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CHSLDs, Public Management and Program Evaluation

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In Collaboration with Vincent Nicolini

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CHSLDs (Long-Term Healthcare Centres) are at the core of the COVID-19 crisis. For the experienced or seasoned Public Administrator, many of the identified deficiencies may appear staggering. What is surprising is that they are popping up now even though they relate to a long-standing public intervention. It is true that crises are conducive to reveal the extent to which our organized systems are prepared for unforeseen situations. Analyses of such catastrophic events as Hurricane Katrina, the Quebec 1998 ice storm or 2019 recent floods in Quebec have generally illustrated some of the strengths and weaknesses of the organizations involved (Therrien et al., 2017). This is particularly the case for public organizations because it is often their role to intervene amidst unexpected circumstances. Analysts will take a critical look at the effectiveness of the interventions undertaken by these organizations, expose their blind spots, judge whether there is mismanagement or even resounding negligence. Apart from debates of a more political nature, the objective is to enable us to learn lessons in order to improve ourselves, prevent other wrong decisions and avoid mistakes from happening again. As it is currently the case with the COVID-19 pandemic and with respect to CHSLDs, these analyses are taking place in parallel with the ongoing crisis. The alarming importance and seriousness of the situation raises the question of why certain problems had not been formally addressed before within the framework of the regular activities of our institutions. Within the public management process, should there not be formal and scientifically recognized institutional mechanisms that can avert this kind of disaster generated by defective public intervention?

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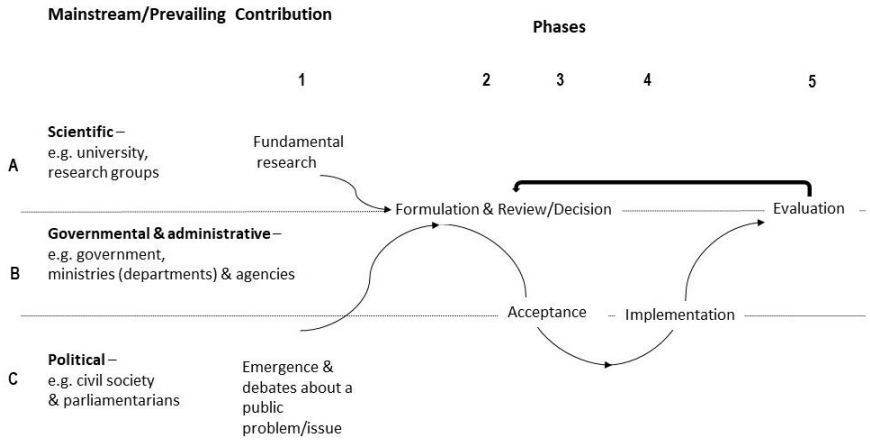
Since the beginning of the COVID-19 epidemic, we had the opportunity to read and hear from many experts on a multitude of socio-health, medical, technological and organizational aspects pertaining to the crisis (Touzin et al., 2020; Gervais, 2020; Carde, 2020). Among other multifarious information, there were well-documented factual expert statements that resulted of several years of research, but also faster diagnoses, closer to opinion or expertise as it has been already pointed out (Gingras, 2020). Such an extensive range of information sources often leads to confusion and bewilderment (Boy, 2020). From there originate, at least in part, the debates around what is true, false or uncertain. The genuine problem is that both experts' opinions and general opinions are intermixed within the midst of substantially reliable scientific research (Guillemette, 2020). If it does become difficult and complicated for the citizen to navigate through such intermingled information, how is it for the decision maker? For the latter, the paramount question is as follows: how to decode, on the one hand, and ensure, on the other hand, the relevance and effectiveness of governmental actions (Allison and Zelikow, 1999)? As far as the COVID-19 crisis is concerned, it is specifically a government-financed public program – namely the CHSLD – which has been the most questioned and widely reported in the media. What has been uncovered during the crisis relates to a variety of factors and complications connected with the management of CHSLDs, and consequently with public management. To name a few of those stumbling blocks, we can think of the salaries issues (Breton, 2020), the lack of qualified staff (Clair, 2020; Gerbet and Schué , 2020), the compliance with minimum health and safety standards (Winner, 2020), the overall quality of the physical and organizational environment (Ruel-Manseau, 2020), etc.

Why are we now suddenly discovering so many deficiencies and shortcomings? In other words, what does characterize or should characterize governmental actions in order for us to avoid such overwhelming inadequacies? Or, are public interventions and responses doomed to have to reveal their relevance and effectiveness only in times of crisis? After all, most of the problems that became severe during the crisis already existed and a lot of impediments had been identified many times in the past (Clair, 2020). In addition, the budget allocated to support seniors' independence, which includes CHLSDs, has increased by 23% in the last two years, suggesting that the problem is not strictly financial (Girard 2020, April 18). To fully understand what largely led to

this surprise effect on the situation in the CHSLDs, it is therefore important to return briefly to the construction of public action and its main components. How can we ensure that public intervention can be continuously improved, thus avoiding the need for solutions to be dictated by the emergency – i.e. requiring swift action – which characterizes crisis exits?

Firstly, the particular characteristic of governmental action is that it is intentional. The intentionality of governmental action originates from a need for programmed intervention aimed at addressing a socio-economic problem that market mechanisms are not able to satisfactorily solve on their own in the eyes of citizens. For that reason, all problems can become public problems to the extent that governments decide to do so. What differentiates the programmed intervention from the free market is the impossibility of the first to self-regulate. The free market will see products and services disappear or adapt through the play of supply and demand and innovation. In the case of the programmed governmental intervention, it will remain as it is as long as a competent authority does not decide otherwise. As a result, and secondly, it is not self-sustaining but it is an integral part of a management cycle. CHSLDs are primarily a response to a public problem: that of senior people whose health conditions requires constant supervision and specialized care, and therefore causing situations where it is not possible to keep them at home (CQLR, c. S-4.2, s. 83). The government's response was to put in place and implement a mixed model. Such a model relies partly on the market and partly on the government. However, there is regulation and public oversight in all cases. Without going into further detail, it must be understood that all CHSLDs are under some governmental supervision. Some are directly managed by the government; others are administered by operating permits delivered by the government. Nevertheless, all CHSLDs are subject to some form of control and could be held accountable by the government. Accountability is an integral part of the management cycle of a public policy (Mehiriz, Turgeon and Charland, 2017). Figure 1 illustrates the various phases for a problem to become public, leading to government action and entering a public management cycle.

Figure 1: Public Policy, from design to evaluation



In the case we are currently examining, we would like to emphasize one point. Indeed, once the decision to intervene was made, what became fundamental was to ensure that the government's action would produce the expected results; in other words, to provide appropriate care to people with a loss of autonomy. As this is a programmed intervention originating from governmental authorities, it would have had to be evaluated or assessed periodically to know its effectiveness, make the necessary adjustments and transform it completely if necessary. Without proper evaluation, all public interventions may hide the type of problems that are presently at the innermost heart of the COVID-19 crisis within CHSLDs. Clearly, however, the evaluative part of the process in the case of CHSLDs seems to have been neglected, completely omitted or its results simply not disclosed. A proper evaluation of CHSLDs would easily have brought to light many of the elements that surprise decision makers and citizens today: wages that are too low, labour shortages, unequal skills, and so on. The case of CHSLDs is particularly interesting for program evaluation as it is a public intervention which is mixed and regional in nature. It provides a prime ground for conducting sophisticated evaluations with the ability to use comparisons or counterfactual scenarios that allow for very productive lesson teaching findings. An evaluation does not merely measure governmental programs and it does not focus only on dashboard piloting, but also on the use of judgment. That is the aim of evaluation. Such a judgment leads to the improvement, reorientation or termination of public intervention which implies understanding how it works down to its in-depth details (Shadish, Cook and Leviton 1991; Thiebaut et al., 2011). In addition, recent approaches to evaluation have placed considerable

emphasis on the need for the evaluator to understand the expectations and social dynamics of the environment being evaluated (Jabot and Bauchet, 2012). In this sense, an evaluation of the CHSLDs would not have stopped at cost-benefit calculations alone but it would have focused on the perspectives of stakeholders. This would have allowed us to focus on the multiple dimensions of governmental intervention (social, cultural, organizational and psychological). While basic research helps to inform the design of public action and shape policy analysis, evaluation is used to adjust public policy by playing a feedback role (Haveman, 1987). Without this fundamental step, public action risks becoming irrelevant, inefficient and ineffective, and allowing deficient public programs and interventions to run their course while the public believes it is protected in the face of a public problem.

COVID-19 and the CHSLD crisis that it has created bring up fundamental questions about the management of our public programs: why was the effectiveness of that government intervention not followed in compliance with the basic rules of public management? Is this the case with other government interventions? For example, it is known that the situation in the CHSLDs and the working conditions of Patients Helpers (Orderlies) have already been problematic for several years and such issues have even attracted the attention of the Ombudsman of Quebec (Chouinard, 2018; Lachance, 2020). Through the media sagas about the number of baths given to senior citizens and the various cases of mistreatment, the unenviable and sometimes dramatic fate of the residents of these establishments was already largely known to the people of Quebec and, therefore, surely also to decision makers. In such a context, the evaluation process serves precisely to extricate itself from the logic of political scandals and media manipulation in order to institutionalize the improvement of public programs. This evaluation process is also a way to generate healthy, evidence-based debates about the success or failure of public intervention.

Indeed, program evaluation is the scientific approach that has been created to ensure the closing of the management cycle of government interventions. The current crisis has led citizens to question the use of such a program evaluation practice. Do we do it? Is it required? The Government of Quebec has a Program Evaluation Guideline that dates to 2014 (Government of Quebec, 2014). Each ministry (Department) of the Government of Quebec is responsible for

conducting its evaluations and it must develop a three-year evaluation plan. However, the implementation of the Program Evaluation Guideline is challenged due to lack of resources (Lahey et al., 2020). Yet the role of Program Evaluation is a form of “substitute” for market signals. Failure to evaluate programs puts the public management cycle at risk. This also leads to another risk, which is to "evaluate on-line,” as is currently done in the case of long-term care centres in the public arena. Attempting to redirect this public intervention on the basis of very partial and inadequate information without understanding the substantive issues cannot be satisfactory. The CHSLD public program addresses a public problem. The core of its activities must be constantly monitored using scientific approaches, adequate measures and scales in order to judge its effectiveness in solving the problem. Otherwise, we are improvising.

Reiterated requests for better protection of whistleblowers (Plante, 2020) are not useless but whistleblowers should not replace the public management process. On the one hand, that would be unwise because any ineffectiveness does not require an alert. On the other hand, any ineffectiveness in public management must be corrected. Where good program evaluations are carried out, there is no omerta or, at least, the risk of omerta decreases sharply while knowledge about the effectiveness of public programs increases and helps prevent excesses. Such an informational problem could likely find some of its solutions within program evaluation. One wonders why the State – i.e. governmental authorities, public administration and parliamentarians – do not use more scientific program evaluation.

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