

Navigator User Guide

Completing and submitting a Quality Improvement Plan online

November 2023

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1. Introduction to QIP Navigator

Quality Improvement Plans (QIPs) are submitted using Ontario Health’s convenient online tool, QIP Navigator. Navigator is designed to streamline QIP development and submission and act as a collaborative space for quality improvement team members. QIP Navigator also allows organizations to search their peers’ submissions to learn, compare, and identify change ideas for improvement. The tool includes assistance in the form of guides, videos, and access to numerous tools and resources designed to help Ontario’s health care organizations create, maintain, and implement their annual QIPs.

QIP Navigator does the following:

- Takes organizations and teams through each step of QIP development
- Serves as a collaborative quality improvement planning tool
- Allows teams to view and update their QIPs as needed
- Allows users to search submitted QIPs for content related to specific indicators or keywords in order to compare their approach with that of other organizations
- Contains historical QIP submissions for longitudinal comparison
- Provides a secure, online space that only your team can access
- Allows users to export QIPs in PDF reports and Excel spreadsheets for distribution
- Minimizes errors to improve data quality (e.g., won’t accept blank cells, forces numerical data, and includes pre-populated data wherever available)

This manual describes the basic functions of QIP Navigator to support optimal use.

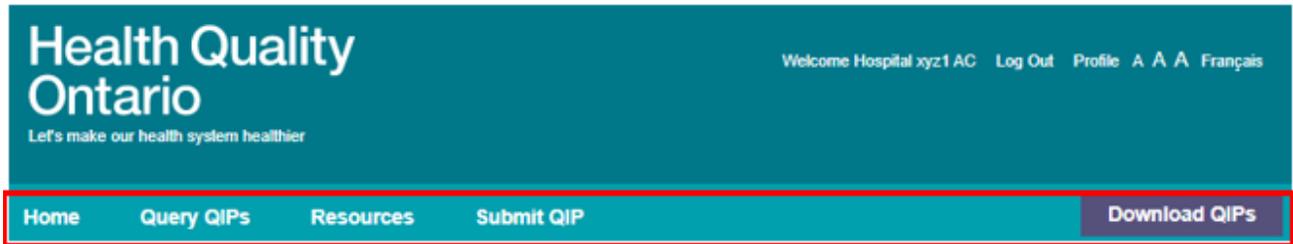
Common acronyms used in this user manual

MOH	Ministry of Health
ECFAA	<i>Excellent Care for All Act</i>
QIP	Quality Improvement Plan
cQIP	Collaborative Quality Improvement Plan
LTC	Long-term care
PC	Primary care
HCCSS	Home and Community Care Support Services
OHT	Ontario Health Team

2. QIP Navigator: Interface at a Glance

The top QIP Navigator menu includes the following tabs: **Home**, **Query QIPs**, **Resources**, **Submit QIP**, and **Download QIPs**. All tabs are publicly accessible, so even staff who are not responsible for QIP data entry can access quality improvement resources or view other organizations' QIPs.

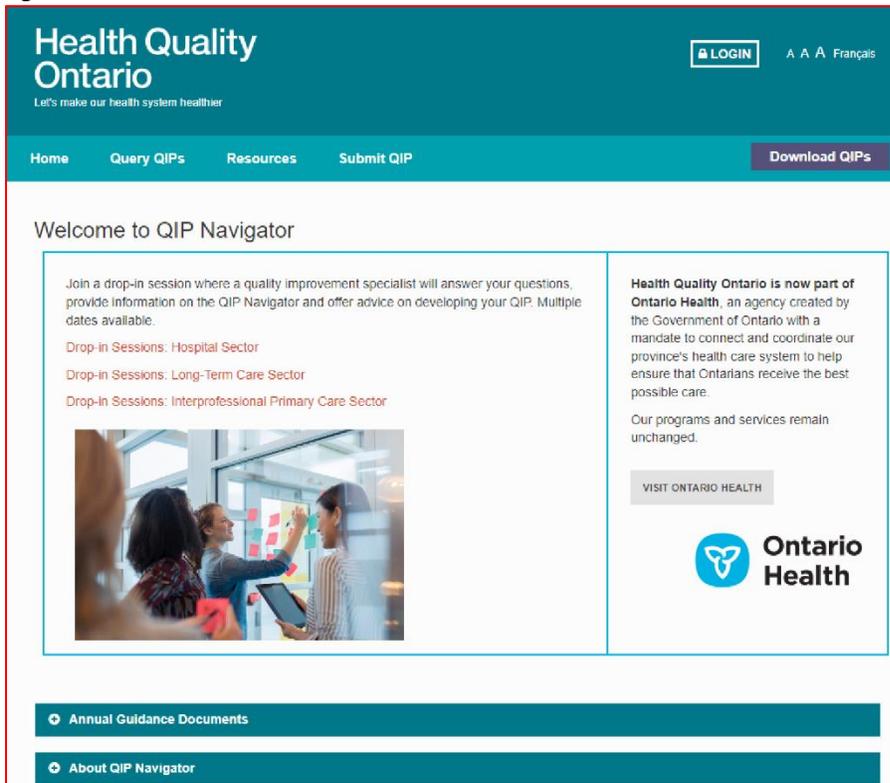
Figure 1



Home

The **Home** tab contains information about QIP Navigator and QIPs, as well as links to annual guidance documents and to sign up for sector specific drop-in sessions.

Figure 2



Download QIPs

The **Download QIPs** tab directs users to a database of all the QIPs submitted to Ontario Health. Users can easily search and sort by organization name, year, sector, region, and organizational type/model. They can also search by organization name. The goal of providing access to all QIPs is to support system-wide learning and capacity-building with respect to setting targets, identifying new indicators and measures, and identifying effective change ideas.

Figure 3

Home > Download QIPs

The following table includes current and past QIPs. Click "Reset" button to start new search.

Fiscal: [View All] Sector: [View All] Region: [View All] Model/Type: [View All]

Organization Name [SEARCH] [RESET]

FISCAL	SECTOR	REGION	MODEL/TYPE	ORGANIZATION NAME	PROGRESS REPORT	NARRATIVE	WORKPLAN	COLLABORATION REPORT	EXECUTIVE SUMMA
2023/24	Long Term Care	North West Region	Small	Atikokan General Hospital	PROGRESS REPORT Previous Format	NARRATIVE Previous Format	WORKPLAN Previous Format	COLLABORATION REPORT	EXECUTIVE SUMMARY

Query QIPs

There are six query reports that organizations or the public can generate based on previously submitted QIPs. These reports allow users to “query” submitted QIPs to search for content related to specific indicators or keywords in order to compare their own approach with that of other organizations of similar type or within the same LHIN. (Note that that QIPs from 2020/21 and 2021/22 are not available as the program was paused during this time.)

Figure 4

The screenshot shows the 'Query QIPs' page in the Navigator User Guide. The top navigation bar is teal and contains links for 'Home', 'Query QIPs' (highlighted with a red box), 'Resources', 'Submit QIP', and a 'Download QIPs' button. The main content area has a white background with a teal header 'QUERY QIPs'. Below this is a breadcrumb trail 'Home > Query QIPs'. On the left, there is a vertical list of six query options: 'INDICATOR QUERY - WORKPLAN (SIMPLIFIED)', 'INDICATOR QUERY - WORKPLAN (DETAILED)', 'INDICATOR QUERY - PROGRESS REPORT', 'TEXT QUERY - NARRATIVE REPORT', 'TEXT QUERY - WORKPLAN', and 'TEXT QUERY - PROGRESS REPORT'. The main content area features a 'Query QIPs' section with an introductory paragraph about Ontario Health's transparency and sharing of quality improvement data. Below this is a paragraph explaining that five types of queries allow users to search and compare Workplan, Progress Report, and Narrative sections. The 'Indicator Query' section is highlighted, with a sub-section for 'Workplan (Simplified)' that includes a description and a 'RUN WORKPLAN INDICATOR QUERY REPORT' button. A 'Workplan (Detailed)' section is also visible at the bottom.

Query reports can be generated on indicators or on text from the Narrative, Workplan, and Progress Report. When generating these reports, it is strongly advised to be as specific as possible and to avoid generating reports that encompass all parameters, as this will return potentially thousands of records. The more specific and detailed the parameters, the more specific the report will be.

Once the parameters are chosen, click **View Report**.

Figure 5

Users can choose to highlight the keyword or phrase they have chosen to search, making it easier to locate the keyword in the report results. The word count is also included to identify how often the word is included within the report.

Figure 6

Parameter Selected
 Key Word or Phrase: equity(Count:312)
 Workplan Section: ALL
 Sector: ALL
 Model: ALL
 Fiscal Year: 2016/17
 LHIN: ALL
 Organization: ALL

Organization Demographic					Aim	
Sector	Model	Fiscal Year	LHIN	Organization	Quality Domain	Issue
Acute Care/Hospital	Chronic/Rehab Hospital	2016/17	Champlain	Hotel Dieu Hospital of Cornwall	Equitable	Equity
Acute Care/Hospital	Large Community Hospital	2016/17	Central East	Peterborough Regional Health Centre	Effective	Maintain and/or create equity to ensure necessary future quality investments are made

Figure 7

Parameter Selected
 Sector: ALL
 Model: ALL
 Domain: Safe
 Indicator: Best possible medication history completed within 24 hours of admission for acute care admitted to CICU, medical and surgical units. CDI rate per 1,000 patient days: Number of patients newly diagnosed residents with a new pressure ulcer in the last three months (stage 2 or higher). Percentage of residents who were physically restrained (daily). Physical Restraints: Number of admission assessments where restraints were used.
 Fiscal Year: 2015/16
 LHIN: 1. Erie St. Clair, 2. South West, 3. Waterloo Wellington
 Organization: ALL

Organization Demographics					Aim		
Sector	Model	Fiscal Year	LHIN	Organization	Quality Domain	Objective	Measure/Indicator
Acute Care/Hospital		2015/16	Erie St. Clair	Hospital A (Test)	Safe	Avoid Patient falls	Percent of complex continuing care (CCC) residents who fell in the last 30 days.
Acute Care/Hospital		2015/16	Erie St. Clair	Hospital A (Test)	Safe	Reduce hospital acquired infection rates	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by 1,000.
Acute Care/Hospital		2015/16	Erie St. Clair	Hospital A (Test)	Safe	Reduce incidence of new pressure ulcers	Percent of complex continuing care (CCC)

The resulting report can be exported in different formats, including Excel and Word. The report will include the organization demographics, aim, measure/indicator, and change ideas.

Resources

This section of the QIP Navigator website houses QIP-related resources, including the QIP Guidance Document, Indicator Technical Specifications, and other QI tools and resources. There are specific resources available for the hospital, primary care, OHT, and long-term care sectors, as well as other organization links.

Figure 8



3. Developing a QIP in Navigator

Logging in to QIP Navigator

While many features of QIP Navigator are open to the public (Download QIPs, Query QIPs, Resources), health care organizations that submit a QIP must log in using their unique username and password to access, develop, and submit their QIP.

From the home page, there are three ways in which organizations can access the login screen:

1. The **LOGIN** button on the top right header
2. The **Submit QIP** button on the top toolbar
3. By hovering over “**submit**” on the home page.

Figure 9

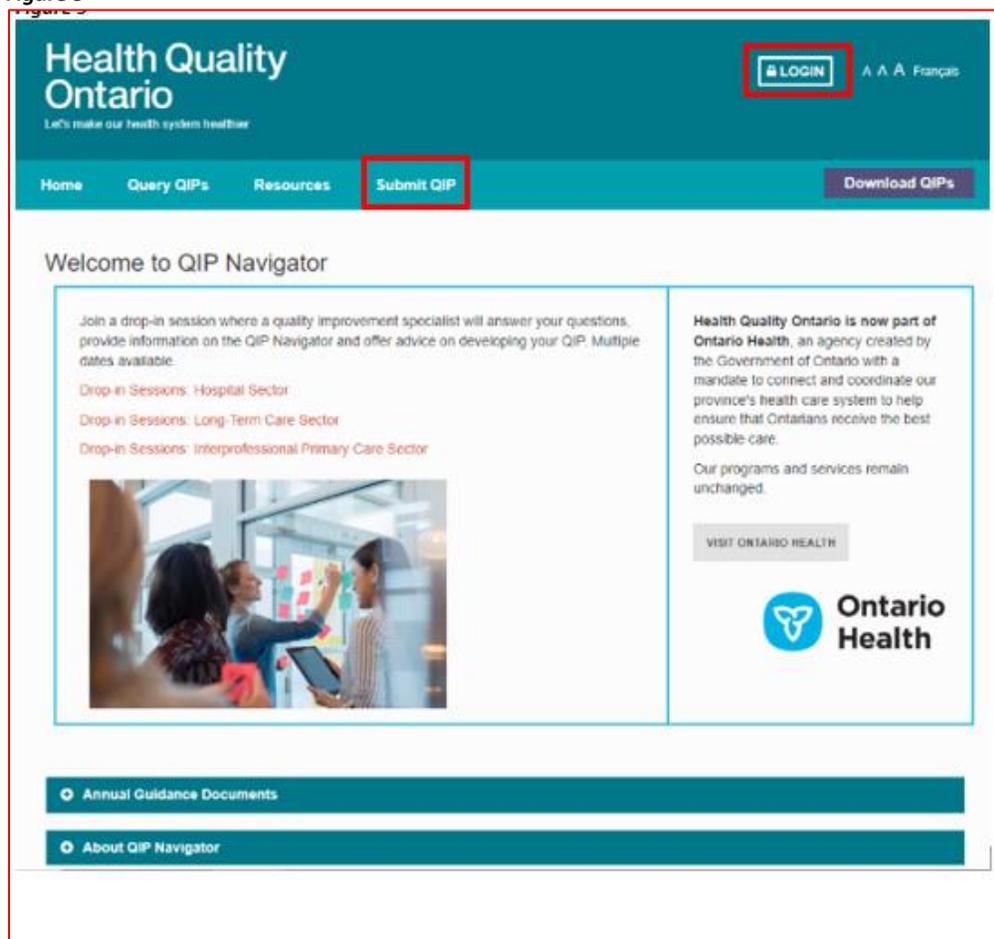


Figure 10

LOGIN

Home > Login

Please enter your credentials

Username:

Password:

LOGIN

FORGOT USERNAME? FORGOT PASSWORD?

Note: The “Forgot Password?” function will only work if the organization has an active email address entered in their user profile. The person primarily responsible for the QIP should be listed in the user profile. The profile is also where passwords can be changed or updated; however, please remember to share new passwords with your team accordingly.

Health Quality Ontario

Let's make our health system healthier

Welcome Hospital xyz1 AC Log Out Profile A A A Français

Home Query QIPs Resources **Submit QIP** Download QIPs

PROFILE

Email Address: john.doe@ontariohealth

Existing Password:

New Password:

Confirm Password:

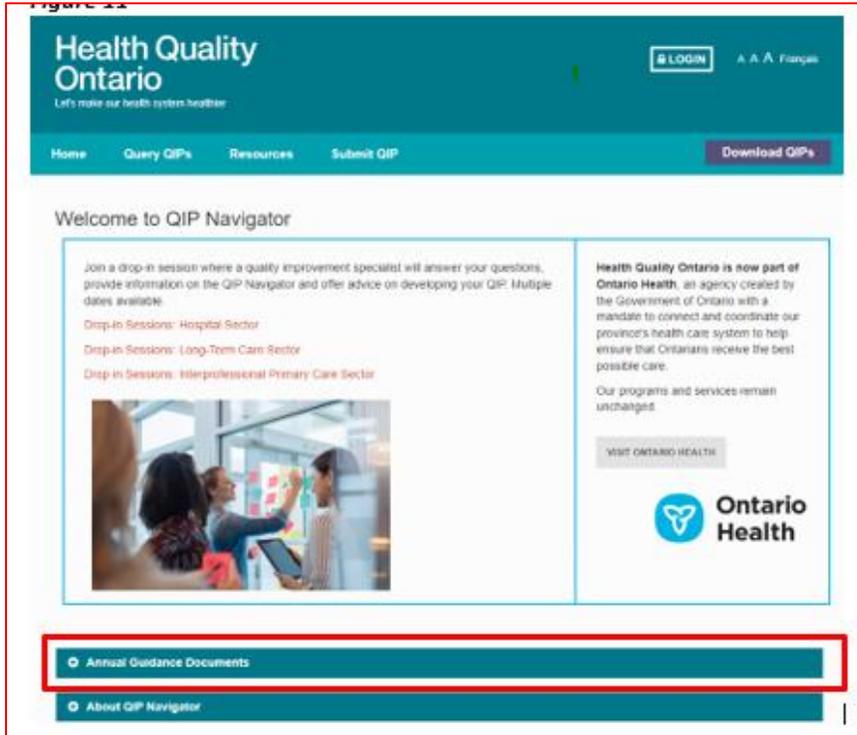
SAVE

CANCEL

Click **Submit QIP** from the navigation menu on the top of the page.

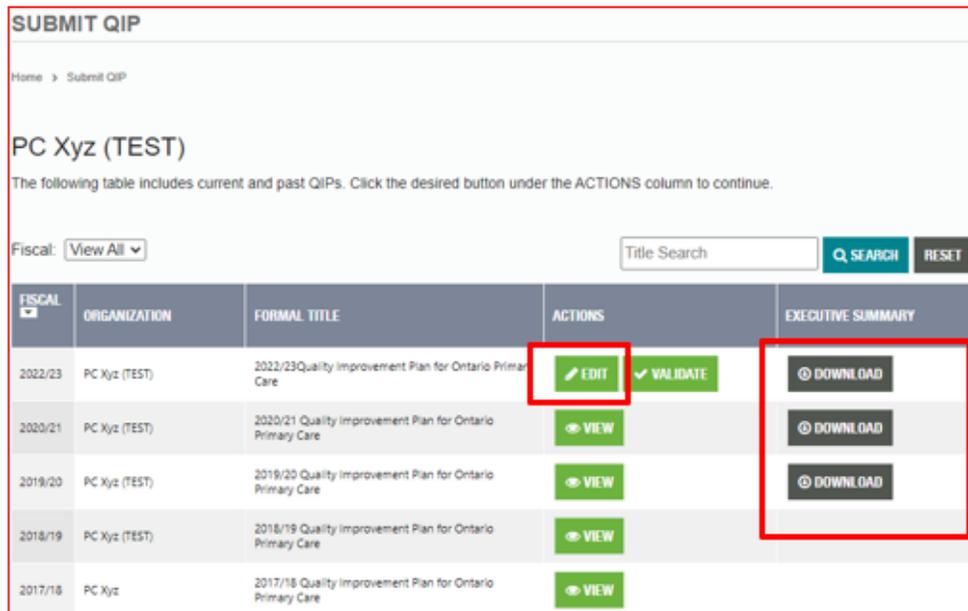
- a) Once organizations successfully log in to their individual accounts, they will be able to access the Annual Memo, which includes updates on the QIP program, sector-specific updates, links to new quality improvement resources and supports, new provincial initiatives and how they relate to QIPs, and more.

Figure 11



- b) From the dashboard view, select the desired action (**Edit**, **Validate**, or **View**).
- c) The executive summary report compares last year's performance and target set to this year's performance and target set; it can be accessed by clicking the **Download** button.

Figure 12



- d) To begin working on your current QIP, select **EDIT**. Once selected, the three components of a QIP (Progress Report, Narrative, and Workplan) will be accessible. Typically, the Progress Report will be displayed first, as this should be your starting point when developing your current QIP—by reviewing

your progress from the previous year, including reflecting on change ideas and lessons learned, you have a great starting point to determine priority areas for improvement and help guide the development of your current QIP.

Figure 13



The Progress Report

We encourage you to complete this component first. This will allow you to review the plan from the previous year, reflect on challenges and achievements, and build on your previous QIP. Please note that the Progress Report will only be “pre-populated” with data for those organizations that have submitted a QIP via the QIP Navigator the previous year. To access the Progress Report, click on the **Progress Report** tab, located beside the Narrative tab.

Your performance and target, as stated in your previous QIP, will be auto populated into your current Progress Report. You must enter your current performance and have the option to add Comments and Results (graphic images). You can add these by clicking on the **Edit** button.

In February, Ontario Health will pre-populate the current performance with administrative data for some indicators, and this will simultaneously update the current performance field in your Progress Report.

Figure 14

2024/25 Quality Improvement Plan for Ontario Primary Care

PC Xyz (TEST) Status: **IN PROGRESS**

[EXPORT PROGRESS REPORT](#)

To enter progress for a Measure/Indicator, click on the "EDIT" button under the ACTIONS column.

ID	INDICATOR (UNIT; POPULATION; PERIOD; DATA SOURCE)	ORG ID	PERFORMANCE STATED IN PREVIOUS QIP	PERFORMANCE TARGET AS STATED IN PREVIOUS QIP	CURRENT PERFORMANCE	COMMENTS	RESULTS	ACTIONS
1	Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system. (% Patients; 6 month period ending Mar 31, 2022; CAPE, CIHI, OHIP, RPDB, NMS)	99999993	50.00	35.00	30.00			EDIT

Once you click **Edit**, a progress pop-up window will appear, where you can add your current performance information, lessons learned related to change ideas, comments, and results. If you do not have a numerical value for current performance, then you may click **Collecting Baseline**, **Not Available**, or **Suppressed**.

Figure 15

The screenshot shows a 'Progress' report window. At the top, it displays the indicator: 'Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system.' Below this, it shows the organization 'PC Xyz (TEST)[9999993]' and two performance values: 'Current performance as stated on previous QIP' at 50.00 and 'Target as stated on previous QIP' at 35.00. A red box highlights the 'Current Performance' section, which shows a value of 43.00 and radio buttons for 'Collecting Baseline', 'Not Available', and 'Suppressed'. Below this is a table with columns: 'CHANGE IDEAS FROM LAST YEAR'S QIP', 'WAS THIS CHANGE IDEA IMPLEMENTED AS INTENDED', 'PROCESS MEASURES FROM LAST YEAR'S QIP', and 'LESSONS LEARNED: •WHAT WERE YOUR SUCCESSES AND/OR CHALLENGES?'. The first row of the table contains the following data: 'Advocate and support physicians access the Digital Health Drug Repository EMR Integration', 'Yes', '% of physicians onboarded to the DHDR EMR Integration by March 31st, 2022', and 'support was well received'.

Note: Your current performance on the Progress Report should match the current performance as stated on your current QIP Workplan. As such, the current performance in both the Progress report and the Workplan are linked. When you enter current performance data in either the Workplan or the Progress Report, the other will automatically update.

Reflection on Change Ideas

The Progress Report is a tool that organizations can use to help identify linkages between change ideas and improvement. It enables organizations to reflect on their change ideas. The tool automatically makes all indicator change ideas visible within the report. Most of this section is generated by an organization's previous QIP. Therefore, less data entry is required, and organizations can focus on reflecting on lessons learned and incorporating them into existing quality improvement activities.

Organizations are expected to indicate whether their change ideas, as pulled from their previous QIP, were implemented as intended and to include key lessons learned. Was the change idea adopted, altered, or abandoned? What were the key challenges? What advice would you give to others? Not implementing a change idea or using a change idea that did not result in improvement should be considered important learnings and should not be regarded as a failure.

Note: if you fail to select yes/no for change idea implementation and/or fail to fill out the lessons learned box for any change idea Navigator will prompt you to do so with a pop-up box and message. Selecting **OK** will return you to the current screen, selecting **Not at this time** will allow you to return to the section at a later time to complete it.

There is also space to add additional or new change ideas that may have been developed and/or tested after the QIP was submitted.

Once you have completed this window, click **Save & Close**.

Figure 16

The screenshot shows a 'Progress' report interface. At the top, there is a 'Current Performance' field with a value of 55.00 and three radio buttons: 'Collecting Baseline', 'Not Available', and 'Suppressed'. Below this is a table with four columns: 'CHANGE IDEAS FROM LAST YEAR'S QIP', 'WAS THIS CHANGE IDEA IMPLEMENTED AS INTENDED', 'PROCESS MEASURES FROM LAST YEAR'S QIP', and 'LESSONS LEARNED: •WHAT WERE YOUR SUCCESSES AND/OR CHALLENGES?'. The first row contains the following data: 'Provide Indigenous Cultural Safety Training to all staff, providers and volunteers across the hospital', 'Yes' (highlighted with a red box), '# staff, providers and volunteers who have completed Indigenous Cultural Training LMS module', and 'we learned the training sessions provided were beneficial for both the staff and patients'. Below the table, there is a text input field for '[Insert NEW Change Idea that were tested but not included in last year's QIP]' with a blue arrow pointing to it, and two radio buttons for 'Yes' and 'No'. At the bottom of the table area is an 'ADD NEW CHANGE IDEA' button. Below the table is a 'Comments' field. The URL at the bottom is 'ProgressDetail.aspx?ProgressReportId=68069'.

Note: If you are using the same change ideas for multiple indicators, please copy and paste the text of the change idea for each indicator, rather than including statements such as “please see above.” This will ensure that users have all the information they need when running reports through Query QIPs. This will also help Ontario Health ensure that information is correct during our analysis of the QIPs.

Figure 17

The screenshot shows an 'IMAGE' upload interface. At the top, it says 'Please upload any image(s) that show the results or outcomes of your change idea'. Below this is a table with two columns: 'IMAGE' and 'ACTIONS'. The 'IMAGE' column contains a small thumbnail of a line graph. The 'ACTIONS' column contains three buttons: 'MOVE UP', 'MOVE DOWN', and 'DELETE'. Below the table are four buttons: 'CLEAR ALL FIELDS', 'CANCEL', 'UPLOAD IMAGE' (highlighted with a red box), 'SAVE', and 'SAVE & CLOSE'.

Each indicator progress page has an **Upload Image** button, which organizations can use to upload a graphic or diagram to help narrate their progress story or results. Once you click this button, you can upload the image file(s) using the pop-up window that appears. There is a file size limit of 2 MB per image.

Exporting the Progress Report

Figure 18

The screenshot shows a web interface for a Quality Improvement Plan (QIP). At the top, there are three tabs: "PROGRESS REPORT" (highlighted in purple), "NARRATIVE", and "WORKPLAN". Below the tabs, the title "2023/24 Quality Improvement Plan for Ontario Primary Care" is displayed. Underneath, it says "PC Xyz (TEST)" and "Status: IN PROGRESS" (in a blue box). A red box highlights a button labeled "EXPORT PROGRESS REPORT" with a download icon. Below this, a message reads: "To enter progress for a Measure/Indicator, click on the 'EDIT' button under the ACTIONS column." At the bottom, a table header is visible with columns: ID, INDICATOR (UNIT; POPULATION; PERIOD; DATA SOURCE), ORG ID, PERFORMANCE STATED IN PREVIOUS QIP, PERFORMANCE TARGET AS STATED IN PREVIOUS QIP, CURRENT PERFORMANCE, COMMENTS, RESULTS, and ACTIONS.

If your organization would like to publicly post your QIP on your website, please download a version immediately after you have submitted your QIP. The export function will be disabled once the QIP submissions are officially closed (typically April 1st) and the QIP will become read-only. You will then have to access your QIP using the “Download QIPs” function.

The Narrative

Figure 19

The screenshot shows the "SUBMIT QIP" page. The breadcrumb trail is "Home > Submit QIP > Narrative". At the top, there are three tabs: "PROGRESS REPORT", "NARRATIVE" (highlighted in purple), and "WORKPLAN". A large red arrow points down to the "NARRATIVE" tab. Below the tabs, the title "PC Xyz 2017/18 Quality Improvement Plan for Ontario Primary Care" is displayed. Underneath, it says "Status: IN PROGRESS" (in a blue box).

The Narrative should highlight the main points of your organization’s QIP and describe how it aligns with other planning processes within your organization and with other initiatives underway across the province. Please refer to the current guidance document for more information on how to complete the QIP Narrative.

Figure 20

SUBMIT QIP

Home > Submit QIP > Narrative

PROGRESS REPORT NARRATIVE WORKPLAN

2018/19 Quality Improvement Plan for Ontario Long Term Care Homes

QIPLTCTestParent (TEST) Status: IN PROGRESS

UPLOAD ORGANIZATION LOGO EXPORT CURRENT NARRATIVE EXPORT FULL NARRATIVE TEMPLATE

Goto section Overview

Overview ?

Describe your organization's greatest QI achievements from the past year ?

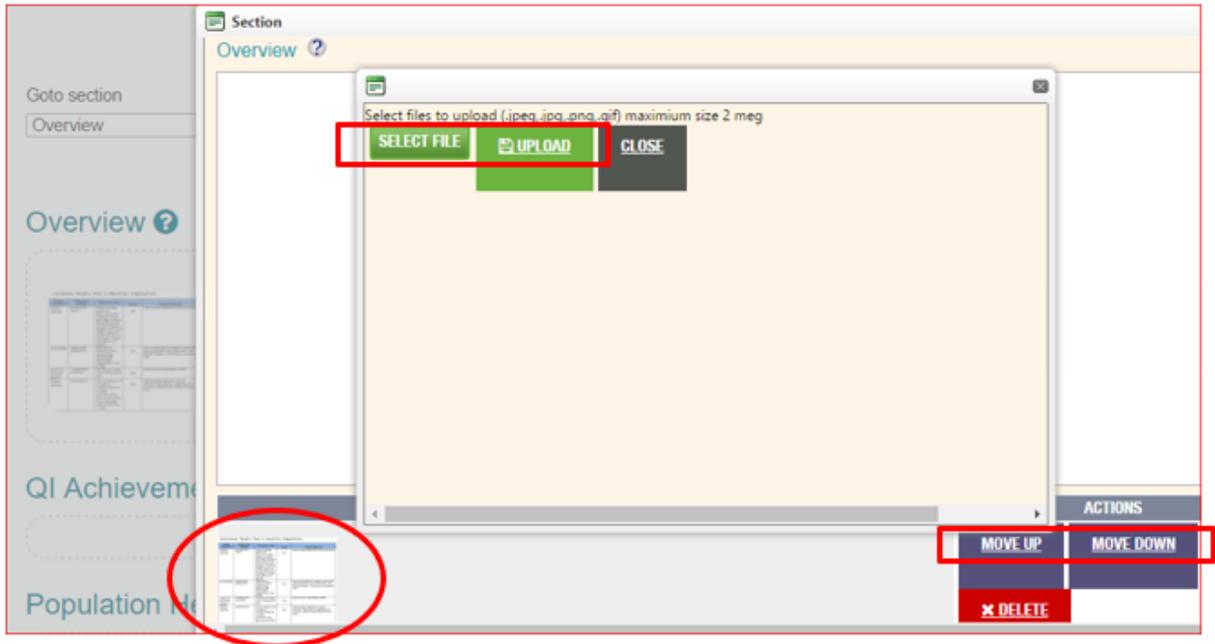
Resident, Patient, Client Engagement ?

Collaboration and Integration ?

- Click on the title of each section (either **Overview** or the box with the “+” sign) to add information to each of the sections
- Each section will have a pop-up box to which you can add your information
- Under each heading there is a **SELECT FILE** button and an **UPLOAD** button where organizations can upload a graphic or diagram to visually help narrate their story. You can upload more than one image (up to a limit of five images) and move the image(s) up and down in order. There is a file size limit of 2 MB per image.

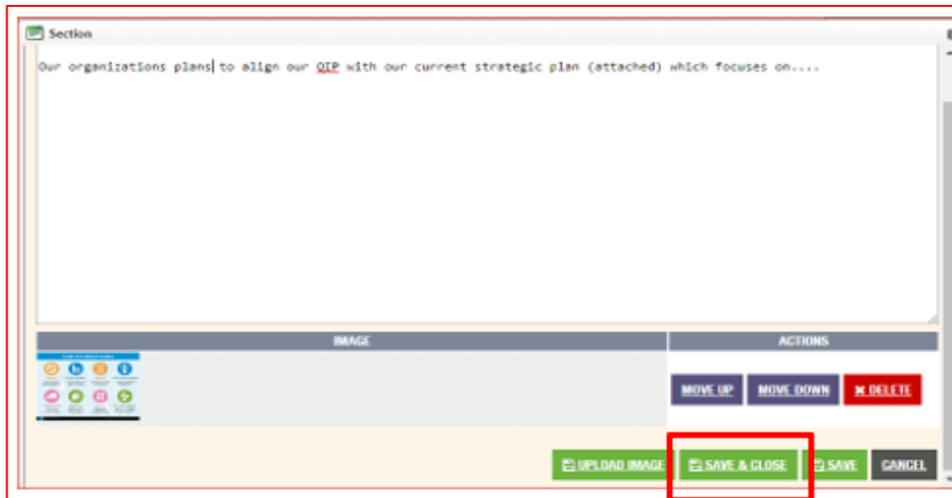
Note: all images will remain at the bottom of the text paragraph when exported.

Figure 21



- d) Any changes to the exported (previous version) Word document *cannot* be uploaded back into QIP Navigator—all revisions must be made in the tool.
- e) Once you have entered your information, click **Save** to save your information and continue working, or **Save & Close** to save your information and close the box.

Figure 22



Hover Help in the QIP Narrative

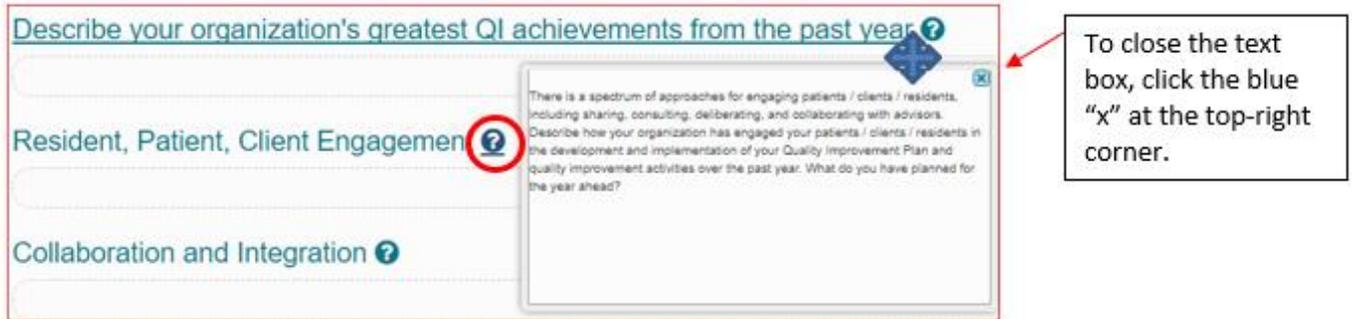
“Hover help” is the term Ontario Health uses to describe the text that appears when you hover over the question mark icon. Each question mark icon provides guidance, examples, or references to help users complete their QIPs.

If there is a lot of information in the hover help box, a scroll bar will appear on the right-hand side. However, the text box will need to be locked or it will disappear as you move your cursor.

You can lock the text box by clicking on the question mark icon, then moving your cursor to the top of the text box and clicking again. You will see the quad arrow icon appear. You have now locked the text box and can move it around the screen.

To copy the hover help text, you must lock the text box and then move the cursor inside the box and highlight the text you want to copy. Use “Ctrl C” to copy and “Ctrl V” to paste the copied text.

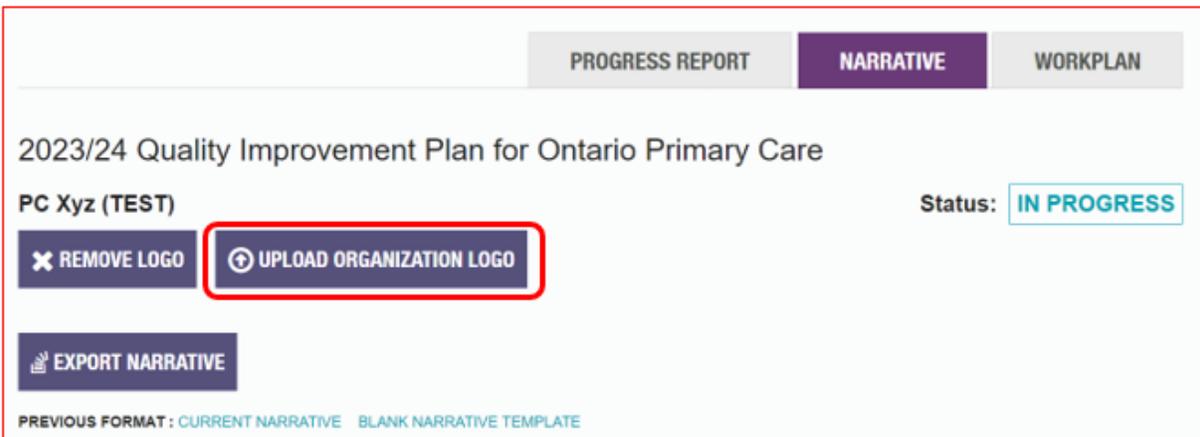
Figure 23



Uploading Your Organization's Logo

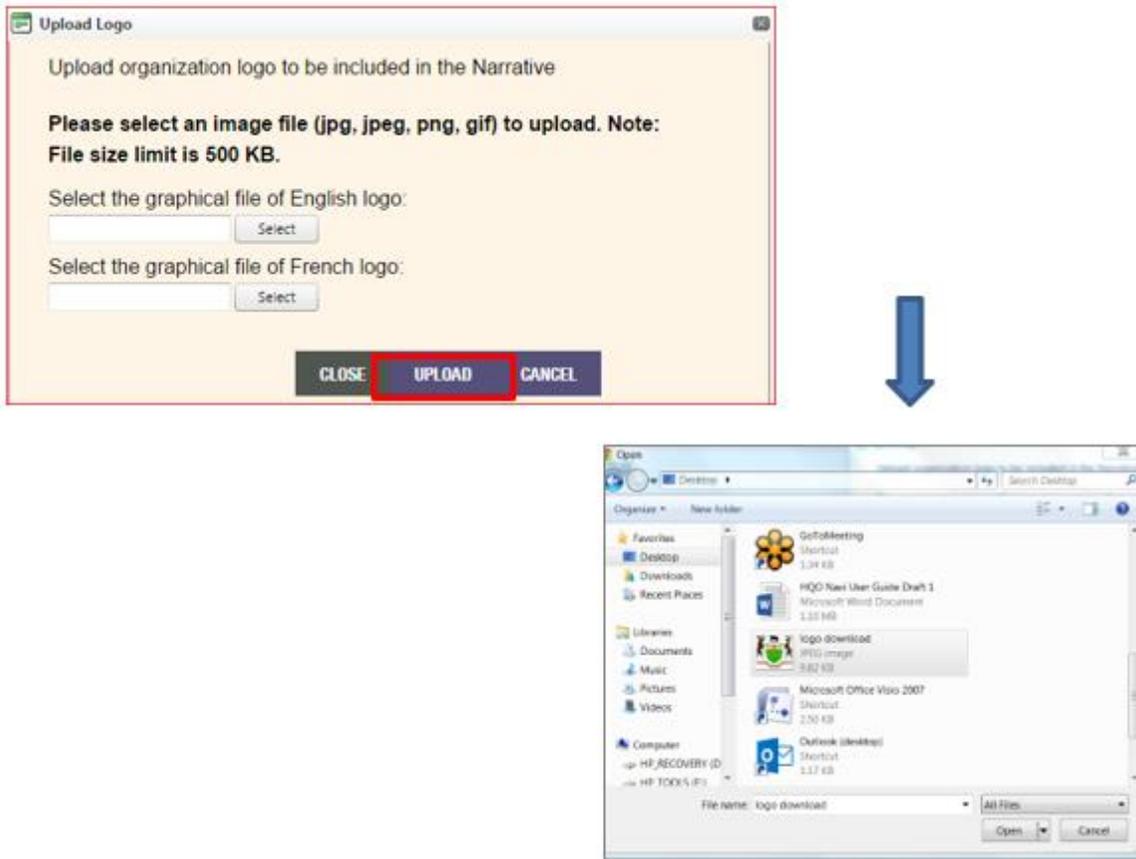
You have the option to upload your organization's logo by clicking on the appropriate button (see Figure 24 below). You can remove this logo in the same way.

Figure 24



- a) When you click the button, an “Upload Logo” box will appear. Click **Select**. A second window will appear, which will allow you to browse your files for your organization's logo.

Figure 25



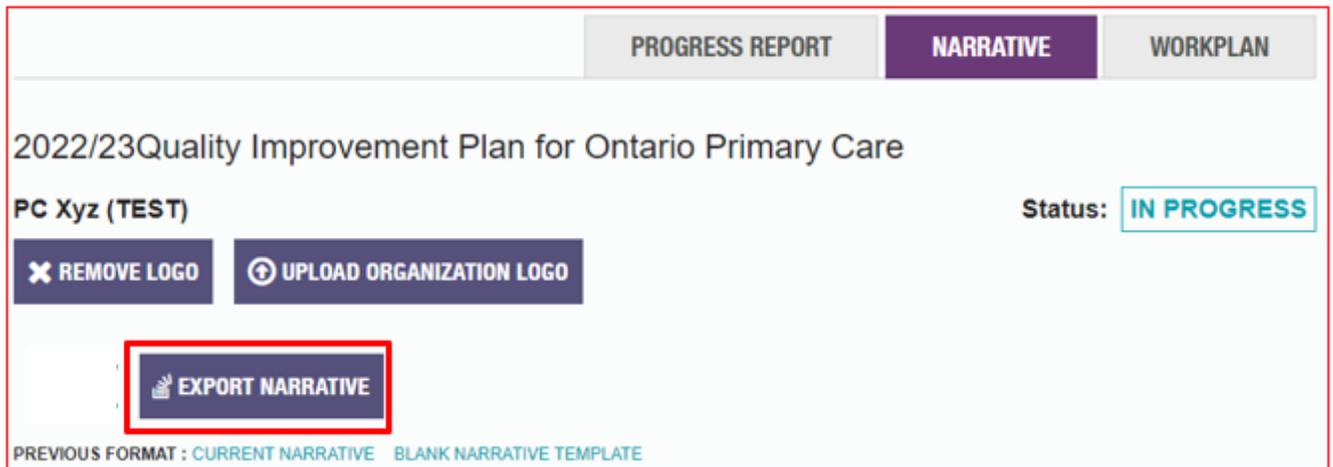
- b) File images can be jpg, jpeg, png, or gif and should not exceed 500 KB. Click **Open**.
- c) Click the **Upload** button
- d) Click **Close** once your logo has been uploaded successfully. The logo will be automatically inserted on the front page of your QIP Narrative template.

Exporting the Narrative

Click on the **Export Narrative** button to export a PDF version that includes only the fields you have begun to work on.

For those that prefer to use an editable version (Word doc), use the previous formats.

Figure 26

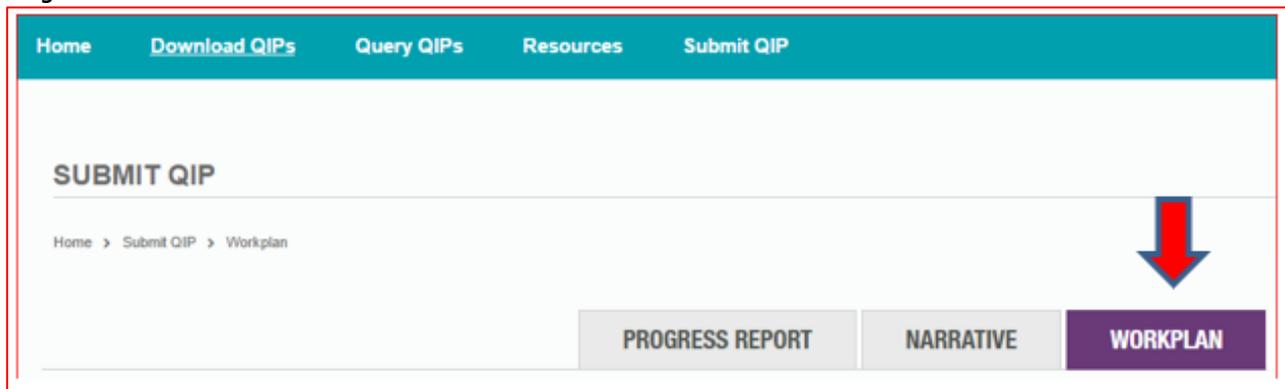


The Workplan

The Workplan is the main portion of your QIP. It describes the improvement targets and initiatives that your organization is committing to for the fiscal year. A set of indicators have been pre-defined to support a common language of quality across all organizations and sectors.

To access the Workplan, click on the **Workplan** tab, which is located beside the **Narrative** tab. You access this tab under “Home” or “Submit QIP.”

Figure 27



Organizations are expected to review the indicators for their sector and determine which are relevant to their organization. Custom indicators can also be included in your QIP, as per your organization’s quality improvement goals.

The Workplan has been designed to align with the Model for Improvement, with three essential questions driving the improvement process:

1. *What are we trying to accomplish?* (**Red Column**—AIM; Quality Dimension and Issue are populated.)
2. *How will we know that a change is an improvement?* (**Blue Columns**—MEASURE; the indicator is already populated. Organizations just need to fill in their Current Performance (which may be pre-populated), Target, and Target Justification.)

3. *What changes can we make that will result in improvement?* (**Green Columns**—CHANGE; Change Ideas, Methods, Process Measures, Target, and Comments.)

Figure 28

Hospital A (TEST) (TEST)

Organization: View All

EXPORT WORKPLAN

PREVIOUS FORMAT:

Provide a rationale for how target performance has been set, including the source. For example, reference the best performance achieved by comparators, such as the top 20th percentile of academic hospitals. More examples of target justifications or rationales can be found in the QIP Guidance Document or refer to Appendix A

Including any Challenges and Risks and how it informs your target setting is also encouraged.

QUALITY DIMENSION	MEASURE / INDICATOR	TYPE	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION	EXTERNAL COLLABORATORS	PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS
-------------------	---------------------	------	-------------------	-----------------	--------	---------------------	--------------------	----------------------	------------------------	--	---------

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O = Optional (do not select if you are not working on this indicator) C = custom (add any other indicators you are working on)

There is hover help available for all Workplan headings; simply scroll over the heading. The indicator type identifies whether the indicator is mandatory (M), priority (P), optional (O), or custom (C).

Mandatory indicators are tied to issues where province-wide improvement is urgently required. If a mandatory indicator is included, it must be completed in full. These mandatory indicator(s) will be clearly identified and communicated to you via a variety of mechanisms include the QIP Matrix, QIP Navigator, and QIP annual memo.

Figure 30

Indicators 1

SAFETY

Indicator ID	Measure / Indicator	Type	Unit / Population	Source / Period	Current Performance	Target Performance	Methods
10	Safe	M	% / Hospital admitted patients	CIHI DAD / April 1st, 2023, to September 30th, 2023 (Q1 and Q2)	92036	9.00	

Note: A mandatory indicator must be completed in full. As such, there is a 15-character minimum in the change idea section of the Workplan.

Adding Data and Information to the Indicators

- a) Move your cursor over the **MEASURE** area. A light blue filter will indicate which indicator you are about to work on. Click in the area to add data to that indicator.

Figure 31

ID	AIM	MEASURE	TYPE	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator)								
ACCESS AND FLOW								
5	Timely	90th percentile emergency department wait time to inpatient bed	P	Hours / ED patients	CIHI NACRS / ERNI hospitals: December 1st 2022 to November 30th 2023. Non-ERNI hospitals: April 1st 2023 to September 30th 2023 (Q1 and Q2)	92036	9.00	ADD

b) A pop-up box will appear.

Figure 32

- c) The indicators are predefined, and users only need to fill in the Current Performance,¹ Absolute Target, and Target Justification² (see red square in Figure 32).
- d) A “direction for improvement” visual reminder has been added to pre-defined indicators to indicate the direction that targets should take in relation to the current performance. If a retrograde target (i.e., a target that is worse than current performance) is entered, the system will notify users only once that

¹ Current Performance will be pre-populated by Ontario Health in February of each year with administrative data, where possible.

² OHTs completing a cQIP will also need to fill in the **OHT Population** field to indicate the specific population within your OHT the indicator applies to

a retrograde target has been set and will remind users to ensure rationale is included in the target justification field.

- e) If your current performance has not been prepopulated (either with administrative data by Ontario Health or with data carried over from your Progress Report) or if you do not know your current performance because you are currently collecting baseline data, you can click on the **Collecting Baseline** button. Likewise, if your data set is very small and due to privacy reasons, you would like to suppress your data, you can click the **Suppressed** button (see **purple** oval in Figure 32). *As per CIHI and Ministry of Health guidelines, the suppression rule is applied to all indicators where the numerator was less than 5 and greater than 0, or the denominator was less than 29.* An “x” will be populated in that field to indicate that your data has been suppressed.
- f) Even if you are collecting baseline data, you can still provide an absolute target, which can be based on benchmarks where they exist, past performance, literature evidence, or matching targets that have been set by your peers. Alternatively, if you are collecting baseline, you can set a target to collect baseline. This is the only scenario where collecting baseline is accepted as a target.
- g) The relative target is automatically calculated. It is the difference between your current performance and your absolute target and it is expressed as a percentage. It is included to help organizations easily/visually determine the strength or weakness of the target they set. The Percentage Change Calculator will quantify the change from one number to the other and express the change as a percentage increase or decrease (e.g., from 10 apples to 20 apples is a 100% increase in apples).

This calculator is most commonly used when there is an “old” and “new” number or an “initial” (current performance) and “final” (target) value. A positive change is expressed as an increased amount of the percentage value while a negative change is expressed as a decrease amount of the absolute value of the percentage value (see **blue** oval in Figure 32).
- h) For hospitals, executive compensation must be tied to the achievement of performance targets outlined in the QIPs. For each indicator, you must identify whether the indicator is tied to executive compensation (see **green** box in Figure 30).
- i) You will be asked to indicate your Collaboration Status for each indicator (see **orange** box in Figure 32). If you select “I’m in a collaboration with external partner(s),” you will be asked to specify which organization you are collaborating with. If the organization you are collaborating with is also required to submit a QIP, their name will pop up when you begin typing their name in the field. Select the auto-completed organization name to ensure that the collaboration is accurately documented in the database and click **Add Organization as a Collaborator**. If the organization you are collaborating with is not required to submit a QIP, write out the full name of the organization and click **Add Organization as a Collaborator**. You will have the opportunity to reflect on partnerships you are engaged in for different quality issues through the External Collaborators Report in QIP Navigator. This downloadable report shows you the organizations you are partnering with on specific indicators or themes and identifies which organizations have tagged you in their QIPs as a collaborator.
- j) Once you have filled in the Current Performance, Absolute Target, and Target Justification, click on the **Save & Close** button.
- k) OTHER:



- **Delete This Measure** is used when organizations decide that they don’t want to include a custom indicator that they previously created in the QIP and want to erase the indicator all together. It removes the indicator from your QIP. Please note that **Priority** or **Mandatory** indicators cannot be deleted from the QIP Workplan.

CLEAR ALL FIELDS

- **Clear All Fields** will clear the applicable fields that were entered by the user. It will not clear the pre-defined, greyed out fields or remove the indicator from the QIP. This function simply clears the fields and allows the user to start again.

Adding Survey and/or Data for Auto Calculation

Some indicators have been enhanced to include auto-calculation functionality.

To ensure a standardized approach to measurement, users will now be asked to provide the numerator and denominator for these indicators in the QIP Workplan; the rate will be calculated automatically within QIP Navigator.

Figure 33

The screenshot displays the QIP Navigator interface with a 'Survey' pop-up window. The main interface shows the following fields: Quality Dimension (Patient-centred), Sector (Acute Care/Hospital), Issue (Person experience), Measure / Indicator (Percentage of complaints acknowledged to the individual who made a complaint three to five bus...), Priority, Unit of Measure (%), Population (All patients), Data Source (Local data collection), Period (Calendar Year), Organization (Hospital A (TEST)), Direction of Improvement (Higher is better), and Current Performance (CALCULATE). The 'CALCULATE' button is highlighted with a red box and a red arrow. The 'Survey' pop-up window contains the following text: 'Percent Acknowledged within three to five business days = Number of complaints acknowledged between three and five business days divided by the total number of complaints received in the reporting period.' Below this text are two input fields: the first is labeled '# of complaints that received a formal acknowledgment within 3 to 5 business days' and the second is labeled 'All complaints received by the hospital within the reporting period'. The pop-up window also has 'CANCEL' and 'SAVE' buttons.

When entering current performance for the indicator, organizations will have three choices:

1. To add data by clicking on the **Calculate** button. This will trigger a pop-up window to enter the survey responses for auto-calculation (see Figure 33).
2. If collecting baseline survey data: click **Collecting Baseline**. (Note: primary care organizations should no longer be collecting baseline data as they are going into year 5+ of QIP development. The only organizations collecting baseline data should be newly established organizations required to create a QIP for the first time).
3. If data are suppressed: click **Suppressed** (as mentioned above, data are normally suppressed if they reflect a numerator of less than 5 or a denominator of less than 29). In most cases, the surveys are anonymous so there isn't a need for suppression.

Once a user clicks on the **Calculate** button, a pop-up window will appear.

Figure 34

10.00	same day
40.00	next day
10.00	2-19 days
50.00	20 or more days
10.00	not applicable (Don't know/ refused)

Users must fill in all the response fields for the calculation to work properly. Zero should only be entered if the response is truly zero. All not applicable or unknown responses should be captured in the “n/a” field.

Once all data has been entered, click **Save**, and the calculation will automatically appear in the current performance field. If your survey data should change before you submit your QIP, you can enter your data again by clicking on the **Calculate** button to begin the process again, or by clicking on **Clear All Fields** which will clear all the fields that you previously entered (including target and target justification).

Once you have calculated the current performance, your Progress Report will also be updated automatically.

Adding a New Indicator

While organizations are encouraged to focus on the indicators, they are also encouraged to include additional custom indicators that are relevant to their organization and the patients/clients/residents that they serve. Therefore, the QIP Navigator allows organizations to create custom indicators.

Figure 35

The screenshot shows the QIP Navigator interface with three domains: ACCESS AND FLOW, EQUITY, and EXPERIENCE. Each domain has a table of measures and a '+Add New Measure' button highlighted with a red box at the bottom of the table.

- By clicking on the **+Add New Measure** button, located at the bottom of each quality domain, organizations can create a new indicator.

b) A **New Measure** dialog box will appear (see Figure 36 below). Users may create the new measure by including the pertinent attributes of an indicator. The Measures box is virtually a blank slate where users can complete the following, mandatory fields:

- Issue
- Measure/indicator
- Unit of measure
- Population
- Data source
- Period

Figure 36

The screenshot shows the 'Measure' dialog box with the following fields and values:

- Sector:** Primary Care
- Issue:** (empty)
- Measure / Indicator:** (empty)
- Unit of Measure:** Other
- Population:** Other
- Data Source:** Other
- Period:** Other
- Organization:** PC Xyz (TEST)
- Current Performance:** Collecting Baseline (selected)
- Absolute Target:** Absolute Target (selected)
- Target Justification:** (empty)

Buttons at the bottom: DELETE THIS MEASURE, CLEAR ALL FIELDS, CANCEL, SAVE, SAVE & CLOSE.

- c) Users can create their own indicator, or can click the **Indicator Library** button to search the [Indicator Library](#) for existing health system performance quality indicators that are reported by Ontario Health.
- d) There is a drop-down list of common attributes included however, if the attribute you seek is not included (e.g., a particular unit or clinical program) then please leave as “Other”; to the right you will be able to specify what ‘Other’ means.

Figure 37

Unit of Measure * ?	Other	If other, specify	
Population * ?	Other	If other, specify	
Data Source * ?	Other	If other, specify	
Period * ?	Other	Please specify *	

When you fill out the Period attribute, you must specify what period you are measuring.

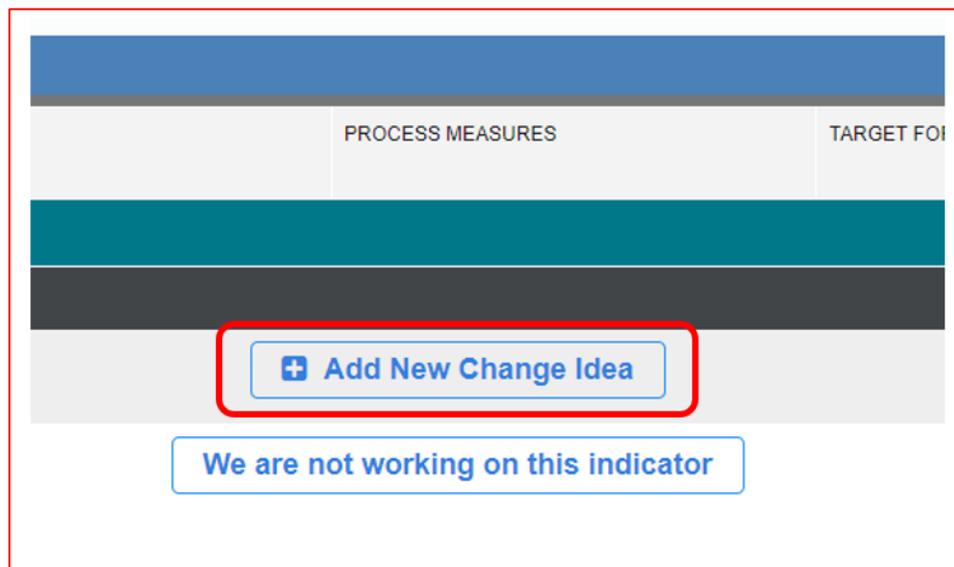
Period = *Quarter* ← → Please specify = *Q2*

Once you have filled in the Measures box, click **Save** or **Save & Close**. Should you wish to remove this custom indicator from your QIP, click on the indicator to bring up this measures box then click the **Delete This Measure** button.

Adding Change Ideas to the Workplan

Based on the Model for Improvement, the right side of the QIP, or change ideas section, is where organizations will include details about the change ideas they will implement and test in order to realize improvement.

Figure 38



- a) Click on the **+ Add New Change Idea** button, on the right side of the Workplan. Change ideas are required for every indicator that you are actively working on or have included in your QIP.
- b) The change ideas dialog box will appear and users are expected to fill out the following information:
 - Planned improvement initiatives (change ideas)
 - Methods
 - Process measures
 - Target for process measure
 - Comment (optional)

Note: Not all fields need to be completed to save the information; however, all fields must be completed to successfully submit the QIP.

- c) Links to best practices/change ideas have been added for each of the indicators to help support change idea development. By clicking on the link(s), users will be directed to the best practices web page in a new window.

Figure 39

Change Idea

Quality Dimension: Timely

Issue: Theme I: Timely and Efficient Transitions

Measure / Indicator: Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.

Best Practices/Change Ideas: [Quorum Teach Back Visual Tools RNAO Best Practices: Care Transitions](#)

Organization: Hospital A (TEST) (TEST)

Change Number: 1

UPDATE CHANGE IDEA ORDERING

Planned Improvement Initiatives (Change Ideas)

Methods

Process Measures

Target for process measure

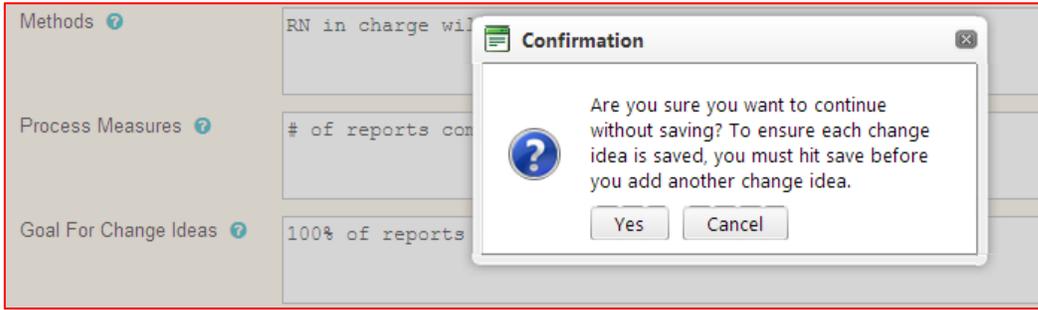
Comments: not working on this

We will not be working on this indicator in this QIP.

- d) The Change Number will automatically be filled in by the tool and will re-sequence if change ideas are deleted. Users can edit the order of the change ideas.
- e) The **Go to Change #** button will automatically take you to the Change Ideas window related to the Change Idea #. 
- f) Once a change idea has been added, hit **Save**, then **+ Add New Change Idea** to add another change idea; or hit **Save & Close** if you are done adding change ideas for that indicator. 

*Note: If you do not click **Save** after filling out the change ideas box before clicking **+Add New Change Idea**, QIP Navigator will override your idea and add a new idea without saving the work you just entered (Figure 40 below).*

Figure 40



- g) Organizations should include one change idea, method, process measure and target per row, then add a new change idea so that your organization can determine the effectiveness of each change idea in supporting quality improvement goals.

Please do not put 1) change idea, 2) change idea, etc. in the same field box.

The change ideas included in the Planned Improvement Initiatives section of your Workplan will appear in next year's Progress Report so that you can report on the results of each.

Figure 41



Note: If you are using the same change ideas for multiple indicators, please copy and paste the text of the change idea for each indicator, rather than including statements such as “please see above”. This will ensure that users have all the information they need when running reports through Query QIPs and Ontario Health will be better able to ensure that information is correct during our analysis of the QIPs.

- h) The “Comments” section is optional unless the user has chosen not to focus on a priority indicator. In that case, the organization can include rationale as to why they are not working on that indicator in

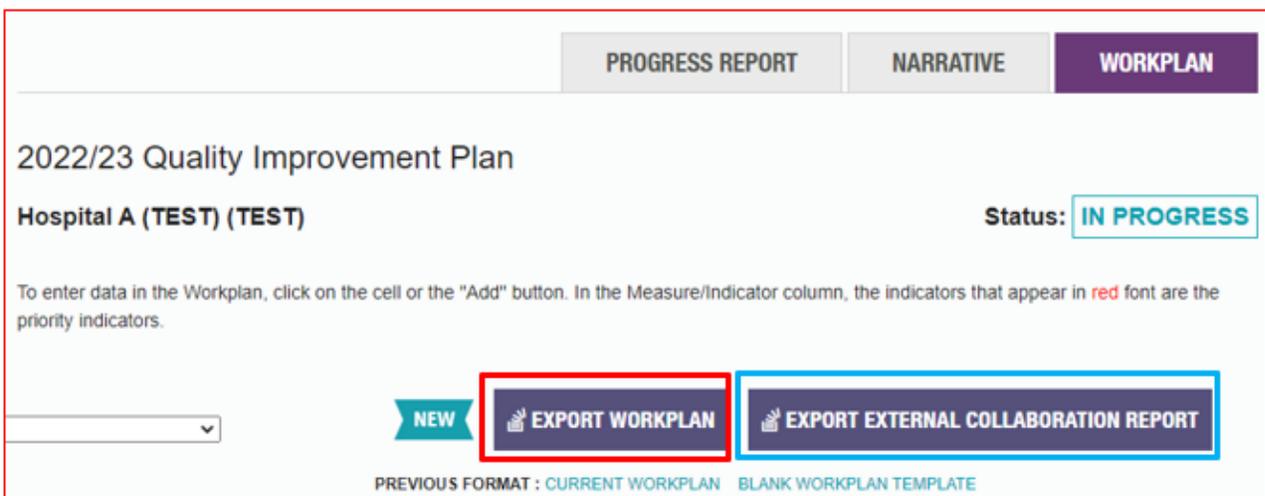
the comments field. You can also click on the “we are not working on this” button located on the main workplan page to signal you are not working on a priority indicator. This will pop up a box with four predefined options to choose from to indicate why you are not working on the indicator.

Note: Indicators for which only a rationale is included (with no data included) will not export to the Excel document. The comments section will be visible only to Ontario Health to allow us to understand your rationale for not choosing the indicator.

Exporting the Workplan

Organizations can export their Workplan to a PDF report or an Excel spreadsheet to share it at committee meetings and with internal stakeholders prior to submission. All changes or revisions to the Workplan *must* be made within the Navigator tool—there is *no* uploading function.

Figure 42



Click on the **Export Workplan** button to export a PDF version that includes only the indicators you have begun to work on.

For those that prefer to use an editable version (Excel) use the “previous formats” option.

Exporting the External Collaboration Report

The External Collaboration Report is a PDF report that includes a list of the organizations that you have added as external partners for each indicator in your Workplan. The report also includes a list of organizations that have mentioned your organization as an external partner in their current QIP to date.

4. Submission

Once your QIP has been reviewed and approved by those accountable for your QIP (i.e., your quality committee, senior leadership team, and board), you can submit your QIP through the QIP Navigator.

Key reminders about submission

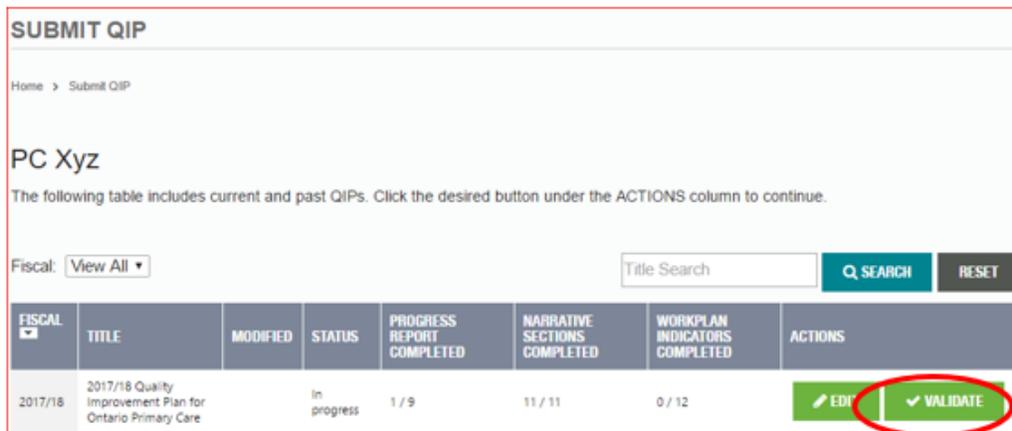
- QIPs are typically due by **April 1** each year
- Please be sure to review all three QIP components (Progress Report, Narrative, and Workplan). Once you submit, your QIP becomes “read only” and no further changes or revisions can be made.
- Once QIP submission is “closed” by Ontario Health, all QIPs will be posted to the Download QIPs page (usually within 4 weeks of the last submission date).
- There is no need to send a signed copy of the QIP to Ontario Health. During the submission process you will be asked to include the names of those accountable on the QIP (this is considered sign-off approval). After submission you can export all three components of the QIP; format as desired; and print, sign, and post.

How to Submit Your QIP: A Two-Step Process

Step 1: Validation

From the **Submit QIP** tab, click on the **Validate** button (see Figure 43).

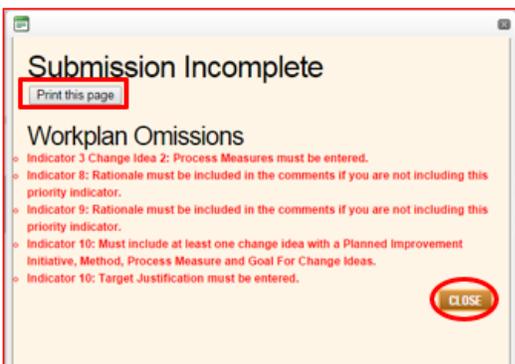
Figure 43



The screenshot shows the 'SUBMIT QIP' page. At the top, there is a breadcrumb 'Home > Submit QIP' and the user name 'PC Xyz'. Below this, a message states: 'The following table includes current and past QIPs. Click the desired button under the ACTIONS column to continue.' There is a 'Fiscal:' dropdown set to 'View All', a 'Title Search' input field, and 'SEARCH' and 'RESET' buttons. The main table has columns: FISCAL, TITLE, MODIFIED, STATUS, PROGRESS REPORT COMPLETED, NARRATIVE SECTIONS COMPLETED, WORKPLAN INDICATORS COMPLETED, and ACTIONS. One row is visible for the 2017/18 fiscal year, with the title '2017/18 Quality Improvement Plan for Ontario Primary Care'. The 'ACTIONS' column for this row contains 'EDIT' and 'VALIDATE' buttons, with the 'VALIDATE' button circled in red.

FISCAL	TITLE	MODIFIED	STATUS	PROGRESS REPORT COMPLETED	NARRATIVE SECTIONS COMPLETED	WORKPLAN INDICATORS COMPLETED	ACTIONS
2017/18	2017/18 Quality Improvement Plan for Ontario Primary Care		In progress	1 / 9	11 / 11	0 / 12	EDIT VALIDATE

Figure 44

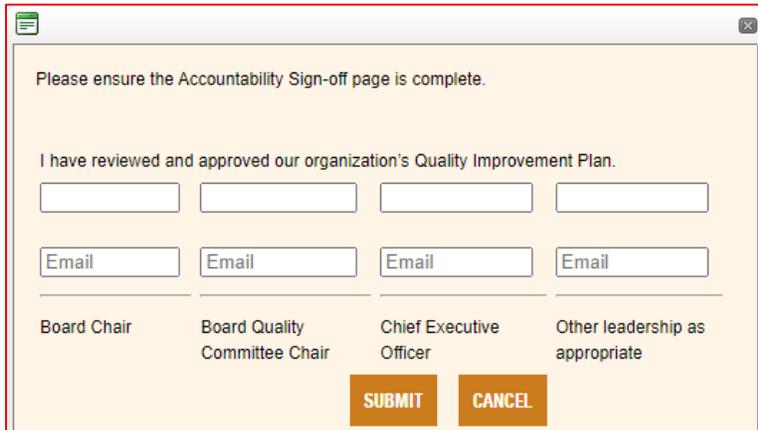


If there is missing information in your QIP, a pop-up window will appear with a list of omissions that you can print out for easy reference. This list identifies which indicator is missing information, and what piece of information is missing. Once you have printed the list, click **CLOSE** and return to your QIP by clicking **EDIT** from the dashboard.

Fill in the omissions as required and re-validate by following the steps above.

If your QIP has no blank cells or omissions and passes validation, a pop-up sign-off window will appear (Figure 45) and prompt you to add the names of those accountable for your QIP. If you are ready to submit, then simply fill in the appropriate names and click **SUBMIT**. Email addresses are optional. If you are not ready to submit click Cancel.

Figure 45

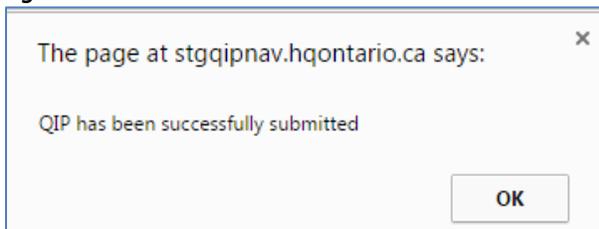


The screenshot shows a pop-up window titled "Please ensure the Accountability Sign-off page is complete." It contains a statement: "I have reviewed and approved our organization's Quality Improvement Plan." Below this statement are four input fields for names, arranged in two rows of two. Below the name fields are four input fields for email addresses, each labeled "Email". Below the email fields are four labels: "Board Chair", "Board Quality Committee Chair", "Chief Executive Officer", and "Other leadership as appropriate". At the bottom right of the window are two buttons: "SUBMIT" and "CANCEL".

Step 2: Submission

Once you submit your QIP, a pop-up message will confirm that your QIP was submitted successfully.

Figure 46



The screenshot shows a small pop-up message box with a close button (X) in the top right corner. The text inside the box reads: "The page at stgqipnav.hqontario.ca says:" followed by "QIP has been successfully submitted". At the bottom center of the box is an "OK" button.

5. Troubleshooting Tips

While all the fields do not need to be completed at once (users can start to fill in the measures or change ideas sections and go back in later once they have more information or time), **users must fill in all fields to successfully submit their QIPs**. The reason for this is that if you're including an indicator on your QIP, then you should be actively working to improve it. This means you should have a target, target justification, and at least one change idea planned for that indicator (including the method, process measure, target for that process measure).

For those **indicators** that you are not going to actively work on, please only complete the comments section with a rationale. For example, if you also add your current performance or a target, you will be required to include the rest of the information for that indicator. Please do not put in N/A to pass validation.

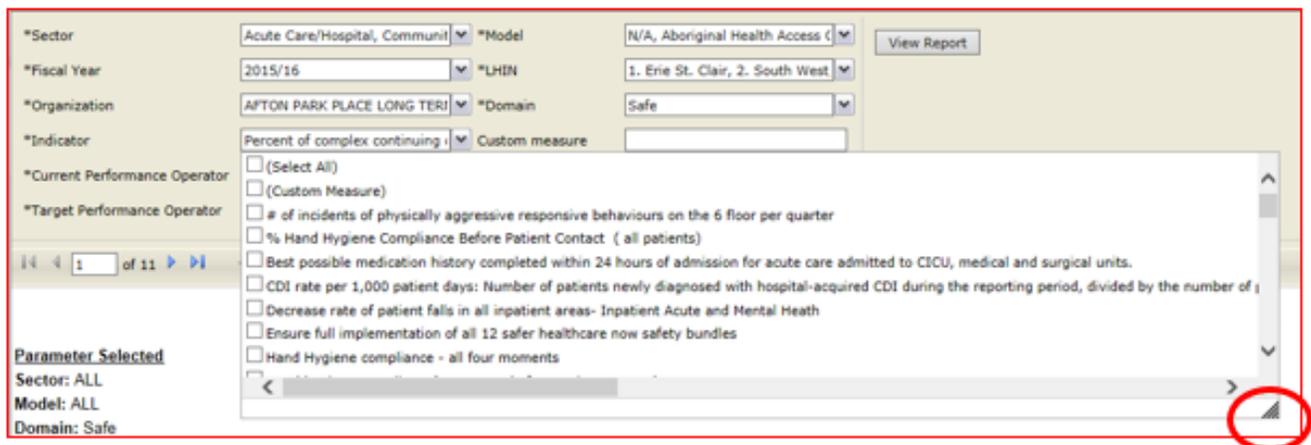
If using the previous Word version of the Narrative Report: To view images in the Narrative that have been uploaded, click 'Enable editing' in the Word export. This will also allow you to resize or format the images.

Figure 47



To increase the size of boxes in the Reports window – pull down the right corner of the box down and to the right (see red circle in Figure 48).

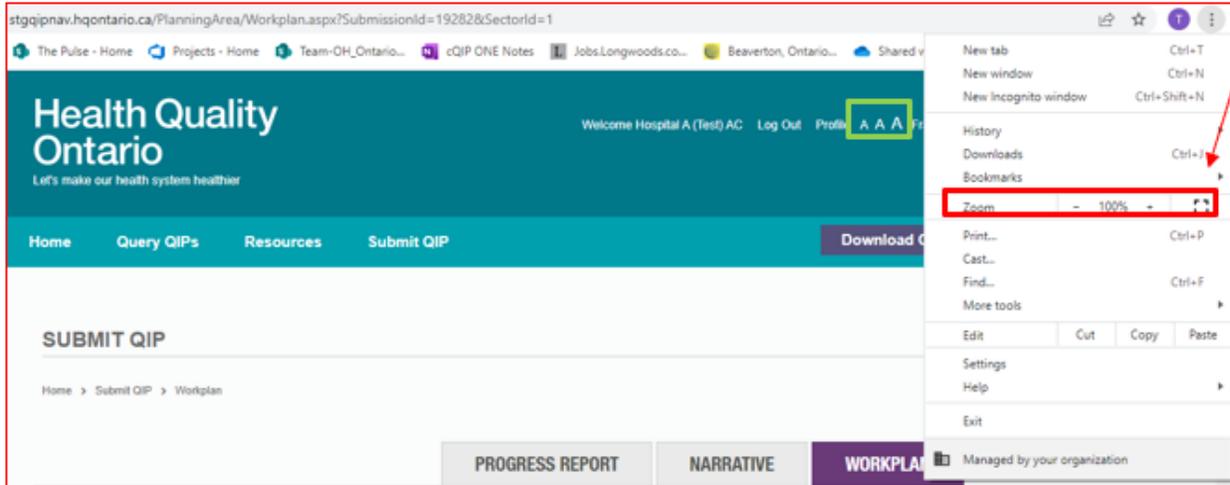
Figure 48



To zoom or increase the font size:

- In Google Chrome: at the top right Customize button, click open the window and adjust the zoom.
- There is also text re-size available on the toolbar of QIP Navigator (see green box in Figure 49)

Figure 49



- In Internet Explorer: At the top right Tools Button, click open window and adjust the Zoom.

Figure 50

