

Quality Improvement Plans: Frequently Asked Questions

General Information

Q. I have questions about completing my Quality Improvement Plan (QIP). Where can I find answers?

A. There are five ways you can get support and guidance for developing your organization's annual QIP:

1. Visit Health Quality Ontario's [website](#), which includes general as well as sector-specific QIP information. You can access the QIP Navigator via the sector-specific tabs
2. Visit the Ministry of Health and Long-Term Care's [website](#), which includes information about the *Excellent Care for All Act* (2010) and associated regulations, as well as more information about QIPs
3. Explore the QIP Navigator; it has built-in help functions (see question mark icons) to guide you through the process and provide you with helpful examples
4. Check out the QIP Navigator Resource tab; it provides several resources on a variety of topics related to the QIPs
5. Contact a quality improvement specialist via QIP@hqontario.ca

Q. Which organizations are required to submit a QIP to Health Quality Ontario?

A. Currently, the following organizations are required to develop and submit a QIP to Health Quality Ontario **on or before April 1** of every year:

- All public hospitals in Ontario¹
- All inter-professional team-based primary care models, including family health teams, nurse practitioner-led clinics, community health centres and Aboriginal health access centres²
- All community care access centres²
- All long-term care homes that hold a Long-Term Care Home Service Accountability Agreement with a local health integration network (LHIN)²

As quality improvement initiatives and the QIP program develop, Health Quality Ontario will work with the Ministry of Health and Long-Term Care and organizations to assess the possibility of incorporating additional sectors into the QIP program.

As requested, organizations are encouraged to share their QIP with their LHIN.³ Organizations are **not** required to submit their QIP to the ministry.

¹ As per the *Excellent Care for All Act*.

² As per requirements of the Ministry of Health and Long-Term Care.

³ Note that under Section 8(4) of the *Excellent Care for All Act*, 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.

Q. Where can I find guidance materials for the QIP and technical specifications for indicators?

A. The following QIP resources are available on Health Quality Ontario's [website](#):

- [2016/17 QIP Annual Memo](#)
- [2016/17 QIP Guidance Document](#)
- [2016/17 QIP Target Setting Appendix](#)
- [2016/17 QIP Indicator Technical Specifications](#)

Definitions for QIP indicators can also be found in the Workplan in the QIP Navigator.

Q. Are we required to include all of the recommended priority indicators in our QIP?

A. Organizations should assess their performance on the recommended priority indicators. Where performance lags compared with others' performance or established benchmarks, organizations are strongly encouraged to consider this an area for QIP focus. In general, organizations should consider such factors as whether an indicator is also an area of focus within their strategic plan or accountability agreement. If organizations find that they are below the provincial average or a recommended target or benchmark, or if they have met the average/target/benchmark but there is still room for improvement, they should consider including that priority indicator in their QIP.

Q. How often can we edit our QIP? Can changes be made to our QIP after it has been submitted to Health Quality Ontario?

A. You can edit and save your QIP as many times as necessary until you formally submit it to Health Quality Ontario. Once submitted, your QIP is available as a read-only version. If your organization finds an error in your QIP after it is submitted, you are encouraged to contact Health Quality Ontario as soon as possible, at QIP@hqontario.ca. The organization and Health Quality Ontario will work together to determine the best approach for addressing the error.

The most current version of the QIP should be posted publicly, and any changes made should be apparent to the public.

Please note that any changes made to your QIP after the April 1 submission deadline will not be considered in the QIP analyses conducted by Health Quality Ontario.

Q. How can I compare my organization's QIPs to those of my peers?

A. The Sector QIPs tab in the QIP Navigator site includes QIPs from all sectors. This tab is not password protected and can be accessed by the public. The QIP Navigator has been enhanced to make it easier for organizations to search other publicly posted QIPs by key word (e.g., a specific change idea) and indicator, as well as by other key factors, including model type, LHIN and size of organization.

Data and Indicators

Q. Current performance data for some QIP indicators will be pre-populated into the QIP Navigator. Will these data replace the current performance data we have already included in our QIP? How can we set targets if these data aren't available until February?

A. Where possible, current performance data will be provided by externally validated sources and pre-populated into the QIP Navigator. Because of the reporting periods for the majority of indicators, February is the most reliable time to provide these data. These data will replace all current performance data entered by your organization for that year. The following tips may assist you with using interim data and setting QIP targets:

- For many of the priority indicators, it's likely that your organization already has a sense of how you are performing and where quality improvement opportunities exist. As there are several inputs for your organization's QIP (see [guidance document](#)), current performance or baseline data are one piece of the larger picture. Collectively, these inputs can help you to identify priority areas to include in your QIP.
- Interim current performance data (e.g., baseline data or data provided earlier in the year) can be used to guide conversations about priority areas for improvement, targets and change ideas
- Interim current performance data can be used for board review, with the understanding that final current performance data will be provided in early February. This will allow you to propose a plan to your board
- Quality improvement teams may be able to obtain board approval of the QIP in principle. The board chair may have the authority to sign off when the final data point becomes available
- If you are uncertain of the absolute targets to propose for board approval, you can include interim targets, suggest relative improvement targets or identify targets based on the provincial average, theoretical best, best achieved elsewhere or benchmarks
- An important aspect of the QIP is the impact that the change ideas you propose will have in terms of budget, resources and time. This is something that quality improvement teams should be able to develop before current performance is finalized

Q. What is a crude rate?

A. "Crude rate" is another term for "unadjusted rate." It is the number of events that have occurred (the numerator) divided by the patient/client population (the denominator).

Q. What is an adjusted rate?

A. Adjusted rates are used to account for characteristics of your patient population that may have an effect on your data. Adjusted rates are summary measures, calculated using statistical procedures that lessen the effect of population differences (e.g., the age of patients/clients). For example, a "rates for falls" indicator can be adjusted to reflect those factors that may lead to falls but that a hospital cannot control.

For more information about adjusted and unadjusted data, please click [here](#).

Q. Why does the QIP Navigator provide crude rates instead of adjusted rates?

A. Crude rates have certain advantages over adjusted rates when it comes to quality improvement initiatives. Crude rates are easier to calculate using the information available in clinical records and electronic medical records. Crude rates also make it easier to track performance over time, so you can see if your change ideas are having the desired effect.

Adjusted rates are summary measures that do not reflect the actual volume or number of events in a hospital. Furthermore, additional information (that may not be accessible to an organization, for example is required to calculate the adjusted rate for any indicator.

Q. For some indicators, current performance data are provided as unadjusted rates, whereas the provincial benchmarks are based on adjusted rates. How can I determine whether these are areas in which there is room for improvement?

A. In addition to providing unadjusted current performance for these indicators, Health Quality Ontario also provides the current benchmark crude provincial rates; these are in the QIP Navigator help box. Crude provincial rates can be used to compare your organization's unadjusted rates with the unadjusted provincial averages; this may inform your organization's improvement priorities.

Adjusted rates can be found via alternative sources (e.g., e-reports published by the Canadian Institute for Health Information). Organizations are advised to compare their adjusted rates with provincial benchmarks and rates of their peers to assess how they performing. Please see the [QIP Indicator Technical Specifications Document](#) for alternative data sources.

Q. Why is a rate not provided for some indicators?

A. Current performance data were not included if (a) they are not available via external sources, (b) they are not applicable to your organization, (c) they were suppressed (identified with an X), the numerator was between 1 and 4 or the denominator was less than 30.

Q. What should I do if I think the rate provided for a specific indicator is incorrect?

A. If you believe that the rate provided for an indicator is incorrect, please check that you have used the reporting period specified in the [QIP Indicator Technical Specifications](#) document and that the rate you have calculated is **not** an adjusted rate.

If you have difficulty replicating the rate, contact Health Quality Ontario (QIP@hqontario.ca) and provide the name of your organization, your institution or corporate number and what you believe the rate should be. One of Health Quality Ontario's QIP specialists will follow up with your organization as soon as possible.

Q. Will the current performance data change after February 2016?

A. The rates provided in the QIP Navigator reflect data collected in January 2016. Because open-year data (i.e., data that are still being provided to the Canadian Institute for Health Information and corrected) are used to calculate current performance data, values may shift slightly after February 15, 2016. Values will not be changed in the QIP Navigator.

Q. My multi-site hospital has been provided site-specific data for each indicator, but has not been given overall corporate data. How can we use these data?

A. The advantage of site-level data for indicators is that it provides information on where quality improvement efforts can be focused for maximum effect. Here's an example:

A corporation has two sites. The rate of hand hygiene compliance is 95% at one site and 50% at the other. At the corporate level, the rate of hand hygiene compliance is 72% (an average of the two sites). Based on the overall number (72%), one might be tempted to think that quality improvement efforts to improve hand hygiene rates are unnecessary. In reality, quality improvement *is* necessary, but we need site-specific rates to see that the second site is not performing as well as the first.

Additional information, such as corporate rates, should be included in the comments or as part of the target justification.

Q. Data have been provided for some indicators that our organization had not planned on including in our QIP. Do we have to provide information for every indicator with pre-populated data?

A. No. Although current performance is populated, organizations have the flexibility to choose which indicators they will focus on in the coming year. If your organization chooses to **not** focus on one of the priority indicators in their QIP, please provide a rationale for this choice in the comments section.

Q. Why are some indicators pre-populated in the Progress Report?

A. The QIP Progress Report includes all of the indicators, targets and change ideas that were included in the previous year's Workplan. Therefore, organizations will not have to copy and paste that information into this year's submission. Additionally, organizations will be able to include details such as key lessons learned, the change ideas implemented and the effect changes had on progress toward targets. Health Quality Ontario is interested in the QIP experience of every organization last year, regardless of whether targets were met, so that we can share lessons learned and build the capacity for quality improvement.

Q. Where can I find information on provincial averages or benchmarks to help with setting targets?

A. On the [QIP Navigator Resources](#) tab, there is a link to a benchmark update that Health Quality Ontario released in the spring of 2013. Where available, provincial averages and benchmarks can also be found within the "Help text" section (the question mark icon next to the absolute target field in Navigator) for indicators.

Please contact QIP@hqontario.ca if you have further questions.