

Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

November 2015

Quality Improvement Plan (QIP) Guidance Document for Ontario's Health Care Organizations

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Introduction

Why are quality and quality improvement important?

The Institute of Medicine defines health care quality as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”¹ The institute further defines quality using several characteristics – safe, patient-centred, effective, efficient, equitable and timely – that have been adopted by many organizations, including Health Quality Ontario (HQO). For patients, clients and residents, high-quality care helps to maintain health and wellness and seamlessly supports recovery when they are sick.

In many areas, the Ontario health care system is performing better than it was 10 years ago. That said, as identified in [HQO’s Measuring Up Report](#), there are many areas in which health status and quality care is lagging.²

Quality improvement, defined as a systematic approach for making changes that lead to better patient outcomes (health), stronger system performance (care) and enhanced professional development, is necessary to consistently deliver high-quality care.

What is the purpose of this document?

This Quality Improvement Plan (QIP) Guidance Document has been developed to assist health care organizations with developing their QIPs. This document provides a detailed overview of the QIP components and various elements to be considered and incorporated into an organization’s annual QIP. Health Quality Ontario recognizes that **every sector is at a different starting point when it comes to developing and implementing a QIP**. Regardless of where you are, however, the goal for your QIP is to establish priorities that align organizational, regional and system priorities; to familiarize yourself with performance data for your organization; to understand how you can use these data to drive measurable improvement and to build capacity within your organization.

¹ Institute of Medicine. Committee on Quality of Health Care in America. *To err is human: building a safer health system*. Washington, DC: The National Academies Press; 2000.

² Health Quality Ontario. *Measuring up report*. Toronto, ON: Health Quality Ontario; 2015.

This QIP Guidance Document builds on the previous “evergreen” QIP Guidance Document co-developed by the Ministry of Health and Long-Term Care, HQO, health care organizations and health sector associations. Health Quality Ontario acknowledges the contributions of all of those involved in the development of both the earlier and current versions of the QIP Guidance Document.

Overview of QIPs

What is the Excellent Care For All Act and the Ministry of Health and Long-Term Care’s vision for health care?

Ensuring high-quality, integrated care for all patients, clients and residents should be the goal of everyone involved in delivering health care in Ontario. This is an important principle embedded in the [Excellent Care for All Act \(ECFAA\)](#) and a principle shared within broader system priorities and initiatives.

The ECFAA came into force in June 2010 and laid the foundation for a health care system that is patient-centred, focused on accountability and transparency, and committed to improving the quality of care Ontarians receive. The ECFAA provides the foundation for excellence, and [Ontario’s Action Plan for Health Care](#) builds on this foundation, providing an ambitious blueprint for health system transformation that involves all health care partners and providers.

System-wide quality improvement (QI) is the vision for all health care sectors, using the QIP as a lever for change. This provincial vision is expressed through the **priority indicators** that are included in the QIP. These quality priorities reflect Ontario’s vision for a high-performing health care system and were prioritized through consultation with key stakeholders, sector associations, the Ministry of Health and Long-term Care, the local health integration networks (LHINs) and other partner organizations.

Our health system requires shared responsibility and commitment to improving the quality of health care through integration, partnerships and collaboration with others.

What is a QIP?

A QIP is a **formal, documented set of quality commitments** that a health care organization makes to its patients, clients, residents, staff and community on an annual basis to improve quality through focused targets and actions.

While each QIP is developed under the umbrella of a common provincial vision and provides a system-wide platform for QI, it is owned by the organization. As such, your organization’s QIP should both complement system and provincial priorities and address local opportunities for priority improvements.

The QIP is the blueprint for how your organization will strive to meet or exceed the improvement targets you have set for that year. Each year’s QIP is designed to build off the one before and earlier QIPs as well to exceed targets and benchmarks. By measuring progress made toward targets, by carefully studying which changes worked and which didn’t, and by identifying lessons learned regarding measurement and implementation during the year, you will have information necessary to help you to develop your next QIP.

Quality improvement plans are an important improvement tool. While they are not an “accountability” or “performance management” tool, the Board, the senior leadership and the organization as a whole are accountable for the commitments made (for targets set and for undertaking QI activities) in your plan. It is widely understood that QI involves testing new ways of doing things and learning from these tests of change; setbacks will happen and your organization might not always make progress toward or meet the targets you set for that year. When this occurs, your organization is expected to review and learn from these implementation challenges and include new, refreshed approaches to help your organization meet established targets for the next year’s QIP. Over time and as more is learned through improvement activities, HQO will continue to support the sharing of what is working and what has been tried and will strengthen opportunities to collectively learn from organizations across the province. Your annual QIP provides an opportunity to demonstrate your organization’s commitment and ability to learn, to make effective changes that lead to better performance over time, and, in collaboration with health care partners, to move beyond the average and to provide excellent care for all.

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 (FHT), Nurse Practitioner-Led Clinics (NPLC), Community Health Centres (CHC), and Aboriginal Health Access Centres (AHAC)δ
- All Community Care Access Centres (CCAC)δ
- All long-term care (LTC) homes that hold an L-SAA with LHINδ

†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.

As requested, organizations are encouraged to share their QIP with their LHIN.³ 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 Manual 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

³ 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.

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.

By their very definition, QIPs are formal, documented sets of quality commitments that a health care organization makes to **its patients, clients, residents, staff and community**. To ensure that your QIP is accessible and in the interests of transparency, it should be publicly posted.

Over the years, HQO has been asked by numerous health care organizations (in all sectors) for more information about what other health care organizations and peers are doing and achieving via their annual QIPs. Learning from one another, especially for the purposes of integration and of identifying opportunities to collaborate, is a key benefit of making QIPs available for all. Health Quality Ontario makes all annual QIPs available to health care organizations and the public via the [SECTOR QIPs](#) tab of the QIP Navigator; a password is **NOT** required to access QIPs from all sectors.

Why do we have to submit our QIP to HQO? What does HQO do with the information in our QIP?

At a very basic level, submitting your QIP to HQO provides a means to demonstrate that organizations are meeting the requirements of the legislation and the Ministry's expectations. However, one of the goals of the provincial quality agenda is to develop an ongoing culture of quality, which includes developing an environment of learning and sharing. By submitting your annual QIP to HQO, we as a system can begin to understand the trends in QI and the progress organizations are making to achieve targets in priority areas. Quality improvement plans provide rich information to better understand how to spearhead improvement efforts. Health Quality Ontario reviews and analyzes each of the QIPs and produces sector-specific reports that share consolidated QIP data and observations (for example, common themes, what changes seem to be working, success stories) with health care organizations and the public. This increases our collective understanding about effective strategies for making improvements in priority areas as well as how multiple sectors are using QIPs and QIP data to help align quality efforts and tackle common quality issues together – especially those that cannot be solved by acting in isolation.

Can we submit our QIP to HQO later than April 1?

Organizations are expected to submit their QIP to HQO on or before April 1 of each year. As part of your planning process, your organization should look ahead at your board calendar of meetings to ensure that the draft QIP goes to the board with enough time for discussion, amendments, finalization and submission before April 1 of each year.

How do recent regulations under ECFAA affect our organization?

New regulations under ECFAA primarily focus on strengthening patient engagement via patient relations processes and direct involvement in developing and implementing QIPs.

More specifically, ECFAA states that hospitals are to:

- Establish a patient-relations process that reflects their declaration of values and make it public

- Use data and information gathered via the patient-relations processes in developing their annual QIP

New regulations under ECFAA require hospitals to directly involve patients in the development of the annual QIP and to improve patient-relations processes.

While ECFAA currently applies to the hospital sector, other sectors are encouraged to voluntarily adopt these person-centred components of the act, as appropriate.

Establishing comprehensive and transparent patient-relations processes is considered best practice for all health care organizations; the information gathered about patient experiences and opportunities for improvement via these processes are important inputs for QIP development and prioritization of indicators.

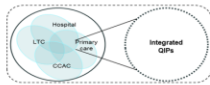
To support organizations with establishing patient-relations processes and engaging patients, HQO has developed a guide for implementation of the regulation and other resources. For more information, please visit HQO's [website](#).

What are the 2016/17 QIP Indicators?

For fiscal year 2016/17, the recommended priority and additional indicators have been amended to reflect provincial priorities as well as the evolving opportunities within and between health care organizations and sectors. Each year, HQO reviews QIP indicators through a formal process that involves input from numerous stakeholders, including the QIP Cross-Sector Advisory Group, LHINs and health sector associations, and that applies relevant criteria. Figure 1 provides a list of the 2016/17 QIP indicators for each sector and highlights the vision of cross-sector collaboration.

Figure 1: QIP Indicator Profile for Fiscal Year 2016/17

Functionally Integrated QIPs: Cross-Sector Collaboration



Quality Issue	Hospital	Primary Care	CCAC	LTC
Effective transitions	NEW 30-Day Readmission for Select HIGs 30-Day Readmission for one of CHF/COPD/Stroke (QBP Cohort)	• Primary Care Visits Post-Discharge • Hospital Readmission for Primary Care Patients (A)	• Hospital Readmissions • Unplanned ED Visits	• Potentially Avoidable ED Visits for Ambulatory Care Sensitive Conditions
Person Experience	• Patient Experience	• Patient Experience	• Client Experience	• Resident Experience
Access to the right level of care	• ALC Rate • ALC Days (A)	• ED Visits for Conditions BME (A)		
Timely access to care or services	• ED Length of Stay	• Same Day Next Day Appointment • Post Discharge Follow Up • Timely Access to Primary Care Provider	• Five-Day Wait Time for Home Care (PSW, Nursing)	
Safe care; effective management	• Medication Reconciliation (admission) • Clostridium Difficile Infection • Hand Hygiene before contact (A) • Pressure Ulcers (A) • Falls (A) • Medication Reconciliation (discharge) (A) • Ventilator Acquired Pneumonia (A) • Central Line Associated Infection (A) • Physical restraints in mental health (A) • Surgical Safety Checklist (A)	NEW HbA1C monitoring Colorectal and Cervical Cancer Screening Influenza Immunization (A)	• Falls for Long-Stay Clients	• Potentially Inappropriate Prescribing of Antipsychotic Medication • Pressure Ulcers • Falls • Restraints • Incontinence (A)
Palliative care	NEW Home Supports for Discharged Palliative Patients (A)		COMING Dying in Place of Choice (A)	(A): additional indicator

ALC, Alternate Level of Care; BME, Best Managed Elsewhere; CCAC, Community Care Access Centres; CHF, Congestive Heart Failure; COPD, Chronic Obstructive Pulmonary Disease; ED, Emergency Department; HbA1C, glycosylated hemoglobin; HIG, HBAM Inpatient Grouper; LTC, Long-Term Care; QIP, quality improvement plan.

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 multiyear 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).

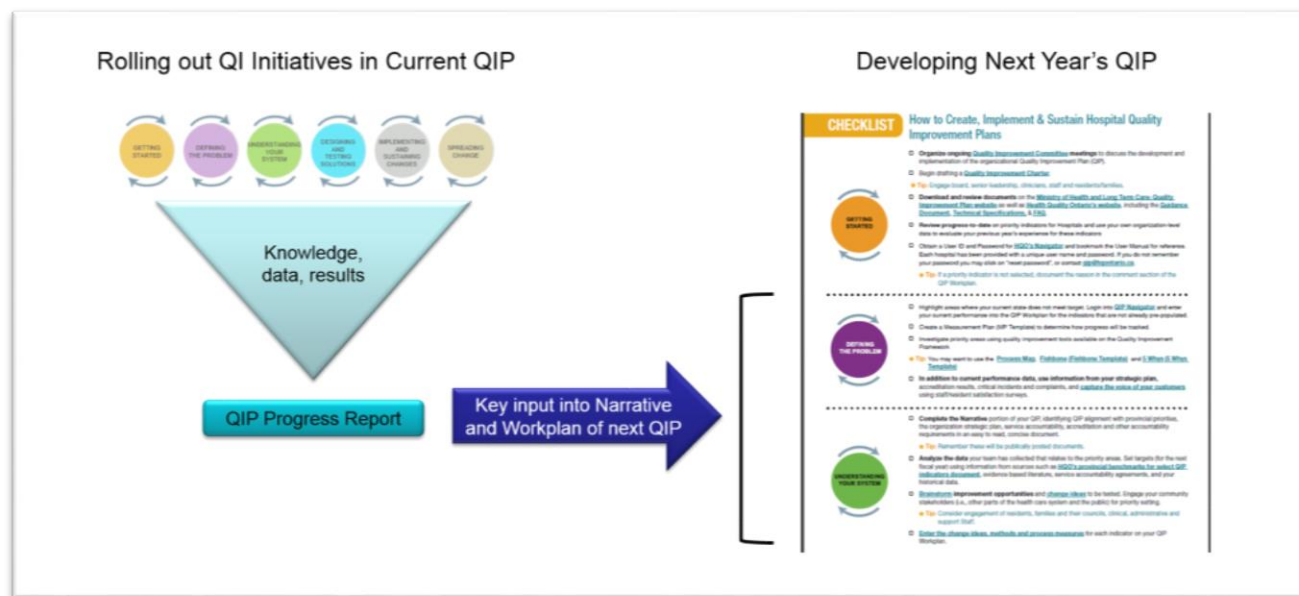
Health Quality Ontario has resources to help with both QI methodology and QIP development.

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.

Health Quality Ontario 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.

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 and the QIP Development Checklist for your sector.

Figure 2: Relationship Between Implementation of Current QIP and Development of Next Year's QIP



QI, Quality Improvement; QIP, Quality Improvement Plan.

What inputs should we consider when developing our QIP priorities?

In addition to knowledge gained through QI activities, there are a few important inputs and drivers for developing your QIP.

- **Priority indicators** reflect organizational and sector-specific priorities, as well as system-wide, transformational priorities where improved performance is co-dependent on collaboration with other sectors. Achieving system-wide change in these areas requires every sector and every organization to prioritize QI. Organizations often ask HQO if these priority indicators are 'required' in their QIP. They are not required, but it is expected that organizations assess their performance on these indicators, and particularly where their performance lags behind others in the province, strongly consider these indicators for inclusion in their QIP.
- **Additional indicators** measure important areas for QI and can be included in your QIP to reflect your organization's specific QI goals and opportunities. Review these additional indicators and determine which are relevant for your organization.
Each sector has its own list of recommended priority and additional indicators. The [QIP Indicator Technical Specifications Document](#) includes all of the technical details for these indicators.
- **Custom** indicators refer to any other indicators your organization includes in your QIP that reflect your organizational QI goals and opportunities. Good examples of other indicators to consider are available in HQO's [Quality Compass](#).
- The **expressed needs of your patients, clients and residents** must be top priority for all health care organizations. The feedback and perspectives of the people who seek and require care should be well incorporated into your QIP. As of September 2015, hospitals are required to incorporate patient engagement in development of their QIPs. For more information about these new regulations, please visit our [website](#).
- Processes for managing **patient relations and complaints, patient experience surveys and critical incidents** within your organization are important to maintain high-quality care. When

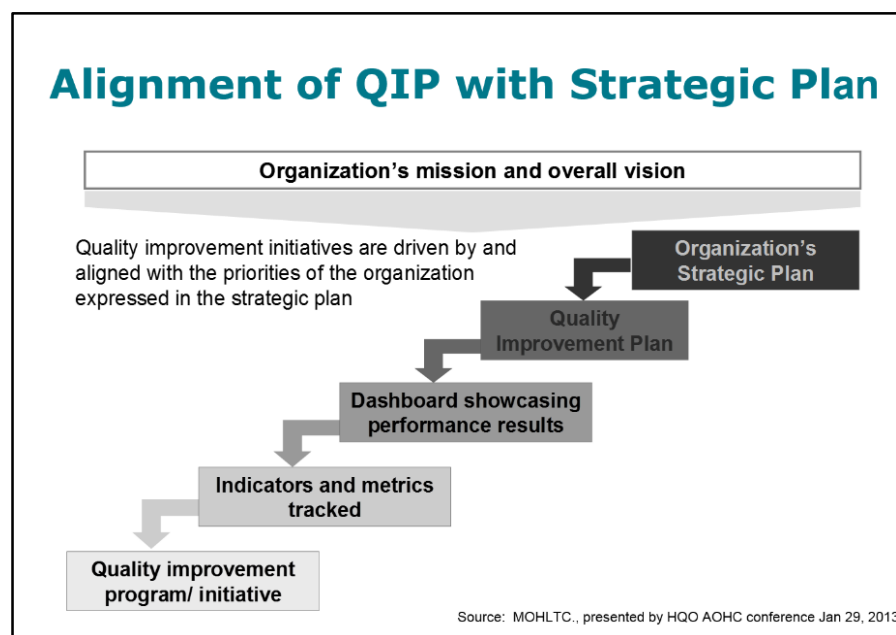
considering what priority areas your organization should include in the QIP, consider reviewing survey results, the outputs of these processes (e.g., number and types of complaints), as well as the processes themselves, to understand whether it's appropriate to prioritize and set targets for areas where concerns have arisen. Hospitals are required by the ECFAA to incorporate the findings of their patient-relations processes into their QIPs. For more information about this and other new regulatory changes related to patient-relations processes in hospitals, please visit our [website](#). Hospitals could also review critical incident information provided by the [Institute for Safe Medication Practices \(Canada\)](#) to inform the selection of priority indicators. Long-Term Care homes could review compliance reports to inform priority areas for improvement.

- **Current performance** on indicators used by your organization (through strategic plans, balanced score cards, accountability agreements, etc.) and other measures, including those used to monitor QIP implementation and QI activities, should be considered. Performance on process measures that evaluate how well your organization is providing care and related services (e.g., medication safety, implementation of clinical best practices) are key inputs for your QIP.

How does our QIP relate to our other internal strategic documents (strategic plan, service accountability agreement, etc.)?

Selecting priority QIP indicators involves careful consideration of information and data gathered from several inputs. Strategically, it is crucial that your organization's annual QIP align with the priorities stated in your organization's strategic plan. We are both seeing and hearing that quality is increasingly being emphasized as core to strategy. Your organization's strategic plan and QIP are mutually reinforcing (Figure 3).

Figure 3: Alignment of Quality Improvement Plan With Strategic Planning



AOHC, Association of Ontario Health Centres; HQO, Health Quality Ontario; QIP, Quality Improvement Plan.

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 with your LHIN (if applicable), as well as a way to monitor and improve performance in key areas over time.

Determining which of the recommended priority indicators to include in your QIP can be a challenging task. 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 an organization has met the average/target/benchmark and still has room for further improvement, those organizations should consider including that priority indicator in their QIP.

What is the role of the Board, senior leadership and others in developing the QIP?

Quality improvement plans are to be developed at the organizational level.[†] Development and successful implementation of the QI initiatives outlined in your annual QIP depend on the involvement and engagement of your organization's Board, senior leadership, clinicians, staff, patients, clients and residents.

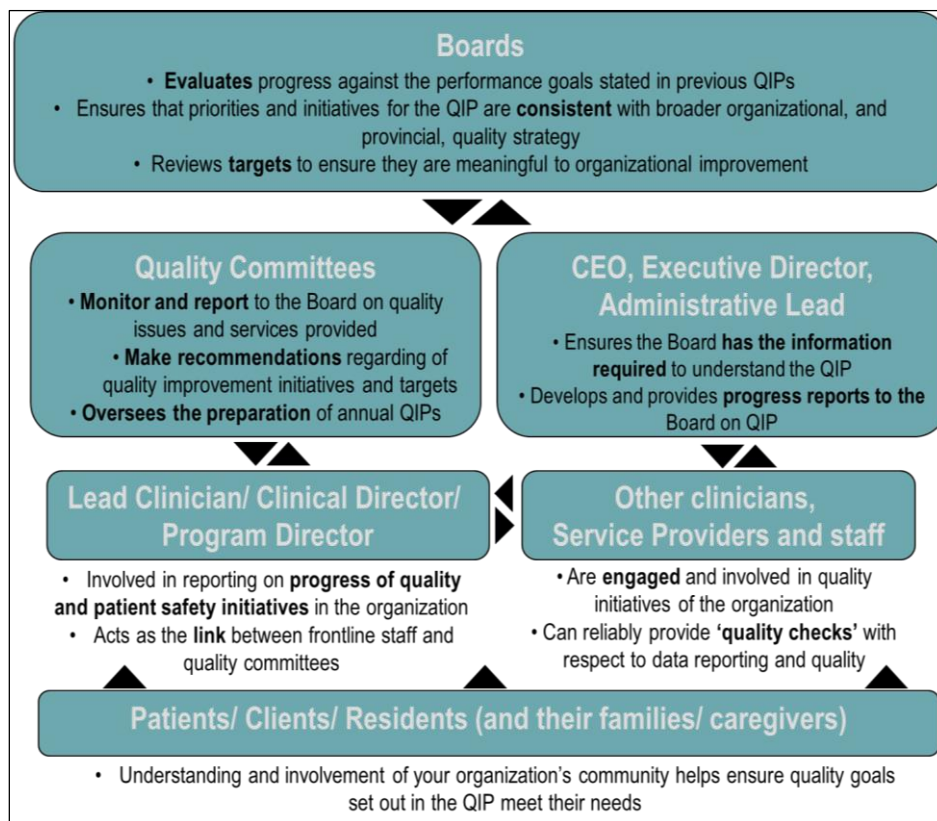
[†]For QIP purposes, the current definition of an 'organization' varies depending on sector and governance structure. The following descriptions constitute an 'organization' required to develop and submit one QIP:

- single-site hospital corporation governed by one board of directors
- multisite hospital corporation governed by one board of directors
- each licensed long-term care home, regardless of affiliation with a multisite corporation
- each Community Care Access Centre
- each family health team, regardless of the number of associated physician practices
- each community health centre, nurse practitioner-led clinic, Aboriginal Health Access Centre

Note: Health Quality Ontario is working to streamline submission processes (including enhancements to the QIP Navigator) for multi-sector organizations with common governance structures. More information will be available at a future date. In the interim, if any multi-sector organizations have questions about whether they are able to submit one QIP to HQO, please contact QIP@hqontario.ca.

Figure 4 describes potential roles of the various individuals and groups involved in developing a QIP, regardless of the type of organization in which you work.

Figure 4: Potential Roles in Developing QIPs



CEO, Chief Executive Officer; QIP, Quality Improvement Plan.

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.

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. 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. 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.

Training and support may be required to facilitate leadership and staff engagement. A new, 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. 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.”⁴ 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](#).

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

⁴ 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>.

- 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.

Health Quality Ontario 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 5):

- 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 5. Information in Progress Reports: Auto-populated data are outlined in red; data to be input are outlined in blue

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
Change Ideas from Last Years QIP (QIP 2014/15)		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 5):

- **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).
- **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?

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. 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.

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 as a means 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 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
- 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.

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 recommended priority and additional indicators? Do we need to select all or some of these indicators?

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.

Additional indicators align with important areas for QI and can be included in your QIP to reflect your organization's specific QI goals and opportunities.

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.

Other indicators can also be included in your QIP as relevant to your organization's QI goals. Health Quality Ontario 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 Improvement⁵ 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 <u>Note:</u> Where possible, current performance data will be pre-populated using data that have been validated via the source identified in the technical specifications document. <u>Note:</u> 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: <ul style="list-style-type: none"> ▪ 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?

⁵Langley 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.

	<ul style="list-style-type: none"> 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	<p>Describe how your organization is setting QI target(s) for the coming year.</p> <p>You will likely consider one or more of the following common approaches for setting targets that are <i>better than your current performance</i>:</p> <ul style="list-style-type: none"> 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 <i>only</i> for organizations whose performance is below average) <p>For more information about setting QIP targets, click here.</p> <p>Please mention specific challenges or initiatives that support the justification for your target.</p> <p>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.</p> <p>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.</p> <p>In both examples, organizations are strongly encouraged to link these specific challenges directly to the target set for each indicator selected in their QIP.</p>

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

Planned improvement initiatives (Change Ideas)	<p>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.</p> <p>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.</p> <p>For example: "Institute a pain management protocol for patients with moderate to severe pain."</p>
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	<p>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.</p> <p>Change ideas can come from a variety of sources. Specific change ideas can be found in HQO's Quality Compass. You could also look at how other organizations have approached change by viewing publicly available QIPs.</p>
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	<p>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.</p> <p>Process measures must be quantifiable and reportable as rates, percentages or numbers over specific timeframes.</p> <p>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."</p> <p>Please visit HQO's Quality Improvement Framework for more information about creating process measures and measurement plans.</p>
Goal for change ideas	Include your organization's numeric goal 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, 2015."
Comments	Provide any additional comments about the QI initiatives. These can include factors for success, partnerships, linkages to other programs, etc.

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 AL 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 now 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](#).
- Community care access centres 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 in the early 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 Navigator User Manual
 - QIP Frequently Asked Questions
 - QIP Development Checklist
 - Available benchmarks for your sector
- Confirm pre-population values for current performance
 - In February, 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.

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 2016/17 and how these relate to the QIP, please review the [QIP Annual Memo for 2016/17](#).
- For details about the QIP indicators, please review the [QIP Technical Specifications Document](#).
- For more information about target setting, please review the [Target Setting Appendix](#).
- For more information about HQO's other programs, see the following:
 - Primary Care Practice 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](#).