> **Health Equity Indicator**
> % of clients aged 14-24 accessing the STI Clinic = $\frac{\text{\# of clients between the ages of } 15-24 \text{ visiting STI Clinic}}{\text{Total \# of clients that have visited the STI Clinic}}$ x 100

Using the routinely collected, program metrics to calculate an indicator can help to meaningfully interpret the program data. In the example above, calculating the proportion of clients aged 14-24 accessing the clinic will help assess whether the program is reaching the identified priority population as intended and will help to determine next steps. However, it is important to note that not all indicators require additional calculations. For example, a qualitative indicator to measure health care providers' level of confidence to administer vaccinations may not need additional calculations. Consider requesting a consult with an Epidemiologist and/or Program Evaluator to support with this step.

Step 3: Compare indicators with targets and benchmarks

Once your selected indicator(s) have been calculated, you need to compare them to the program target(s)s and benchmarks; these may have been identified in the *Establish Key Indicators* stage. This comparison will give you a sense of how the program is doing relative to the targets that were set earlier. As part of the comparison, assess which indicators are meeting or exceeding established targets/benchmarks, and those that are not. It is important to meet with relevant stakeholders to understand the context and identify the factors that may be contributing to the indicator results. Be sure to consult with front-line staff who deliver the program component as they may have additional insight on the indicator's data. Consider reviewing the *Engage Stakeholder concept guide* to learn more about stakeholder engagement.

As the indicators are compared with the pre-established targets and benchmarks, consider the next steps for the program. Indicators that are not meeting the established targets/benchmarks highlight areas of the program that may warrant further examination, as they may be experiencing some issues. In addition, use the input gathered from stakeholders to inform the program's next steps. Depending on what the issue is, you may want to consider a CQI initiative or an in-depth evaluation. CQI initiatives can help improve program processes, address identified problems, and improve efficiency and effectiveness (Ministry of Health & Long-Term Care, 2017). An in-depth evaluation will help assess whether the program was implemented as intended or document the effectiveness and efficiency of the program (Ministry of Health & Long-Term Care, 2017).

Step 4: Report results

Now it is time to report the results of the selected indicators. It is important to remember that the results may need to be communicated to a variety of stakeholders. Consider using the **Knowledge Exchange Plan tool** to identify the most appropriate channels to communicate the indicator results. Depending on the audience, various knowledge exchange strategies may be used. For example, if you are sharing the indicator results with the Senior Leadership Team and the Board of Health, a Board Report might be appropriate, or indicators could be presented on the Planning & Budget Template (PBT). However, if you are sharing the indicator results with the program team, you may consider using an infographic to illustrate the results.

Decision Point

After monitoring and reporting on key indicators, this is a key decision point for Management to determine the following:
- Continue the current program (status quo)
- Start CQI process to address identified problems
- Start a program review
- Start an in-depth evaluation

	Routine Monitoring and Reporting Checklist
	Checklist items relevant to staff are white with a dotted border
	Checklist items relevant to the Program Manager are grey with a solid border
☐	Review the Routine **Monitoring and Reporting tool**
☐	Select indicators to report on
☐	Review and approve the indicators selected
☐	Contact the assigned lead to retrieve the data for the indicator
☐	Complete the calculation for the indicator, if necessary
☐	Compare indicator data with established targets and benchmarks
☐	Engage relevant stakeholders to provide context for the indicator data
☐	Identify next steps for the program
☐	Complete the Knowledge Exchange Plan tool
☐	Approve Knowledge Exchange Plan tool

Reference

Ministry of Health & Long-Term Care. (2017). *Protecting and promoting the health of Ontarians, Ontario public health standards: Requirements for programs, services, and accountability* Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_gu idelines/Ontario_Public_Health_Standards_2018_en.pdf

Peersman, G., Rogers, P., Guijit, I., Hearn, S., Pasanen, T., & A., B. l. (2016). *When and how to develop an impact-oriented monitoring and evaluation system*. Retrieved from London https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/10327.pdf