

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP)

Guidance Document for Ontario's Health Care Organizations

Released November 2014

Acknowledgements

This guide, and all of the support elements associated with the Quality Improvement Plan (QIP), has been developed by the Ministry of Health and Long-Term Care (MOHLTC) in collaboration with Health Quality Ontario (HQO) along with health care organizations and health sector associations. The ministry appreciates the guidance and contribution of all of those involved in the development process.

This document is intended to provide health care organizations with guidance as to how to develop an annual Quality Improvement Plan. While much effort and care has gone into preparing this document, it should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate to understand how this may interact with policy or legislative requirements. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that, where applicable, they comply with the relevant requirements in policy or legislation.

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Background

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 a principle embedded in the *Excellent Care for All Act (ECFAA)*, and one that is shared within broader system priorities and initiatives.

ECFAA, passed in June 2010, laid the foundation for a health care system that is patient-centered, focused on accountability and transparency, and committed to improving the quality of care Ontarians receive. **The government's commitment to quality improvement applies to all health care sectors**, bringing us together to share in the commitment to quality health care where the needs of patients/clients/residents come first.

While ECFAA provided the foundation for excellence, *Ontario's Action Plan for Health Care*, which was released in January 2012 by the Minister of Health and Long-Term Care, built on this foundation, providing an ambitious blueprint for health system transformation that involves all health care partners and providers.

System-wide quality improvement is the vision that the Ministry of Health and Long-Term Care (ministry) provides for all health care sectors, using the Quality Improvement Plan (QIP) as an enabler for this change.

What is a Quality Improvement Plan?

A Quality Improvement Plan (QIP) is a formal, documented set of quality commitments aligned with system and provincial priorities that a health care organization makes to its patients/clients/residents, staff and community to improve quality through focused targets and actions. By submitting your QIP to Health Quality Ontario (HQO), we as a system can begin to understand what progress organizations are making in achieving targets on priority improvement areas. Additionally, the QIP provides rich information for the system to better understand how we collectively can spearhead improvement efforts.

Quality improvement objectives may be similar across organizations. The QIP provides an opportunity to learn from your peers on the types of actions you can take to achieve quality objectives to reduce wide variation with approaches taken. In addition to being owned by the organization, QIPs are developed under the umbrella of a common provincial vision and provide a system-wide platform for quality improvement. This provincial vision is expressed through the **priority indicators** that are included in the QIP. These quality themes reflect Ontario's vision for a high-performing health care system and were prioritized through consultation with key stakeholders, representative associations, and informed by other partner organizations including HQO.

Purpose of this document

The QIP guidance material has been established for all health care organizations to assist in developing a QIP. It is intended to supplement (not replace) any existing quality improvement initiatives underway.

This document provides a brief overview of what elements should be incorporated in the development of your organization's annual QIP. It is important to recognize 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 is to establish priorities that align organizational, regional and system priorities, familiarize yourself with performance data at your organization and understand how you can use it to drive measurable improvement and build capacity within

your organization. While the QIPs are not a performance management tool, they are meant to be a mechanism through which organizational leadership are held accountable for the commitments made for improved quality of care. Organizations have a responsibility to report on progress and be available to explain their performance on commitments made in their QIP.

This document provides overall guidance for developing a QIP, however **it is expected that organizations are familiar with their own sector-specific requirements** in the development of their QIP. Refer to the set of FAQs (see appendix) for more information on this.

Resources

While the ministry provides the overall vision and direction on the kinds of priorities an organization should be focusing on in their QIP to ensure alignment with system goals, additional resources should be sought to help you develop your QIP. Health Quality Ontario provides support for the development of QIPs. As the organization that collects and analyzes QIPs, HQO can provide support on QIP development, implementation, as well as feedback and guidance on how to improve. HQO's wealth of resources related to quality improvement across a variety of topics can be found by accessing HQO's [website](#).

Refer to the set of FAQs (see appendix) for additional requirements and specifications related to your sector that are to be included in your QIP.

QIP Development Process

QIPs are to be developed by the organization. The Board, senior management, clinicians, other staff, and patients/clients/residents should be engaged in its development. The Board of your organization as well as its senior management should ensure they are meeting the targets set out in their QIP. It is expected that the QIP will support performance improvement in your organization to achieve the targets established by your organization. The ministry is not prescriptive about what targets are to be set within the QIP.

System-level priorities should drive the development of your QIP. In particular, metrics that focus on integrated care across sectors and across patient care settings have been prioritized as a means of ensuring your QIP reflects the functional integration efforts of the broader health care system.

It is expected that development of a QIP takes into account the needs of your patients, clients and/or residents, as it is their health care experience that needs to be of top priority for the health care organization. This focus should be well incorporated throughout your QIP. In addition, consider other ways in which the experience of those populations you serve can be enhanced, such as through patient/client/resident surveys, involvement in the development of your patient/client/resident relations process and engagement at the organizational leadership levels in informing policy.

Other system priorities should be incorporated into the development of your QIP for optimal alignment across your region.

Processes for monitoring patient relations and complaints, patient experience surveys, and/or critical incidents within your organization are important to maintaining quality care. When considering what priority areas your organization's QIP should include, consider reviewing these processes to understand whether it's appropriate to prioritize those indicators where concerns have arisen.

Step-by-step

The following provides a step-by-step guide on how to develop a QIP:

1. Use **organizational-level data** to identify your current performance and/or baseline for the priority indicators. (If no baseline exists, note this in your QIP, and begin gathering the data you need).
2. Organizations are expected to **review the priority indicators** for their sector and determine which are relevant for their organization. To support this process, your organization should review its current performance against provincial benchmarks/theoretical best for all priority indicators. If your organization elects not to include a priority indicator in the QIP (for example, because performance already meets or exceeds the benchmark/ theoretical best), then this should be documented in the comments section of the QIP Workplan. Any additional indicators can also be included in your QIP as relevant to your organization's quality improvement goals. HQO provides [additional resources](#) to support selection of indicators for your QIP
3. Use the guidance provided to create **a plan** to address each of the system level priorities you identified for improvement, (see above). A plan includes setting a target, identifying change ideas to be tested, methods and process measures, as per the QIP workplan.
4. Ensure you complete the **Narrative** to use to communicate these priorities to your communities and staff. Also complete the **Progress Report** (for those organizations that have more than one year of information to report on).
5. **Sign-off:** Once the QIP has been approved by the Board, the Quality Committee (if applicable) and key senior leadership, those involved need to "sign-off" on the QIP. This is an important component to help demonstrate the shared accountabilities and responsibilities for the QIP at the governance, clinical, and administrative levels.

QIP Narrative

The Narrative allows organizations to provide context for the information in the QIP. As an engagement tool for organizational staff, the Narrative can communicate a commitment to the organization's QIP, and provides a practical framework to communicate the organization's quality improvement priorities for the upcoming year. The Narrative should be concise and no more than 2-3 pages in length, and written in a manner that can be easily understood by all audiences. Refer to the below guidance in the development of your Narrative. When writing the

Narrative, organizations should incorporate information that speaks to their priorities, as well as how the QIP aligns with other planning documents. To do this, the QIP should be made an integrated part of an organization's overall planning process. The Narrative should include:

- An **overview** that includes:
 - The objectives of your QIP for the following year; and
 - How your QIP aligns with other planning processes in your organization. For example, the strategic plan, operational plan, Service Accountability Agreements, Accreditation requirements, and other contractual/accountability requirements.
- A description of how the organization is working with system partners in developing and/or executing quality improvement initiatives to improve **integration and continuity of care** for your patients/ clients/ residents;
- Any **challenges, risks and mitigation strategies** that have been identified in the execution of these quality commitments, and how these will be addressed;
- The extent by which your organization is using its **information management systems** (e.g. Electronic Medical Records) to better understand the needs of your patient/client/resident populations, and to inform quality targets;
- An understanding of how your organization is **engaging its patients, clinical staff and broader leadership** in establishing shared quality improvement goals and commitments for the organization; and
- How **organizational leadership will be held accountable** for achieving the targets set out in your QIP. Where appropriate, legislative requirements should be adhered to related to performance-based compensation.

Your Narrative must include a Sign-off section that verifies that leadership (e.g. Board Chair, Quality Committee lead, Chief of Staff/Clinical Lead, and CEO/Executive Director/Administrative lead) has been involved in the development of the QIP, approves the Plan and is committed to its implementation.

QIP Workplan

The Workplan is the main portion of your QIP. It describes the improvement targets and initiatives that your organization is committing to improving on. A set of priority indicators are included to support a common language of quality across all organizations and sectors.

Organizations are expected to review the priority indicators for their sector and determine which are relevant for their organization. Any additional indicators can also be included in your QIP as relevant to your organization's quality improvement goals.

The Workplan has been designed to align with the Model for Improvement¹, with three essential questions driving the improvement process:

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

¹ Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd Edition). San Francisco, California, USA: Jossey-Bass Publishers; 2009

AIM: What are we trying to accomplish?

The ministry is committed to leveraging all dimensions of quality (as articulated in ECFAA and by HQO) to advance quality initiatives across the province. While all dimensions are important and valuable, each sector’s Workplan has been streamlined to include a focus on a set of quality dimensions. Within these dimensions, objectives have been identified. These are based on priorities aligned with ECFAA, identified in [Ontario’s Action Plan for Health Care](#), reflect transformational priorities, and have been confirmed through consultation and feedback from the sectors.

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

<p>Measure/ Indicator</p>	<p>This column has been pre-populated with the list of priority indicators (see the Indicator Technical Specifications section) for definitions of these indicators).</p> <p>Organizations are expected to review the priority indicators for their sector and determine which are relevant for their organization. To support this process, your organization should review its current performance against provincial benchmarks/theoretical best for all priority indicators. If your organization elects not to include a priority indicator in the QIP (for example, because performance already meets or exceeds the benchmark/ theoretical best), then this should be documented in the comments section of the QIP Workplan. Any additional indicators can also be included in your QIP as relevant to your organization’s quality improvement goals. HQO provides additional resources to support selection of indicators for your QIP.</p>
<p>Current Performance</p>	<p>What is the organization’s current performance data or rate associated with the indicator? Reporting periods have been included for each of the priority indicators to guide completion of this section (see the Indicator Specifications).</p>
<p>Target (for next fiscal year)</p>	<p>This column should indicate the targeted outcome the organization expects to achieve by the end of the fiscal year.</p> <p>Some key considerations when setting targets include the following:</p> <ul style="list-style-type: none"> • Organizations should consider a target that represents what the organization aspires to, first and foremost. • Organizations should set stretch targets in those areas of higher priority. • Organizations should not set targets below the baseline. If an organization cannot meet the baseline, information should be included in the ‘comment’ section to describe this. <p>For more information about setting targets, refer to HQO’s Analysis for Improvement Reports and website.</p>

Target Justification	<p>Organizations should express how they justify their annual performance improvement targets.</p> <p>Organizations may wish to consider the following common justifications for stretch targets:</p> <ul style="list-style-type: none"> • Provincial benchmark (where this exists) • Theoretical best • Matching best performance elsewhere • Reduce defects/waste/wait time • 90th percentile among peers • Match the rate of improvement attained by other leading organizations • Match provincial average (appropriate only for organizations whose performance is far below average)
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CHANGE: What changes can we make that will result in improvement?

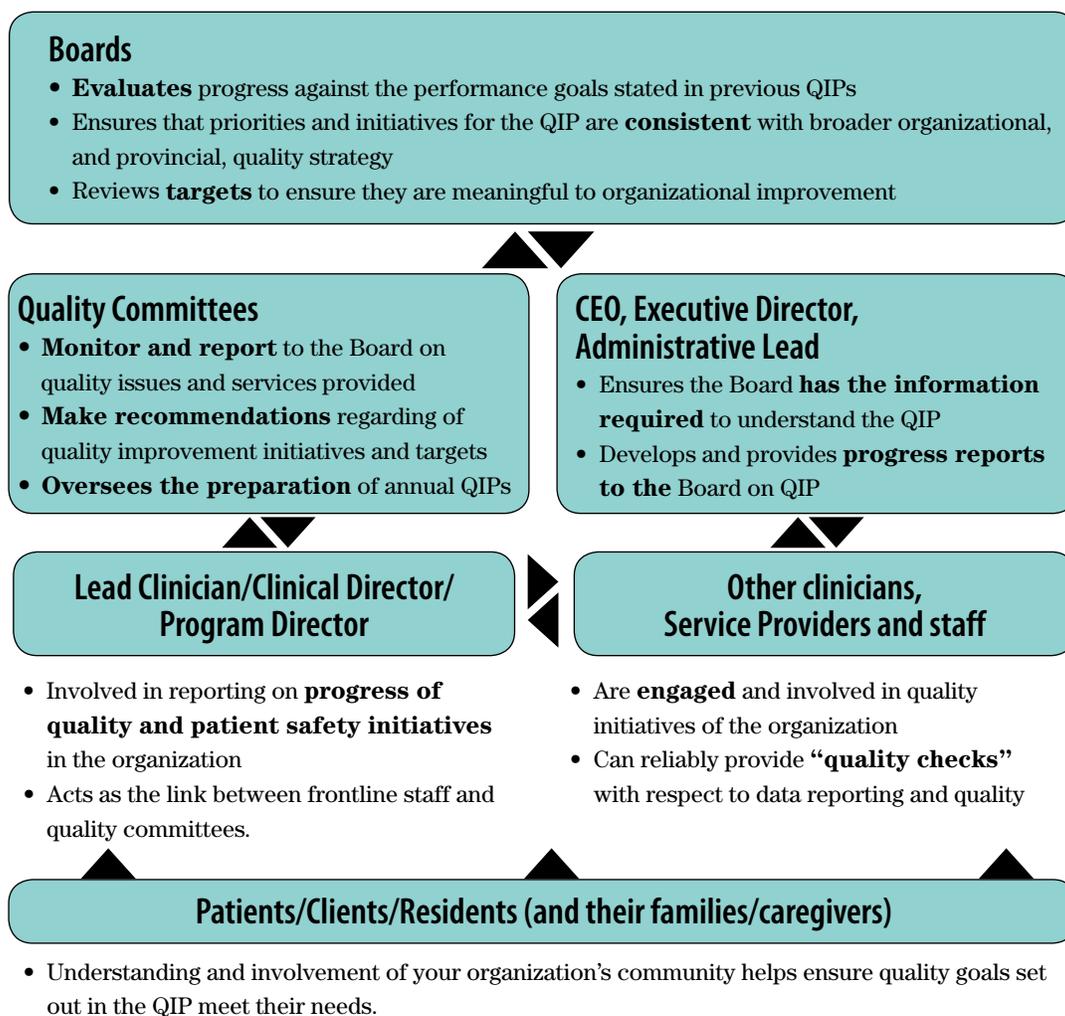
Planned improvement initiatives (Change Ideas)	The improvement initiative column provides details about the quality improvement initiative (i.e. the changes) being put in place that will lead to the improvement being sought. Change ideas should be included for all priority indicators where improvement is the goal.
Methods	This column identifies the step-by-step methods the organization will be using to track progress on its planned improved initiatives (change ideas). Include details such as how the data on the change ideas will be collected, analyzed and reviewed.
Process Measures	<p>The measure that evaluates whether an activity has been accomplished. Processes must be measurable as rates, percentages, and/or numbers over specific timeframes. e.g. “number of fall risk assessments reviewed each month by the quality team”; “number of patients/clients/families surveyed per month”; “number of staff demonstration uptake of education documented per quarter”.</p> <p>Setting aggressive or ‘stretch’ targets for these process measures and implementing the change plans to achieve them will help organizations attain better performance on priority outcome indicators over time.</p>
Goal for change ideas	This is the organization’s numeric goal specifically related to the process measures and is used to track progress on change ideas within specific timeframes. E.g. “100 % compliance by Dec. 31, 2014”.
Comments	This is the place for any additional comments about the initiative. These may include factors for success or any additional information the organization may wish to provide.

Who should be involved in QIP development

The QIPs are a shared responsibility within an organization. Development and successful implementation of the priorities and quality initiatives in the QIP depends on the involvement and engagement of the organization’s Board, senior leadership, clinicians, staff, and patients/clients/residents. QIPs are meant to be developed at the “organization” level. By focusing on quality from the perspective of the entire organization, the benefits of shared learnings and a team-based approach can be operationalized and formalized.

The following recommendations describe potential roles of the various individuals and groups involved in developing a QIP, regardless of the type of organization you are working in (refer to **Figure 1**):

Figure 1: QIPs are a shared responsibility across the organization



Board

The Board is accountable for organizational governance, and should be involved in overseeing the development, review and approval of the QIP. The Chair of the Board should certify (via sign-off section of the QIP) their approval of the QIP. This sign-off helps acknowledge the Board’s ultimate accountability in implementing and monitoring the QIP.

Quality Committee

The Quality Committee has an important role to play in the development of the QIP. The Quality Committee should report to the Board regarding QIP development and progress throughout the year. The Chair of the Quality Committee should certify (via accountability sign-off section) their 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 (ED), or Administrative Lead (AL) will work collaboratively with the Board, Quality Committee and staff to develop the QIP. The CEO/ED/AL is in many ways the operation behind the QIP providing data and other information on a regular basis to the Quality Committee and the Board. At regular intervals, the CEO/ED/AL will provide monitoring reports to the Board on its progress. In addition, the CEO/ED/AL should certify (via accountability sign-off section) their involvement in the QIP.

Lead Clinician/ Clinical Director/Program Director

The Clinical leadership of an organization are critical to improvement efforts. Senior leadership, including the lead clinician, should be involved in the development of the annual QIP and should aim to involve all clinicians and staff at the organization in QIP development and implementation.

Other clinicians, Service Providers and staff

Other clinicians, service providers and staff at the organization have an important role to play. All providers and staff should be involved and accountable to the QIP in some way. In addition, previous experience with quality improvement has demonstrated the importance of engaging administrative staff in quality improvement efforts. These staff can act as the link between the quality improvement team and the other administrative/support staff within an organization and will be a key source of communication to those staff.

Patients/Clients/Residents and their Families

The involvement of patients/clients/residents in organizational priority setting is important to ensuring quality goals reflect the needs of your communities. Consider engaging your community through formal established formats such as resident and family councils or other engagement opportunities where the experiences and concerns of these groups are incorporated.

Submission Process

The QIP development and submission process occurs annually. This full year of information enables a robust review of system-level progress on the commitments expressed in QIPs, allowing HQO to provide a continuous cycle of feedback for improvement. Submission by **April 1st to HQO** allows organizations to align with this cycle and receive annual feedback for improvement. For more information about how to submit your QIP, review the FAQs.

Ongoing QIP Improvement

Once the QIP has been completed, it will be important to ensure that the deliverables outlined in the aims, measurement, and change ideas sections are acted upon. This can be supported by:

1. Identifying a **reporting lead**, whose role it is to track performance on the QIP. This person should have a good working relationship with colleagues and with the team, and be interested in driving change in the system.
2. **Building capability** and capacity within the organization to track performance on change plans on an ongoing basis.
3. **Regular meetings** with your Board (and quality committee) as determined in the Board annual calendar and strategic planning/monitoring process to discuss and monitor progress on meeting the goals of the QIP.

Reporting on QIP Progress

In addition to identifying areas for improvement, organizations should ensure a system is in place that allows for continuous monitoring and tracking of performance on the commitments and priorities set out in their QIPs. **Every year as part of the QIP submission process, health care organizations are to submit a report on their organization's progress against the previous fiscal year's QIP priorities and targets.** This progress report links the previous year's QIP with the next QIP and should be an integral part of the organization's ongoing monitoring efforts throughout the year. The Progress Report is submitted to HQO.

General guidance for completing your QIP Progress Report includes the following:

- **Reflect on previous QIP targets:** Organizations should be reporting on the progress made on all indicators in their QIP. Include the indicator(s) as determined in the previous QIP, the performance target stated, and progress to date.
- **Progress to date:** For each of the indicators listed, state the organization's current level of performance associated with the priority indicator
- **Comments:** Organizations should use this section to explain how the performance goals stated in their previous QIP could be improved, describe the challenges faced with meeting their targets outlined in their QIPs, and generally comment on the organization's commitment to meeting the performance targets outlined in their next QIP. When completing this section, consider the following topics and incorporate this information in your submission:
 - What did you learn about the root causes of the current performance?
 - Were the proposed change ideas implemented? Why or why not?
 - If implemented, have the changes helped you to achieve or surpass the target determined by your organization?
 - What will your organization do to further improve on this indicator?
 - What were your key lessons learned?

The QIP Progress Report is intended to demonstrate an organization's commitment to upholding the principles of ECFAA including accountability, transparency, and ensuring the delivery of high quality patient care. Refer to the FAQs for more information on the Progress Report.

Conclusion

The QIPs provide a significant opportunity for health care organizations to move the provincial quality agenda forward. Through the QIP, organizations express their commitment to a health care system that is patient-centred, focused on accountability and transparency, and committed to improving the quality of care Ontarians receive.

This document was designed to guide health care organizations to develop annual quality improvement plans that promote organizational improvement for quality while at the same time ensuring provincial, system-wide change. Utilize your QIP to create change within your organization to ensure that the patient/client/residents remains front and centre of the health care system.

This is a journey; excellence has no limit.

Appendix: QIP Frequently Asked Questions & Answers

Q1. What is a Quality Improvement Plan?

A Quality Improvement Plan (QIP) is a formal, documented set of commitments that a health care organization makes to its patients/clients/residents, staff and community to improve quality through focused targets and actions. QIPs are used in many sectors to assist organizations in delivering quality programs and services.

Q2. What does a QIP aim to achieve for health care organizations, patients/clients/ residents, and the broader health care system?

A QIP is owned by the health care organization and is a way for that organization to focus its efforts on key quality improvement priorities.

Health care organizations may be undertaking a range of quality improvement projects at any given time. Organizations should consider system-, sector-, and organization-level quality improvement priorities when developing their annual QIPs. The QIP helps to organize quality improvement projects, prioritize them, and makes sure they're aligned with the overall quality improvement goals of the organization and system at large.

QIPs are also a way for patients/clients/residents to become engaged in a dialogue about the quality of care provided by health care organizations. Patients/clients/residents, their families and caregivers should have access to an organization's QIP (e.g., through public posting), feel they can ask questions about the QIP, and contribute to the QIP development process (e.g., by filling out an experience survey or through an organization's patient relations process).

Finally, QIPs are a way for the entire health care system to collectively focus on key priorities that will help to put patients, residents, and clients first. By setting priority indicators and publishing [QIP guidance materials](#), the Ministry of Health and Long-Term Care (ministry) is supporting a focus on broader health system improvement and shared improvement priorities.

Q3. What is the objective of QIPs?

Every organization will be at a different starting point when it comes to developing a QIP. The [guidance materials](#) have been developed to ensure that every health care organization completing a QIP can “see themselves” in the system-level commitments and priorities expressed in this guidance.

While the QIPs are not used as a performance management tool between the ministry (or LHIN) and healthcare organizations, they are meant to be a mechanism through which an organization's leadership holds the organization to account for the commitments made for improved quality of care. Organizations have a responsibility to report on progress and be available to explain their performance on commitments made in their QIP. The QIP progress report is one means by which organizations can account for progress made against their commitments.

Q4. Who needs to develop a QIP?

The following organizations are required to develop and submit QIPs to Health Quality Ontario (HQO) by April 1 of every year:

- All public hospitals in Ontario
- Inter-professional team-based primary care models - specifically, Family Health Teams (FHT), Nurse Practitioner-led clinics (NPLC), Community Health Centres (CHC), and Aboriginal Health Access Centres (AHAC)
- Community Care Access Centres (CCAC)
- Long-term care (LTC) homes

HQO is able to receive QIP submissions by April 1 each year. There is no flexibility with the April 1 submission deadline.

Q5. How do I submit my QIP to HQO?

Organizations are to submit their QIPs through [HQO's QIP Navigator](#). The navigator is an online platform that allows organizations to develop and submit their QIPs annually. Within the Navigator, HQO will pre-populate organizations' performance for indicators where such information is available (e.g., from the Canadian Institute for Health Information or the ministry).

Q6. Does the ministry also need to receive a copy of my QIP?

Organizations do not need to submit their plans to the ministry.

Q7. What is the role of the LHINs in the QIP process?

Broadly, as the entities responsible for planning, integrating, and funding local health services, LHINs work together with health care organizations to identify and address opportunities for quality improvement.

Where organizations are required to submit QIPs as part of a LHIN requirement (e.g., CHCs, CCACs, and LTC homes), the LHINs are responsible for ensuring that these organizations submit their QIPs accordingly.

Hospitals, as a requirement of the Excellent Care for All Act, 2010, should provide a draft of their plan at the request of their LHIN.

Q8. What priority areas should my organization focus on in our QIP?

The **Indicator Specifications** document that is an accompaniment the *Quality Improvement Plan Guidance Document for Ontario's Health Care Organizations* outline a set of priority QIP indicators for each sector. Priority indicators were selected based on demonstrated alignment to shared, cross-sectoral efforts to improve safer transitions of care, patient/client/resident experience, and improved

access for Ontarians. Achieving system-wide change in these areas requires every sector and every organization to prioritize quality improvement.

Organizations are expected to review the priority indicators for their sector and determine which are relevant for their organization. To support this process, your organization should **review its current performance against provincial benchmarks/theoretical best for all priority indicators**. If your organization elects not to include a priority indicator in the QIP (for example, because performance already meets or exceeds the benchmark/ theoretical best), then this should be documented in the comments section of the QIP Workplan. **Any additional indicators can also be included** in your QIP as relevant to your organization's quality improvement goals. HQO provides [additional resources](#) to support selection of indicators for your QIP.

For example, when developing QIPs, **hospitals** must consider satisfaction survey results, as well as patient relations and critical incident data. In addition, hospital QIPs must include annual performance improvement targets, justification for the targets that have been set, and a description of how the achievement of targets is linked to executive compensation. Other health care organizations should also consider incorporating these aspects to ensure a strong quality improvement program.

Q9. Who in my organization is responsible for developing a QIP?

The Board of the health care organization is ultimately accountable for organizational governance and should set direction and approve the QIP. Board members need to be involved in overseeing the development and review of the QIP.

It is expected that organizations will bring the appropriate **patient/client/resident** perspectives into the development of a QIP. The involvement of patients/clients/residents in organizational priority setting is important to ensuring quality goals reflect the needs of the community.

The **Quality Committee**, where one exists, also has an important role to play in the development of the QIP, identification of priorities, and review of performance data. Some sectors, including hospitals as per ECFAA, are required to have Quality Committees as part of their organization. The Quality Committee should report to the board regarding QIP development and progress throughout the year. For more information about establishing a Quality Committee, refer to the ministry's [website](#).

For guidance on how other members of the organization should be involved in the QIP, refer to the [Guidance Document](#).

Q10. What does HQO do with the QIPs once they are submitted?

The Board of the health care organization is ultimately accountable for organizational governance. HQO conducts a provincial, comparative analysis of the QIPs on an annual basis. This analysis helps to inform where quality improvement efforts are being focused and where improvements need to be made. This analysis is a critical lever in helping to continue to drive system-level change. HQO conducts analysis of submitted QIPs in an effort to share knowledge and best practices related to QIPs.

The ministry looks to HQO's analysis to understand how organizations are using their QIPs to drive improvement efforts and to understand general trends across priority indicators and cross-sector efforts to achieve quality targets.

Q11. Can I make changes to my QIP after it has been submitted to HQO?

Organization can make updates to their QIPs after submission by April 1st for their own improvement purposes. However, any changes that are made to a QIP after the deadline are not required to be submitted to HQO and will not be included in provincial-level analysis.

It is recommended that the most current version of their plan be posted and that any changes are viewable by the public.

Should an organization have an error in their QIP they wish to correct, it is suggested that they contact HQO at QIP@hqontario.ca.

Q12. My organization already has a QIP. Can I just submit that?

The QIP as set out by the ministry and supported by HQO provides a standardized way of structuring your organization's quality improvement goals and targets aligned with the Model for Improvement (Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd Edition). San Francisco, California, USA: Jossey-Bass Publishers; 2009). The format allows for comparative analysis, and helps to ensure all system partners are working toward the same system-level goals and priorities. Other quality improvement plans can be used as a basis to inform the development of the QIP, ensuring that required components and sections are completed.

The format provided by the ministry is to be used for the development of your QIP. Visit the ministry's [website](#) to access this material.

Q13. Will quality improvement targets be set for my organization? What happens if my organization doesn't meet the targets set out in our QIP?

Health care organizations set their own quality improvement targets within their QIPs. Health care organizations can also look to Health Quality Ontario for additional resources and information. Established targets or benchmarks may also exist and can be used to guide target setting.

QIPs are not an accountability or compliance tool between the funder and the recipient (health care organization), but rather a tool to guide an organization's quality improvement efforts. The content of QIPs will not be used to determine or adjust funding levels; however, it is important to remember that a QIP is a formal commitment that an organization makes to its patients/residents/clients, staff, and community to improve quality through focused targets and actions. To deliver on this commitment, all organizations should be striving to achieve the targets they set out for themselves.

The Boards of all health care organizations may consider using QIPs as a way of holding their organization accountable to targets that have been set in the QIPs. For example, as per the *Excellent Care for All Act*, 2010, hospitals are required to establish targets in their QIPs that are linked to executive compensation.

Q14. Is my organization required to publicly post its QIP?

Not only is transparency an important way of ensuring that our publicly-funded health care system remains accountable to the people of Ontario, it is also a way for health care organizations to foster dialogue with the communities they serve. By publicly posting their QIPs, health care organizations can communicate local quality improvement priorities to patients, clients, and residents and demonstrate their overall commitment to quality.

Q15. If I need help with my QIP, who do I contact?

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

- Questions about legislative and/or policy requirements related to the development of the QIPs, or broader Excellent Care for All Act (ECFAA) questions should be directed to the Ministry of Health and Long-Term Care at ECFAA@ontario.ca.
- For questions about completing a QIP, including questions about the QIP Navigator, please contact Health Quality Ontario at QIP@HQOntario.ca.