Who selects QIP issues and indicators, and how are they chosen?

Extensive consultation occurs to identify the quality issues that can (and should) be advanced through QIPs, and to identify the most appropriate indicator(s) to represent this quality issue. HQO leads this process, and involves many other key stakeholders along the way. Patients and their family members/caregivers are engaged in this process to identify which quality issues are important to them. HQO also works closely with partners in the LHINs and the Ministry of Health and Long-Term Care to identify issues that are important at both a provincial and regional level. Other stakeholders include leaders in the health care system, health care providers, administrators, sector associations, and data analysts. As a result of these extensive consultations, we include only quality issues and indicators that are truly meaningful, relevant to the current state of the health care system, and can be improved at the organizational level or by collaborations with other organizations.

Which organizations are required to submit an annual QIP?

Currently, the following organizations are required to develop and submit their QIP to HQO **on or before April 1** of every year:

- All public hospitals in Ontario[†]
- All inter-professional team-based primary care models, including family health teams, nurse practitioner-led clinics, community health centres, and Aboriginal Health Access Centres[δ]
- LHIN Home and Community Care Services
- All long-term care homes that hold an L-SAA with LHIN[δ]

[†]As per ECFAA. [δ]As per Ministry requirements.

As QI initiatives and the QIP program develop, HQO will work with the Ministry of Health and Long-Term Care and other organizations to assess the possibility of incorporating additional sectors into the QIP program.

To support regional quality improvement efforts, organizations are encouraged to share their QIP with their LHIN at the time that they submit to HQO.[2] Organizations are **not** required to submit their QIP to the Ministry.

Organizations submit their QIP through HQO's QIP Navigator. The Navigator is an online platform that allows each organization to develop and submit their annual QIP. The QIP Navigator User Guide provides detailed information about developing and submitting your QIP.

Do all these organizations have to publicly post their QIP?

The ECFAA, which specifically applies to all public hospitals in Ontario, clearly states that hospitals must publicly post their annual QIPs. While not included under ECFAA per se, all other organizations required to submit a QIP to HQO are expected to support QIPs as a public commitment and therefore make their annual QIP available to the public.

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[2] Note that under Section 8(4) of ECFAA, hospitals, at the request of the LHIN, must provide the LHIN with a draft of the annual QIP for review before it is made available to the public.

Figure 1: Quality Issues and Indicators for the 2018/19 QIPs

QIP Development Process

When should we begin developing our QIP? How do we get started?

Development and implementation of QIPs are complementary processes. Either before or shortly after your annual QIP is submitted to HQO, implementation begins. In other words, your organization will want to organize QI teams and roll out QI activities (e.g., collect data, test change ideas, measure impact of change ideas, sustain changes that have demonstrated improvement) as soon as your QIP is signed off. In cases where you've set multi-year targets, you might also be engaged in ongoing implementation of the previous year's QIP projects.

Implementing your QIP using sound QI methods will help build knowledge about (a) how your health care organization functions as a "system" of programs and processes; (b) how well care and services

are delivered to your patients, clients or residents and (c) how your organization is affected by or affects other health care providers (e.g., other organizations in other sectors). This knowledge and information are key inputs for developing your next QIP.

In essence, you are implementing your current QIP and developing your next QIP at the same time (Figure 2).

HQO has resources to help with both QI methodology and QIP development.

To facilitate QI initiatives, HQO has developed a comprehensive **QI Framework** that consists of six phases, each designed to build on the knowledge gained from the previous phase. The framework includes numerous resources including primers as well as instruction sheets and templates for common QI tools, such as creating aim statements and process mapping. Click here to access the QI framework and full set of interactive resources.

HQO has developed the **Quality Compass**, a web-based repository of evidence-informed best practices, change ideas linked with targets and measures, and tools and resources individualized for Ontario with examples of effective implementation and success stories. Click here to access HQO's Quality Compass.

Quorum, an online community developed by HQO, brings together people from across the health care spectrum to share their experiences, learn from each other and support innovation from early idea generation to implementation and improvement.

HQO, in collaboration with clinical experts, patients, residents, and caregivers across the province, is developing quality standards for Ontario. Quality standards are concise sets of statements that outline for clinicians and patients what quality care looks like for certain conditions.
Increasingly, quality issues being advanced through QIPs will be aligned or directly linked to a quality standard. These standards include quality statements, process measures, recommended tools, patient guides and a plethora of change ideas. When identifying priority areas of focus for your QIP and corresponding change ideas for the coming year, you are advised to check to see if there is a quality standard available to guide implementation of evidence-informed best practices.

To guide QIP development, HQO has developed a checklist that ranges from organizing QI committees and reviewing important documents to drafting and submitting your QIP to HQO. Please visit HQO's website to access QIP information and sector-specific resources, including frequently asked questions.

- each licensed long-term care home, regardless of affiliation with a multisite corporation
- each LHIN home and community care service
- each family health team, regardless of the number of associated physician practices
- each community health centre, nurse practitioner-led clinic,and Aboriginal health access centre

Note: HQO has developed streamlined submission processes for multi-sector organizations with common governance structures to submit a single common QIP. Any multi-sector organizations interested in submitting a common QIP to HQO should contact QIP@hqontario.ca.

Board

The Board is accountable for organizational governance and should be engaged in overseeing the development, review and approval of your annual QIP. By signing the QIP, the chair of the Board certifies the members' approval of the QIP and acknowledges the Board's ultimate accountability for developing, implementing and monitoring the QIP, as well as for all targets and QI activities outlined in your QIP. In some cases, the Board may require additional information or guidance as they fulfil this role.

Quality Committee of the Board

The quality committee has an important role in the development of your annual QIP. The quality committee is expected to report to the Board regarding QIP development and progress throughout the year. By signing the QIP, the chair of the quality committee certifies members' approval of the QIP. If your organization does not have a quality committee, consider putting one in place (for guidance on quality committees, refer to the Ministry's website).

Chief Executive Officer, Executive Director or Administrative Lead

The Chief Executive Officer (CEO), Executive Director, or Administrative Lead (AL) works collaboratively with the Board, quality committee and staff to develop the QIP. They have a role in empowering teams and front-line providers to identify ways to achieve improvement and actively implement changes to improve quality. At regular intervals, the CEO, Executive Director, or AL provides progress reports to the quality committee and the Board about QIP development, implementation and progress toward established targets. By signing the QIP, the CEO, Executive Director, or AL certifies approval of the QIP.

Sector-specific roles for sign-off are now included in the QIP Navigator section.

Senior Team, Lead Clinician, Clinical Director, or Program Director

The clinical leaders of an organization are critical to improvement efforts and developing a culture of quality within an organization. Leaders, including the lead clinician, should be actively engaged in the development of the annual QIP and should endeavour to involve all clinicians and staff at the organization in QIP development and implementation. All those in leadership positions are accountable for implementing and supporting the QIP in their respective areas. An important element of this is to ensure opportunity to recognize team achievements, and profile how the activities in the QIP are improving care at the organization.

Training and support may be required to facilitate leadership and staff engagement. A province-wide learning initiative, Improving & Driving Excellence Across Sectors (IDEAS), aims to build capacity in QI, leadership and change management across all health care sectors. For more information about this program, click here.

Clinicians, Service Providers and Staff

All clinicians, service providers and staff across the organization have an important role. All providers and staff should be actively engaged and accountable for implementing and supporting the QIP in their respective areas. The most successful improvement initiatives have a strong involvement of front-line providers and teams in identifying how to achieve improvements and implementing change ideas. This is the opportunity to truly develop and build a culture of quality in the organization. For more information about QI team development, click here.

Patients, Clients, Residents and Their Families

Active engagement of patients, clients, and residents in developing and implementing your QIP is important to ensure that your QIP includes targets and QI activities that are meaningful to them. Quality improvement plans are designed to improve care, service delivery and outcomes and to create a system that "provides care ***with*** patients/clients/residents **rather than for** them."[3] Consider engaging your community through established formats, such as patient, resident and family councils; town halls; or focus groups, where the experiences and concerns of these groups are incorporated. For more information about how to engage patients, clients and residents in QIP development, click here.

What is the role of the LHIN in developing the QIP?

LHINs are responsible for planning, integrating, monitoring and funding their local health care system and sub-regions and support implementation of Ontario's quality improvement agenda. HQO, with input from the LHINs and other system partners, identifies priority areas for system-wide improvement that can and should be advanced through an annual QIP.

While the QIP is not to be used to manage accountability agreements and operational performance, the QIP should be used as a means to monitor improvement activities that will enable your organization to meet or exceed expectations relating to quality set forth in your organization's service accountability agreement (SAA) with your LHIN (if applicable). Acknowledging that QIPs and SAAs are both levers to advance quality health care, indicators for QIPs and SAAs do not need to be identical to be aligned.

The LHINs and HQO will continue to message the importance of engaging in LHIN-led activities related to QIPs, identify opportunities for cross-sector focus, and ensure that health service providers' (HSPs) targets are set in a manner consistent with the use of these two levers.

The home care services role was assumed with the transfer of all agreements from the CCACs to the LHINs, and all LHINs took on the responsibility for the 2017/18 QIPs submitted by the CCACs as part of that transfer. For 2018 and beyond, LHINs will lead the development and implementation of the home care QIPs.

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[3] Matthews D. Closing remarks by the Honourable Deb Matthews. *HealthAchieve*, November 6, 2013. Cited in Tepper J. Listening to patients and improving care. Toronto, ON: Health Quality Ontario; 2015. Retrieved from: http://www.hqontario.ca/About-Us/Blog.

QIP Components

The QIP consists of three components – the Progress Report, Narrative and Workplan. Together, they tell your organization's QI story for the current year and plans for the year ahead. As a package, they provide information about:

- your starting point from the previous year,
- efforts to improve the quality of care and services your organization delivers,
- your successes and challenges,
- progress toward targets,
- how these experiences and challenges helped to shape the priorities for improvement,
- QI targets you set in the next QIP, as well as
- your plans to improve in the coming year

Every year, as part of the QIP submission process, organizations are to submit all three components of the QIP using HQO's QIP Navigator.

The following section provides more information about each of the QIP components.

Progress Report

What is the purpose of the Progress Report?

Your Progress Report links the previous year's QIP with the next QIP and should be integral to your organization's ongoing monitoring efforts throughout the year. The Progress Report is a tool that will help your organization gain insight into how effective the change ideas tested were in achieving established targets and how they were refined to make progress toward set targets.

HQO reviews and analyzes Progress Reports with a view to identifying and sharing effective change initiatives, measuring overall progress toward targets, identifying successful change ideas ready for larger-scale spread, and informing future educational and training sessions.

What information should be included in the Progress Report?

As the Progress Report summarizes QI activities and results achieved over the past year for the QIP submitted last April (i.e., the QIP your organization is implementing or just implemented), the following information is auto-populated (Figure 6):

- Indicators included in your QIP Workplan from the previous year.
- Associated change ideas included in your QIP Workplan from the previous year
- Current performance from the previous year (when you submitted last April)
- Target set for each indicator in your QIP Workplan from the previous year

Figure 6. Information in QIP Progress Reports. Auto-populated data are outlined in red; data to be inputted are outlined in blue

ID	Measure/Indicator from 2017/18	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?

ID, Identification Number; QIP, Quality Improvement Plan; Y/N, Yes or No.

To complete the Progress Report, you are asked to input the following information (Figure 6):

- Current Performance: For each indicator, include the actual performance achieved at the end of the year (this becomes the new current performance in the Workplan of your next QIP). If available, this field may be prepopulated with externally validated data in January / February of each year. **New for 2018/19,** when a current performance value is added to an indicator in the progress report, the value is automatically updated in the Workplan (for each indicator).
- Comments: Use this section to share any challenges to meeting the targets you set. When completing this section, consider the following topics and incorporate this information in your QIP:
  - What are the root causes of your current performance?
  - Were the proposed change ideas adopted, amended or abandoned? Why or why not?
  - If implemented, have the changes helped your organization meet or exceed the target you set? What change ideas were the most successful?
  - If not implemented, what challenges did you face and what did you learn?
  - What will your organization do in your next QIP to leverage these QI activities and further improve on this indicator?
- Lessons learned: Were your planned change ideas implemented as intended? When tested, did the changes lead to measurable improvement? If so, did you adopt or fully implement the ideas? If not, did you amend the change ideas or decide to abandon them for other change ideas that lead to improvement?
- Results: **New for 2018/19**, organizations can upload their results (e.g., a graphic or run chart) to illustrate their progress on an indicator.

The Progress Report is intended to promote learning about change ideas and approaches that lead to measurable improvement (or not). The Progress Report also demonstrates your organization's commitment to upholding the principles of ECFAA including accountability, transparency, and ensuring the delivery of high-quality patient care.

Why start with the Progress Report when developing our next QIP?

The QIP Progress Report includes information about your starting point for the previous year, efforts to improve the quality of care and services your organization delivers, successes and challenges you experienced, and progress made toward targets. This information, coupled with other strategic inputs (e.g., from strategic plan, patient relations, performance data) is a great starting point for determining priority areas for improvement, targets, and change ideas to include in your QIP for the coming year.

Think of the Progress Report as a tool for reflecting on improvement activities and achievements to date, and use this information to develop your next QIP. The Narrative can then be populated with rich information that is based on experiences to date and vision for the future.

Remember to take time to celebrate your successes and share your lessons learned with your entire organization as well as with patients, clients and residents.

Narrative

What is the purpose of the Narrative? What information should be included in the Narrative?

The Narrative allows your organization to provide context and set the stage for the commitments being made in the QIP you are developing for the upcoming year. This section also provides an opportunity to discuss work on key quality issues that may not be associated with indicators. The Narrative should be concise and be easily understood by all audiences, including the public — organizations can even consider using the QIP Narrative as a platform for patient, client and resident engagement. Think of the Narrative as an executive summary of your upcoming QIP.

> For some important quality issues, appropriate indicators have not yet been identified, or may not apply to all organizations within a sector. These quality issues are advanced through the Narrative section rather than the Workplan. The Narrative section provides a less structured way for your organization to share your approach to quality improvement on an important quality issue. An example of an issue advanced through the Narrative section is health equity, as there are no 'one size fits all' indicators to approach this multifaceted issue.

When writing the Narrative, do the following:

- Introduce your upcoming QIP rather than just stating the general direction and high-level context for your organization; describe how specific challenges or gains might affect your organization's QIP.
- Describe how the QIP progress to date, strategic documents (e.g., strategic plan, service accountability agreement) and other important inputs (e.g., patient relations) come together to inform your QIP priorities, targets and activities for the coming year.
- Use the Narrative to engage patients, clients, and residents in QI planning or as a platform for QI planning discussions; does the Narrative resonate with them and provide enough detail about the upcoming QIP?
- Describe your organization's efforts to address the quality issues being addressed via the Narrative (e.g., equity). Include QI activities, approaches, internal and external stakeholders, specific partnerships, etc. Note that you can upload charts and photos to help illustrate progress made or other important details.

- Describe how your organization is working with **specific** partners (health care organizations in other sectors, special interest groups, associations, patient/client/resident advisory groups, etc.) in QI planning and shared improvement activities. Good examples of issues to focus on for cross sector collaboration include effective transitions, coordination of care or appropriate levels of care.
- Describe how and when patients/clients/residents, as well as clinicians, leadership and staff are engaged in QI planning and improvement activities
- Include any other information that is important to set the context and direction for your QIP
- Describe your organization's greatest QI story or achievement from your QIP, including why it worked, how it affects (or is expected to affect) patients/clients/residents and other QI initiatives. HQO shares these stories in reports, presentations, and website spotlights, so if you have a story to share, please provide as much information as possible.

Workplan

What is the purpose of the Workplan?

The Workplan is the portion of your QIP that identifies the priority indicators, QI targets and specific initiatives that your organization is committing to for the coming year.

What are mandatory as well as recommended priority and additional indicators? Do we need to select all or some of these indicators?

Mandatory indicators can be set by the Minister after considering advice from HQO. In general, mandatory indicators are tied to issues where province-wide improvement is urgently required, and currently only apply to hospitals. Performance on these issues/ indicators directly impacts patients, residents, and health care providers across the province. Mandatory indicators are required in your organization's QIP. These 'mandatory' issues and indicators are clearly identified and communicated to you via a variety of mechanisms include the QIP Matrix, QIP Navigator, QIP annual memo and What's New documents.

A set of recommended priority indicators is included for each sector to support a shared focus on key areas of quality across all organizations and sectors. These priority indicators reflect organizational and sector-specific priorities, as well as system-wide, transformational priorities where improved performance depends on collaboration with other sectors. Achieving system-wide change in these areas requires every sector and every organization to prioritize QI.

While you do not ***have*** to select the recommended priority QIP indicators, your organization is expected to assess its performance on these indicators. Especially when performance lags compared with others or with established benchmarks, strongly consider including these indicators in your QIP. To support this process, your organization should review its current performance against provincial data and benchmarks for all priority indicators. If your organization elects not to include a priority indicator in the QIP (e.g., because performance already meets or exceeds the provincial benchmarks), the reason should be documented in the comments section of your QIP's Workplan (leave all other cells in that row blank).

Additional indicators align with important areas for QI. Select the additional indicators that best reflect your organization's specific QI goals and opportunities.

Other indicators can also be included in your QIP as relevant to your organization's QI goals. HQO provides additional resources to support selection of indicators for your QIP. The QIP Navigator User Manual includes details on how to add other indicators to your QIP.

Please review the QIP Indicator Technical Specifications for details about recommended priority and additional indicators for your sector.

What should be included in the Workplan?

The Workplan has been designed to align with the Model for Improvement[4] with three fundamental questions driving the improvement process:

- **AIM:** What are we trying to accomplish?
- **MEASURE:** How do we know that a change is an improvement?
- **CHANGE:** What changes can we make that will result in the improvements we seek?

AIM: What are we trying to accomplish?
While all of these attributes of quality are important and valuable, each sector's QIP Workplan has been streamlined to focus on a common set of quality attributes. Within these dimensions, high-level objectives have been provided.

MEASURE: How will we know that change is an improvement?

Measure/indicator	Includes pre-populated list of recommended priority indicators (see the QIP Indicator Technical Specifications for definitions, reporting periods, etc. of these indicators).
Current performance	Includes your organization's current performance data or rate associated with the indicator Note: Where possible, current performance data will be pre-populated using data that have been validated via the source identified in the technical specifications document. Note: This value should equal the current performance value reported in your Progress Report.
Target (for next fiscal year)	Input the target your organization expects to meet or exceed for the coming year. Consider the following questions when setting your target: ▪ Does the target demonstrate what your organization aspires to achieve for your patients, clients and residents as well as for your clinicians and staff? ▪ Would the average Ontarian clearly see your commitment to improving quality through your target? ▪ Does the target signal a genuine commitment to set the bar higher and 'stretch' in areas of higher priority?

[4] Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. Improvement guide: a practical approach to enhancing organizational performance (2nd Edition). San Francisco, CA: Jossey-Bass Publishers; 2009.

	▪ Does the target reflect a long-term vision to improve over time (and build on earlier QIPs)? ▪ Have you inadvertently set a target that is worse than current performance? If your organization cannot exceed current or baseline performance, reasons should be explained in the 'Comment' section.
Target Justification	Describe how your organization is setting QI target(s) for the coming year. You will likely consider one or more of the following common approaches for setting targets that are *better than your current performance*: ▪ Attain published provincial benchmark (where one exists) ▪ Match theoretical best (where one exists) ▪ Match best performance achieved elsewhere or best in class ▪ Reduce errors, occurrences, rates or wait times by (for example) 25% each year ▪ Attain 90th percentile among peers ▪ Match provincial average (appropriate *only* for organizations whose performance is below average) For more information about setting QIP targets, see Appendix A. To learn more about the relationship between the QIPs and SAAs with regard to quality improvement, click here. Please mention specific challenges or initiatives that support the justification for your target. For example, organization X was able to recruit new physicians to their practice or hospital, which will enable the organization to strive for an aspirational target. In another example, organization Y is a small hospital or primary care practice that has lost key programs or physician support, therefore substantially curtailing their ability to maintain current performance; improvement is still the goal, however unlikely. In both examples, organizations are strongly encouraged to link these specific challenges directly to the target set for each indicator selected in their QIP.

CHANGE: What changes can we make that will result in the improvements we seek?

Planned improvement initiatives (Change Ideas)	Include details about the change ideas your organization will test and monitor to see if they lead to local improvement and progress toward set targets. Change ideas should be included for all priority indicators where improvement is the goal. Separate distinct change ideas rather than adding them as a group so that your organization can determine the effectiveness of each change idea in supporting QI goals. Include a corresponding process measure for each change idea. Tip: as the change idea is 'pulled' to the following year's progress report, include descriptive detail that enable your team to reflect on the change idea and provide comments and lessons learned. **Change ideas** are specific and practical changes that focus on improving specific aspects of a system, process or behaviour. Change ideas can be tested and measured so that the results can be monitored.

	For example: "Institute a pain management protocol for patients with moderate to severe pain." Please visit HQO's Quality Improvement Framework for more information about Change Concepts and Ideas and about using the Plan-Do-Study-Act cycle for testing change ideas. Change ideas can come from a variety of sources. Specific change ideas can be found in HQO's Quality Compass and in quality standards. For those working in Health Links, HQO uses an Innovative Practices Framework to assess and endorse innovative practices, and a set of endorsed practices are available on the Health Links website. You could also look at how other organizations have approached change by viewing publicly available QIPs.
Methods	Identify the processes and tools your organization will use to regularly monitor progress on its QI activities and its testing of change ideas. Include such details as how and by whom (e.g., department) data on change ideas will be collected, analyzed, reviewed and shared.
Process measures	Include measures that evaluate whether key processes are functioning effectively or as planned. Process measures should be carefully selected to **directly** gauge the impact of the change ideas on the process(es) needing improvement (e.g., is the new process better? How do you know?). This information will help you determine if the change idea(s) should be adopted, amended or abandoned. Process measures must be quantifiable and reportable as rates, percentages or numbers over specific timeframes. For example, "number of pain management protocols implemented for patients with moderate to severe pain per month" or "% of patients started on pain management protocol per month who experience a reduction in their pain score within 12 hours." Please visit HQO's Quality Improvement Framework for more information about creating process measures and measurement plans.
Target for process measure	Include your organization's numeric target specifically related to the process measure that is used to track progress on change ideas within specific timeframes. For example, "100 % implementation of pain management protocol by Dec. 31, 2018."
Comments	Provide any additional comments about the QI initiatives. These can include factors for success, partnerships, linkages to other programs, etc. This section should also be used to provide rationale as to why an organization is choosing not to include a recommended priority indicator.

Submission Process

Why does the QIP need to be signed off? Who needs to see the signed QIP?

By signing the QIP, the chair of your Board; quality committee lead; Chief of Staff or Clinical Lead; and CEO, Executive Director, or Administrative Lead certify their approval of the QIP and acknowledge accountability for developing, implementing and monitoring your organization's QIP, as well as for the commitments outlined in your QIP.

Your organization is expected to publicly post the **signed version** of your QIP. While it is not necessary to provide HQO with a signed copy of your QIP, the QIP Navigator will ask you to verify that a signed copy of your QIP exists and will be publicly available.

Note: The QIP Navigator includes sector-specific roles for sign-off.

How do we submit our QIP to HQO?

Organizations are required to submit their QIP through HQO's QIP Navigator. The Navigator is an online platform that allows each organization to develop and submit the annual QIP. The QIP Navigator User Manual provides detailed information about developing and submitting your QIP.

- Hospitals can access QIP resources and the QIP Navigator here.
- Primary care organizations can access QIP resources and the QIP Navigator here.
- LHIN home and community care services can access QIP resources and the QIP Navigator here.
- Long-term care homes can access QIP resources and the QIP Navigator here.

How can we make our QIP submission process as easy as possible?

- Start early; begin developing your QIP early in the fall
- Verify your QIP password and username (HQO recommends by December of each year)
- Bookmark important QIP resources, including:
  - This Guidance Document
  - QIP Indicator Technical Specifications Document
  - QIP Annual Memo
  - QIP Navigator User Manual
  - QIP Development Checklist
  - Available benchmarks for your sector
- Confirm pre-population values for current performance
  - In January and February of each year, HQO will pre-populate current performance indicators (where possible)
  - Reconcile discrepancies in your QIP; adjust targets accordingly

- Ensure QIP is complete, including:
  - Progress Report: comment and lessons learned
  - All sections of the Narrative, including references to specific partnerships
  - Workplan: targets, target justification, methods, process measures and goals
  - Workplan: separate distinct change ideas
- Present final QIP to the Board in February or March for approval and sign-off
- Validate your QIP submission before formally submitting your QIP to HQO. In doing so, you will be able to:
  - Identify any omissions or cells that are yet to be completed
  - How: click the "VALIDATE" tab on your QIP dashboard
  - Review all cells that are incomplete
  - Add data or information to these cells
  - Click "VALIDATE"
  - If all cells are complete, you will see the SIGN OFF window
  - Submit QIP once you verify sign-off/signatures

Can we make changes to our QIP once it is submitted to HQO?

Your QIP can be edited as often as required until it is formally submitted to HQO, at which time it becomes read-only. Should your organization discover an error in your QIP after it is submitted, you are urged to contact HQO as quickly as possible at QIP@hqontario.ca. Together, HQO and your organization will determine the best way to address the error.

After submission, you will be able to use the Export function to save a copy of your QIP until HQO publicly posts all QIPs, at which point your QIP will be accessible using the Download QIPs function in QIP Navigator.

Conclusion

This document was designed to guide health care organizations to develop annual quality improvement plans that promote organizational improvement for higher quality while ensuring provincial, system-wide change.

The following resources should be accessed to help to answer any questions about your QIP:

- Questions about legislative or policy requirements related to the development of QIPs or the broader Excellent Care for All Act (ECFAA) should be directed to the Ministry of Health and Long-Term Care at ECFAA@ontario.ca.
- All other questions about QIPs and the QIP Navigator should be directed to HQO at QIP@hqontario.ca.
- For more information about provincial priorities for 2018/19 and how these relate to the QIP, please review the QIP Annual Memo for 2018/19.
- For details about the QIP indicators, please review the QIP Indicator Technical Specifications Document.

- For more information about target setting, please review Appendix A. For more information about HQO's other programs, see the following:
    - Quality standards, click here.
    - Quality-based procedures, click here.
    - Innovative practices for Health Links and the Innovative Practices Framework, click here.
    - *MyPractice* Reports, Primary Care Patient Experience Survey, Advanced Access and Efficiency, or Chronic Disease Prevention and Management, click here.
    - Surgical Quality Improvement, click here.
    - Improving and Driving Excellence Across Sectors (IDEAS), click here.
    - Choosing Wisely Canada Campaign, click here.
    - Long-Term Care Practice Reports, click here.

Appendix A: Approaches to Setting Targets for Quality Improvement Plans

One of the most common requests Health Quality Ontario (HQO) receives from the field is for more information on setting and justifying quality improvement plan (QIP) targets. In response, HQO is pleased to provide high-level guidance about setting improvement targets for your annual QIP.

Setting aspirational yet realistic quality improvement targets can be difficult and confusing, especially when you consider the many approaches to setting such targets. There are a variety of ways to set targets, and your approach(es) will vary depending on your organization's current performance on an indicator, whether current benchmarks are available and careful assessment of what is feasible, given your local and the broader health care environment. Often, interim targets can and should be set on a multi-year basis, especially when marked gaps exist between current performance and benchmarks.

Benchmarks

There are many definitions and approaches for applying benchmarks for improvement. In the context of quality improvement, benchmarking can be described as an ongoing activity of comparing your organization's processes, services and products (e.g., disease-specific care, discharge, appointments) against **best known** similar processes and services so that challenging yet achievable goals can be set, and improvement can be implemented to efficiently become and stay best in class in a reasonable time.[5]

It is important to note that benchmarks are markers of excellence to which your organization can aspire. Without a standard against which to compare, there is no way to determine whether your organization's performance on an indicator is excellent, just average or poor.

Benchmarks also present an opportunity for organizations that excel in certain areas to share their innovative practices and processes with others who are working toward improvement in similar areas.[6]

Setting a target to match an established benchmark for an indicator is appropriate for most organizations. For situations in which the gap between current performance and the established benchmark is large, one approach is to set a goal to match the established benchmark in the next 2 – 3 years, setting realistic interim annual targets to help get you there.

To assist health care organizations with setting targets, HQO and other organizations (such as the Canadian Institute for Healthcare Improvement [CIHI]) have identified benchmarks for many indicators. Where available, benchmarks are provided via HQO's QIP webpage, QIP Navigator Resource Tab, or hover help in the QIP Navigator.

Note: For more information about using risk-adjusted benchmarks, unadjusted and risk-adjusted data, please refer to QIPs Frequently Asked Questions on HQO's website.

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[5] Ettorchi-Tardy A, Levif M, Michel P. Benchmarking: a method for continuous quality improvement in health. *Healthc Pol*. May 2012;7(4):e101-e119.

[6] Health Quality Ontario. Long Term Care Benchmarking Guide. Toronto, ON: Health Quality Ontario; 2013.

Provincial Average

Average performance is somewhere in the middle — between excellent and poor — and often well below established benchmarks of excellence. Provincial averages are provided to organizations to identify the typical or central value on an indicator and do not denote a high standard. **Provincial averages are not substitutes for benchmarks.** By choosing to set a target to achieve or maintain average performance, the care and experiences of your patients, clients or residents will be average at best, and not the result of excellence or greatness.

Setting a target to match the provincial average is appropriate if your organization's performance on an indicator is currently below average and considered poor by comparison with the provincial average and existing benchmarks.

In this case, setting an interim target to match the provincial average is the first step in target setting with a view to moving beyond average in subsequent years.

Percentiles

Percentiles represent the percentage of organizations (e.g., hospitals, long-term–care homes) that are at, or lower than, the stated value.[7] For example, the 90th percentile for emergency department (ED) wait times for admitted patients is 33.1 hours (for October to December 2014). This means that 90% of organizations have ED wait times for admitted patients that are shorter than 33.1 hours, and 10% have ED wait times for admitted patients that are longer than 33.1 hours.

Setting a target to meet or exceed the 90th percentile should be considered only if your organization is in the 10% with current performance that is worse than the 90th percentile.

For example:

Organization A's current performance on ED wait times for admitted patients is 38.1 hours. It would be appropriate for this organization to set their QIP target to meet or exceed the 90th percentile of 33.1 hours (for patients, this means an average wait time that is shortened by 5 hours).

Organization B's current performance on ED wait times for admitted patients is 29.1 hours. It would NOT be appropriate for this organization to set their QIP target to meet the 90th percentile of 33.1 hours (for patients, this means a longer average wait time of 2 hours).

If your organization's performance is better than the 90th percentile, set improvement targets using relative improvement over last year, benchmarks or best achieved elsewhere to better your organization's performance over time.

Best Achieved Elsewhere

Best achieved elsewhere involves comparing your organization to similar organizations that have achieved the highest current performance on an indicator or area of focus. Their performance can be considered the 'best in class' benchmark to be equaled or exceeded.

Setting QIP targets to meet or exceed best achieved elsewhere is appropriate for most health care organizations. The exception, of course, is if your organization IS considered best in class; in this case, set a target to maintain or better your performance.

[7] Health Quality Ontario. Long term care benchmarking guide. Toronto, ON: Health Quality Ontario; 2013.

Theoretical Best

In theory, many quality issues can be eliminated or the frequency of occurrence drastically reduced. This is considered the best possible result, or theoretical best. For example, in theory, it is possible to reduce medication errors to zero. Similarly, theoretical best for the incidence of pressure ulcers or *Clostiridum difficile* bacterial infections is also zero. There are many evidence-informed best practices about preventing these problems from happening at all. While certainly possible, it can be very difficult to achieve theoretical best because complex processes are breeding grounds for errors. Nevertheless, many organizations have demonstrated the ability to achieve and maintain theoretical best.

Matching theoretical best involves adopting a mantra that current performance is never good enough and harnessing the skills and experience of everyone at your organization in the relentless pursuit of excellence.

Setting QIP targets to meet theoretical best is appropriate for most health care organizations. One approach is to set a goal to achieve theoretical best in the next 2 to 3 years, setting realistic interim annual targets to help get you there.

Percent Improvement Over Last Year

For many organizations, attaining a benchmark, theoretical best or best achieved elsewhere will require concerted efforts over a few years. Your organization may aspire to reach the summit of Mount Everest and, to do so, will first have to set reasonable targets to help get you there.

There are a couple ways to set improvement targets that will help your organization to meet or exceed the high-quality–performance standards you have set (e.g., benchmarks, best achieved elsewhere) over time.

Consider, for example, your organization's current performance on Indicator "X" is 58% and the established benchmark of excellence is 85%. Your goal, over the next three years, is to meet (and ideally exceed) the benchmark of 85%.

There are a couple ways to accomplish this:

1. **Setting an annual target to improve by a certain percentage, each year, for the next three years**

   For example, setting a target of 15% improvement for each year:
   Year 1: Starting with current performance of 58%, an improvement of 15% will yield future performance of 66.7%.
   Year 2: Starting with a current performance of 66.7%, an improvement of 15% will yield a future performance of 76.7%.
   Year 3: Starting with a current performance of 76.7%, an improvement of 15% will yield a future performance of 88.2%.

2. **Setting an annual target to achieve defined performance (e.g., rate, frequency), each year, for the next three years**

   Consider, for example:
   Year 1: Starting at current performance of 58%, your absolute target is 65% performance on the indicator by year end. This is a relative improvement of 12%.

Year 2: Starting with a new current performance of 65%, your absolute target is 76% performance by year end. This is a relative improvement of 17%.
Year 3: Starting with a new current performance of 76%, your absolute target is 85% performance by year end. This is a relative improvement of 11.8%.

Note: The QIP Navigator provides support for calculating absolute and relative improvement targets for the above approaches.

QIP Targets and Service Accountability Agreements

Recommended QIP indicators and SAA indicators are aligned (where appropriate) yet may not be identical.

With respect to target setting, organizations performing below the SAA target corridor are encouraged to use their QIP to help them meet or exceed the expectations set forth in their SAA corridor target, after which they could use the QIP to identify further improvements.

Organizations performing better than the SAA target corridor are encouraged to use the QIP to set aspirational targets (e.g., benchmark, theoretical best, best achieved elsewhere). Once these improvements have been sustained, the organizations could move this indicator off of their QIP and monitor via the SAA. For more information, click here.