

# Demonstrating Quality, Impact, and Performance: 2025 Quality & Impact Portfolio Accomplishments

**To:** Chair and Members of the Board of Health

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## Recommendations

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It is recommended that the Board of Health receive this report for information.

## Key Points

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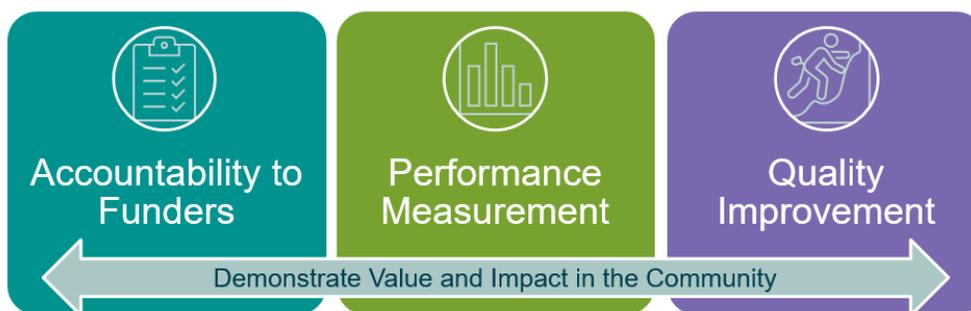
- The Quality and Impact program helps Wellington-Dufferin-Guelph Public Health (WDGPH) understand what public health programs are doing, how well they are working and whether they are making a meaningful difference in the community.
- In 2025, performance measurement at WDGPH shifted beyond counting activities to include consistent measures of service quality and community impact across all programs.
- Coordinated measurement is being introduced for similar public health interventions.
- A more structured approach to quality improvement is improving service efficiency, supporting innovation and helping prepare programs for increased demand.

## Background

As stewards of public resources and committed partners in the communities served, Wellington-Dufferin-Guelph Public Health (WDGPH) has a responsibility to understand the work WDGPH does, how well that work is delivered, and whether it achieves its intended impact. Clear insight into program performance supports informed decision-making, continuous improvement, and accountability to funders, partners and the public. This understanding is essential to ensuring that public health services remain effective and aligned with community needs.

The Quality and Impact program systematically organizes and evaluates the diverse work of WDGPH, with a focus on what the work accomplishes, and how service quality and community impact can be improved. The work of the Quality and Impact initiative falls into three interrelated buckets (**Figure 1**).

**Figure 1. Quality and Impact Program Overview**



### Accountability to Funders

The Quality and Impact program is responsible for the organization-level reporting and knowledge translation tools that demonstrate accountability to the Agency's funding organizations (excluding financial components). This includes reports to the Ministry of Health outlined in the Accountability Agreement, such as Annual Service Plans, Quarterly Standards Activity Reports and Annual Reports, as well as topic-specific ad hoc reports and data requests. The Quality Performance Specialist (QPS) coordinates with managers and program leads to collect, organize and synthesize the detailed program information required to support these reports.

### Performance Measurement

Performance measurement is the process of collecting and analyzing organizational performance data to improve the quality and impact of services. It is critical to understanding what is done well and where improvements can be made. The Quality and Impact program

supports managers, and program leads to align their work with broader agency strategies; clarify the underlying logic and goals of their work; define performance measures; and finally, analyze results to prioritize and implement improvements. At an organization level, the Quality and Impact program promotes measurement by:

- promoting data-based decision making,
- coaching staff to use measurement as a tool for learning and improvement rather than compliance, and
- sharing success stories with staff, leadership and external partners.

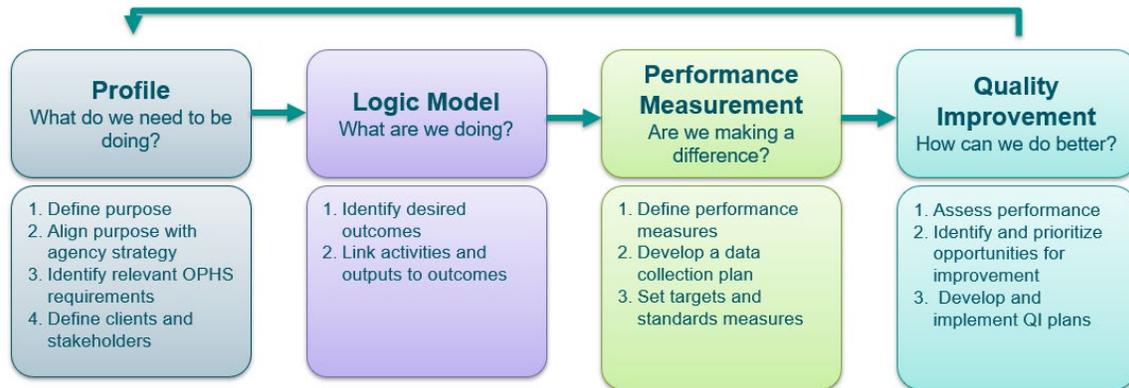
## Quality Improvement

Quality improvement refers to systematic, data-driven approaches used to enhance the efficiency, effectiveness and impact of processes and their outputs. It focuses on translating performance information into action by identifying opportunities for change, testing interventions, and refining practices to achieve better outcomes. The Quality and Impact program supports quality improvement efforts by helping identify opportunities for improvement, creating process maps, defining meaningful measures of change and creating monitoring systems.

## Early Progress

The Quality and Impact program began in 2022. The first years focused on developing and implementing the Quality and Impact Performance (QIP) framework. The QIP framework is a process designed to guide users through performance measurement in four sequential steps. The framework was designed to establish a structured approach for tracking, assessing and improving program performance, while also remaining flexible enough to accommodate the diverse work of the health unit. The framework acts as a central repository for performance measurement data across the organization and reduces administrative burdens by streamlining mandatory reporting for managers and teams. In 2024, a dashboard was created to consolidate, organize and present QIP framework data for management, enhancing visibility and collaboration. The dashboard lets users easily view program goals and logic models while enabling identification and tracking of key performance indicators. By early February 2025, 40 programs had completed the first three steps of the framework (Figure 2) and 200 performance measures were identified.

**Figure 2. Quality and Impact Framework Process**



## Discussion

In 2025, the Quality and Impact program underwent a significant shift in focus. With the framework implemented across programs, the QPS worked closely with managers and program leads to review, refine and strengthen measurement plans. At the same time, the program broadened its approach to quality improvement, moving beyond earlier ad hoc efforts to a more structured and deliberate practice. The following section outlines the program’s key achievements in 2025.

### Part 1: Accountability to Funders

In 2025, the Quality and Impact program collected and reviewed the non-financial components of the Annual Service Plan, the 2024 Annual Report, and the Q3 and Q4 Standards Activity Reports. The QIP framework was instrumental in compiling these reports in an efficient and streamlined manner. Because the framework tools were designed with mandated reporting in mind, nearly all program-level data for these reports could be extracted and, thanks to backend data-transformations, automatically organized into the required format. Managers used to have to spend hours completing detailed summaries of every program within their team. Now they simply need to review pre-prepared documents and make updates as appropriate. In a recent survey of managers and program leads, 91 percent of respondents reported that support from the QPS reduced the burden of mandated reporting on their team. While there are some limitations with using the QIP framework to prepare Ministry reports, it has significantly reduced the time, resources and administrative burden associated with mandated reporting.

## Part 2: Performance Measurement

In early 2025, managers and program leads selected performance measures for their programs. Although training resources and coaching were provided by the QPS, the general direction was to treat their selections as a first draft. By the time the 2025 Annual Service plan was completed, 40 programs had created performance measurement plans. With the 'draft' measures selected, the Quality and Impact program developed three strategies to improve performance measurement plans at WDGPH. These strategies are referred to collectively as the Maturing Measurement project.

The Maturing Measurement project began in July 2025 with the goal of employing coordinated, comprehensive measurement plans across all programs to assess the activity, quality and impact of WDGPH's work. To accomplish this, the Quality and Impact program employed three complementary strategies:

### **1. Refine existing measurement strategies to emphasize quality and impact.**

The first part of the Maturing Measurement project was to undertake a detailed assessment of the existing performance measurement plans and identify opportunities for "quick win" improvements. The QPS reviewed all program-level QIP framework entries and kept detailed notes on both individual measures and overall plans. From July to September 2025, the QPS held one-on-one meetings with managers and program leads to review and update their entries in the QIP. Review meetings involved revisiting the program's profile and logic models, then discussing ways to strengthen the measurement plans. The most common issue was that measurement plans only assessed the activities of the program (i.e., "How much did we do?") and did not address quality ("How well did we do it?") or impact ("Is anyone better off?"). The QPS worked with managers and program leads to identify meaningful quality and impact measures for their programs. After the review meetings, every program in the QIP had at least one quality or impact measure, and the total number of quality and impact measures increased by 30 percent.

### **2. Adopt coordinated measurement practices based on the nature of the work.**

Many programs at WDGPH deliver similar interventions, even when those programs are housed within different teams or divisions. For example, the Infectious Diseases Team and Clinical Services Team both perform case and contact management. However, comparable work was being measured in different ways, limiting the organization's ability to understand performance across programs. A key strategy of the Maturing Measurement project was to coordinate performance measurement for programs employing similar interventions.

The first step in this strategy was to define the intervention types that could reasonably be measured in a coordinated way. To support this work, the Quality and Impact program drew on recently published work from Middlesex-London Health Unit that proposed a classification system for public health interventions<sup>1</sup>. Using this as a foundation, the Quality and Impact program surveyed managers to identify which interventions were used in their programs. The results provided a detailed distribution map of different public health interventions across the organization.

Three intervention types were selected as the initial focus for implementation:

- Inspections
- Case Contact and Outbreak Management
- Community and Partner Mobilization

Selections were based on a combination of manager interest, operational readiness, and the availability of existing guidance on measurement best practices.

In Fall 2025, the Quality and Impact program convened working groups made up of managers and front-line staff for each selected intervention. These working groups were tasked with:

- reviewing best practices related to the intervention,
- generating a set of standard performance measures, and
- identifying gaps in existing data required to support those measures.

The first working group developed coordinated measures for assessing inspection-based programs. In addition to tracking the number of inspections and critical infractions, the new measures assess the timeliness of critical infraction resolution and the effectiveness of inspector education in preventing repeat infractions in the same category. This represents an important shift toward measuring quality and impact alongside activity. Work on the other two intervention categories is ongoing.

### **3. Identify and develop necessary measurement tools.**

Availability of meaningful data is a persistent challenge in performance measurement. While it is usually easy to count program activities, understanding the quality and impact of work typically requires dedicated tools, processes and intentional data collection. While implementing the first two Maturing Measurement strategies, the QPS tracked areas where programs consistently lacked access to appropriate performance data. Although this work is ongoing, two priority gaps were identified in 2025 and will be addressed through targeted tool development in 2026.

- **Tracking Community and Partner Mobilization:** This gap was identified by the Community and Partner Mobilization working group when exploring coordinated measurement practices. In response, a pilot tracking tool and data collection schedule were developed to capture key aspects of this work.
- **Community Partner Feedback:** Community partners play a critical role in extending the reach, relevance and effectiveness of public health programs. Feedback from these partners is an essential component of assessing the quality and impact of the health unit's work.

Together, these three strategies represent a deliberate shift in the QIP framework from establishing performance measurement infrastructure to actively strengthening measurement across the organization. In doing so, the Maturing Measurement project has laid the groundwork for more consistent, meaningful and actionable performance information.

### **Part 3: Quality Improvement Initiatives**

In 2025, the Quality and Impact program advanced a more structured and intentional approach to quality improvement, moving beyond isolated efforts toward coordinated initiatives that result in meaningful and sustained improvements.

#### **Innovation Measurement**

Innovation is a key goal of WDGPH's current strategic plan, occurring across the organization in many forms; however, prior to 2025, the effects of these innovations were not consistently measured. Without a structured approach to measurement, opportunities to learn from and adapt innovative work were limited.

In 2025, the Quality and Impact program developed a set of practical tools and processes to support managers in measuring innovation. These tools were designed to clarify expectations, support learning and minimize administrative burden. They include:

- an **Impact Assessment Plan**, completed before implementation and helps clarify objectives, anticipated impacts and measurement expectations, and
- a **Results and Reflections Record**, completed after implementation and documents results while supporting reflection on lessons learned.

The QPS provided hands-on support to managers using these tools, including assistance with indicator selection, data collection planning, objective clarification and process mapping. In 2025, this approach was applied to several innovative initiatives, including the Health Protection Audit Tools, Public Health Inspector micro-trainings, Integrated Lab Reports and Portable Dental Clinics.

## **Vaccine Preventable Diseases Clinic Flow**

In 2025, the Quality and Impact program assessed both in-house and school-based immunization clinics to improve efficiency and support preparations for increased demand from rapid population growth. This work included shadowing clinics, engaging with public health nurses to understand strengths and challenges, developing a current-state process map, and collecting additional information through staff surveys and targeted data-tracking tools. Based on these assessments, the program developed 10 recommendations to improve in-house clinic flow, including revisiting appointment-length criteria and clarifying organization-wide standards for accommodating additional client needs. Findings and recommendations for school-based clinics are currently being finalized and will be shared in 2026.

## **Participation in Provincial Quality Improvement Networks and Collaboratives**

A specific goal for 2025 was to increase the Quality and Impact program's participation in provincial quality improvement networks and collaboratives, strengthening both organizational learning and system-wide collaboration. This reflects WDGPH's belief that the strength of the public health sector depends on the collective ability to demonstrate outcomes, articulate impact and lead by example.

The QPS is an active member of the Continuous Quality Improvement Community of Practice, a provincial forum focused on shared learning and capacity building for quality improvement across Ontario public health units. In 2025, participation in this group increased, and the QPS is scheduled to deliver two knowledge translation presentations in 2026.

WDGPH also engaged in Quality Improvement initiatives led by Public Health Ontario (PHO). In September 2025, the agency joined the PHO-chaired Quality Improvement Collaborative, which aims to develop scalable and adaptable quality improvement strategies across the province. The current focus of the collaborative is reducing provincial variation in food safety inspections. In addition, WDGPH partnered with PHO to deliver regional quality improvement training for staff from six local health units in the Central West region in February 2026. The full-day workshop provided an interactive introduction to commonly used quality improvement approaches and tools.

## Part 5: Next steps

In 2026, the Quality and Impact program will continue to build on the progress achieved through the Maturing Measurement project by further strengthening performance measurement across programs. This work will include refining existing measurement plans to better assess program performance, as well as addressing persistent data gaps. A key priority for 2026 is the development of a standardized community partner survey, which will support more consistent assessment of partnership quality and the impact of collaborative public health work. In parallel, the Quality and Impact program will identify and support new quality improvement initiatives informed by performance data and operational priorities. To further embed performance measurement and quality improvement into day-to-day practice, the program will also develop knowledge translation tools that make it easier for staff to access, understand and use information from the Quality and Impact Performance (QIP) framework.

## Health Equity Implications

The Quality and Impact program supports equitable service delivery by strengthening performance measurement beyond activity counts, enabling programs to assess who is being reached, how well services meet diverse needs, and where gaps may exist. The QIP framework can be used to review and compare interventions that reduce health inequities. Effective strategies will be studied and adapted for other service areas to maximize WDGPH's ability to address health inequities.

## Conclusion

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The Quality and Impact program continues to strengthen WDGPH's ability to understand, demonstrate and improve the effectiveness of its work. Since its launch in 2022, the program has progressed from building foundational performance measurement infrastructure to using data more actively to support accountability and quality improvement. In 2025, this shift became more deliberate, with stronger, more coordinated measurement practices and a more structured approach to quality improvement. Together, these efforts support better decision-making, reduce administrative burden, and improve responsiveness to community needs. As WDGPH continues to grow, the Quality and Impact program helps ensure that public health services remain effective, accountable and equitable.

## Ontario Public Health Standards

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### Foundational Standards

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management

### Program Standards

- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

## 2024-2028 WDGPH Strategic Goals

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More details about these strategic goals can be found in [WDGPH's 2024-2028 Strategic Plan](#).

- Improve health outcomes
- Focus on children's health
- Build strong partnerships
- Innovate our programs and services
- Lead the way toward a sustainable Public Health system

## References

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1. Summers A, Kearon J, Maaten S, Gabriel C, Harvey M, Sangster Bouck M, et al. Development of a classification of common interventions to describe the work of local public health agencies. *Can J Public Health*. 2025 March 17; 116(6):943-950. <https://doi.org/10.17269/s41997-025-01016-6>