



**Ontario
Health**

Collaborative Quality Improvement Plans 2023/24

Building on 2022/23 Plans

Guidance Document

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Purpose



This guidance document is for people who are involved in developing and submitting a collaborative Quality Improvement Plan (cQIP) on behalf of their Ontario Health Team (OHT). It is designed to inform and provide instructions on how to prepare for the cQIP, who should be consulted, how to develop and submit the cQIP through the online platform, and available resources. This guidance document was developed with feedback from OHTs, Rapid-Improvement Support and Exchange (RISE) coaches, and the Health System Performance Network (HSPN).

What is a collaborative Quality Improvement Plan (cQIP)?



A cQIP is a population health management¹ improvement plan that aligns provincial and local health system priorities with the Quadruple Aim (reducing costs; improving population health, patient experience, provider experience) and that considers populations most at risk. It is also a process that OHTs work on throughout the year to systematically identify and bridge gaps in care, using quality improvement and change management principles, and employing an equity lens.

A cQIP is based on the Model for Improvement² and consists of three components:

1. A Progress Report, where OHTs reflect on their change initiatives over the past year, including successes, challenges, and lessons learned.
2. A Narrative, where OHTs provide context for their quality improvement work by describing their OHT and the population they serve. The Narrative is also the place to capture and analyze emerging quality issues (e.g., patient and provider partnering).
3. A Workplan, where OHTs will set improvement targets for the quality indicators (points of measure that reflect issues of importance to Ontarians; more on this below) and describe their planned quality improvement initiatives to achieve these targets.

Together, these components reflect on how OHTs have implemented 2022/23 cQIPs and share the OHT's quality improvement story for 2023/24 and plans for future years.

¹ Population health management is an iterative process that involves gathering data and insights from many traditional and non-traditional health partners about an entire defined population's health and social needs. These insights inform the co-design of proactive, integrated, person-centred, cost effective, equitable, and efficient solutions, with the goal of improving the health of individuals. (Source: *Rapid-Improvement Support and Exchange; Health System Performance Research Network. Overview of Population-Health Management [Internet]. Hamilton (ON): The Exchange and the Network; 2012 [cited 2022 Nov]. Available from: https://www.mcmasterforum.org/docs/default-source/rise-docs/infographics/rise_infographic_population-health-mgmt.pdf?sfvrsn=8a028c47_5*

² Langley GJ, Moen RD, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. San Francisco (CA): John Wiley & Sons; 2009.

The cQIP is related to, but distinct from, the provincial Quality Improvement Plan (QIP) for many individual health care organizations. The cQIP is designed to support multiple partner organizations within an OHT in developing and monitoring common quality improvement activities, whereas the QIP focuses on organization-specific issues. These two documents should ideally be complementary.

The cQIP should support performance objectives, but it is not a performance or accountability tool in the way that a service accountability agreement or transfer payment agreement would be used. It is one of many tools that help OHTs promote a culture of quality improvement and support the identification of shared quality improvement objectives. Building on the foundation of Ontario's QIP program, the cQIP centres the improvement work of all OHTs on a core set of priorities.

Key areas of focus

The three key areas of focus for cQIPs from 2022/23 will continue in 2023/24, each with their associated quality indicators (see Box 1, below):

1. Improving overall access to care in the most appropriate setting
2. Improving overall access to mental health and addictions (MHA) services in the community
3. Overall access to preventative care

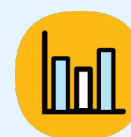
With support from the Ministry of Health, these areas of focus were identified by Ontario Health as health priorities for people in Ontario. The growing role of OHTs in the health care system means that OHTs are well positioned to support improvements in these areas.

Box 1: Areas of focus and priority indicators for the 2023/24 cQIPs

Improvement in the three areas of focus will continue to be measured in 2023/24 using the following five indicators:

Improving overall access to care in the most appropriate setting

Indicator 1: Alternate level of care days



Increasing overall access to community MHA services

Indicator 2: Rate of emergency department visits as first point of contact for mental health and addictions-related care

Increasing overall access to preventative care

Indicator 3: Percentage of screen-eligible people who are up to date with cervical screening (i.e., Papanicolaou (Pap) tests)

Indicator 4: Percentage of screen-eligible people up to date with breast cancer screening (i.e., mammography)

Indicator 5: Percentage of screen-eligible people up to date with colorectal cancer screening

Requirements for submitting a cQIP

cQIPs are to:

- Be submitted to Ontario Health via the online platform, [Navigator](#), by the end of the fiscal year (March 31, 2023)
- Identify an improvement target at the [OHT-attributed population level](#) (i.e., the networks of patients belonging to specific OHTs) for each of the indicators
- Outline quality improvement initiatives to implement between April 1, 2023, and March 31, 2024, to improve performance, including process measures and smart goals for those process measures
- Be updated regularly with feedback and input on progress by OHTs, at minimum at the end of the fiscal year (March 31, 2024)

Developing and submitting a cQIP



See Figure 1 for an overview of the cQIP development cycle.

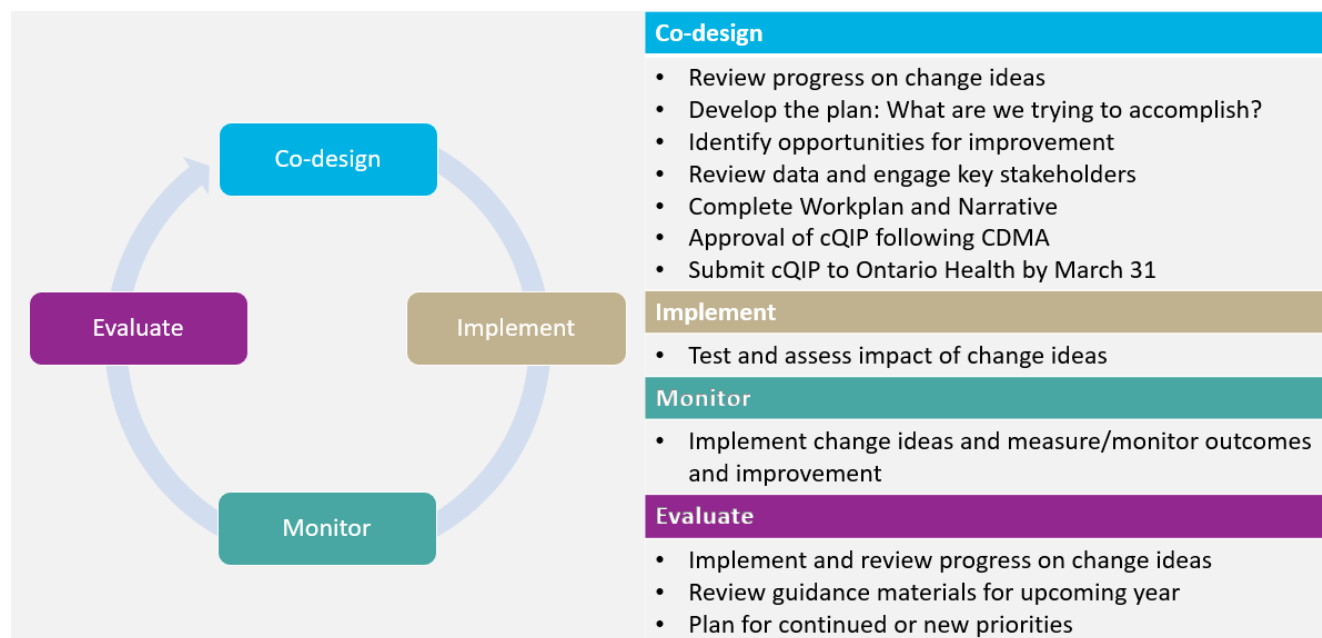


Figure 1: cQIP Development Cycle

Getting started

Ontario Health has developed a number of documents to support the cQIP development process. Visit the OHT shared space ([cQIP Community of Practice](#)) to access the most up-to-date versions of each of the documents listed below. Any important communications regarding timelines or changes to the cQIP program will be posted in this shared space.

The following documents are updated annually and should be reviewed by the OHT each year to guide cQIP development:

- **cQIP Indicator Technical Specifications**—This document presents detailed definitions of each indicator and how it will be measured. Throughout the year, the cQIP team at Ontario Health will be available to respond to questions and concerns related to how to use this information
- **cQIP Guidance Document**—This document (i.e., the one you are reading) is designed to inform and provide instruction on how to prepare for the cQIP, who should be consulted, how to develop and submit the cQIP, and available resources
- **OHT Data Dashboard cQIP Report**—This interactive report contains data pertaining to the cQIP quality indicators as well as some additional measures that provide further context on how the OHT is performing in each provincial area of focus. To get access to the data contact OHTanalytics@ontariohealth.ca

Users who are new to working on quality improvement or cQIPs should review the following resources:

- [Quality improvement science educational videos](#)
- [Quality standards](#)

Creating a cQIP working group

It may be helpful for your OHT to review your collaborative decision-making arrangement (CDMA) to consider how the team agreed to address quality monitoring and improvement. It also may be helpful to create a cQIP working group or an OHT quality committee and scheduling regular meetings to develop and monitor your progress on your cQIP over the year.

The working group should:

1. Represent your partners within the OHT
2. Include diverse representation from your community, including patients.

This working group may be an opportunity to engage with new system partners that are not currently part of your OHT on the change initiatives identified within your team's cQIP. The working group should also apply an equity lens when identifying quality improvement activities and ensure the perspectives of equity-deserving communities, such as Indigenous, Francophone, racialized and marginalized communities are represented.

You are encouraged to identify opportunities to engage with partners when completing/planning for cQIPs. Some areas may require multiyear strategies to be successful. Setting graduated targets may be appropriate.

cQIP Point of Contact

Each OHT has identified a cQIP Point of Contact, who is responsible for submitting the cQIP through Navigator. This process of submission is considered *confirmation of the OHT's approval of the cQIP*, in alignment with the CDMA, acknowledging the OHT's ultimate accountability for the following:

- Developing, implementing, and monitoring the cQIP
- Target setting
- Executing quality improvement activities outlined in the cQIP
- Reviewing progress toward implementing the change ideas and achieving targets

Using Navigator

Navigator is the online platform OHTs use to build, submit, and report progress on cQIPs. In addition to data on the five indicators associated with the three key areas of focus, data on complementary measures will be provided through the OHT Data Dashboard to support further understanding of each OHT's current performance.

The OHT Data Dashboard will also provide OHTs with baseline-level data for the quality indicators (i.e., "current performance") at both OHT-attributed population and organization levels, where available. **OHTs will use these data to identify an improvement target at the OHT-attributed population level for each of the indicators.** In addition, OHTs may choose to include custom indicators.

When setting targets, OHTs are expected to aim for high-quality care (aspirational) balanced with what can be done (achievable). Ontario Health and the ministry will be looking for a demonstrated intent to improve (which will be evident in the target set), and details on how improvement will be accomplished with partner, patient, and provider involvement.

Suggested evidence-based planned improvement initiatives connected to each area of focus will be offered through the cQIP Community of Practice. Navigator will also include links to best practice improvement initiatives. Custom planned improvement initiatives can also be chosen. Teams will be asked to review their progress made, while submitting their plans for the next fiscal year.

Ontario Health will provide additional data related to the priority areas of focus that may be useful for context and planning purposes. For example, volume of open alternate level of care cases would be a helpful supporting measure for the alternate level of care (ALC) priority indicator. These data will be available to OHTs on an ongoing basis. Parameters for these supporting measures are included as supplementary indicators in the technical specifications and do not require targets; they are merely for reference.

Completing the cQIP components



Completing the Progress Report

The purpose of the Progress Report is to highlight how OHTs, with their partners, have improved care in their community through improvement efforts outlined in the cQIP. It requires teams to reflect on current performance compared with the previous year's performance, as well as the effectiveness of the change concepts planned last year (i.e., whether they led to measurable improvement). The Progress Report links the current and previous year's cQIPs and sets the stage for the OHT's ongoing efforts throughout the year. The Progress Report includes information about the previous year's starting point, change concepts selected, successes and challenges experienced, and progress made toward targets, including learnings about what worked and what did not. This information is a great starting point for determining priority areas for improvement, targets, and change concepts to include in your cQIP for the coming year.

Information automatically generated in Navigator

The following information will be automatically generated in the Progress Report section of Navigator each year (**Figure 2**, outlined in red):

- Indicators and change concepts included in the cQIP Workplan from the previous year
- Performance as stated in your previous cQIP
- Targets set in previous cQIP
- Current performance on priority indicators

ID	INDICATOR (UNIT; POPULATION; PERIOD; DATA SOURCE)	ORG ID	PERFORMANCE STATED IN PREVIOUS QIP	PERFORMANCE TARGET AS STATED IN PREVIOUS QIP	CURRENT PERFORMANCE	COMMENTS	RESULTS	ACTIONS
CHANGE IDEAS FROM LAST YEAR'S QIP		WAS THIS CHANGE IDEA IMPLEMENTED AS INTENDED	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?					

Figure 2: Information to include in the cQIP Progress Reports

Information needed for the Progress Report

OHTs will need to input the following information (Figure 2, outlined in blue):

- Current performance for custom indicators

- Comments: Use this section to outline any challenges to meeting the targets set. When completing this section, consider the following topics and incorporate this information in the cQIP:
 - *What are the root causes of current performance?*
 - *Were the proposed change concepts adopted, amended, or abandoned? Why or why not?*
 - *If implemented, have the changes helped the OHT meet or exceed the target set? What change concepts were the most successful?*
 - *If not implemented, what challenges were experienced and what was learned?*
 - *What will the OHT do in the next cQIP to leverage the learnings from quality improvement activities and further improve on this indicator?*
- Lessons learned: Describe the key learnings from current year's experience working on the improvement initiative. Include advice for other OHTs attempting a similar initiative. As mentioned above, learnings can include what worked well and what did not work
- Results: Upload any results (e.g., a graphic or run chart) to illustrate progress on the indicator

Completing the Narrative

The Narrative is where teams can provide a brief overview about the OHT and its patient population, share any additional context for the cQIP, and share plans to improve the quality of care provided. It sets the stage for the key quality initiatives that will be outlined in the Workplan, but should be brief and easy to understand. Use the Narrative to relay details about patient involvement in planning, and any unique challenges within your geography or region.

Completing the Workplan

The Workplan is the portion of the cQIP that identifies indicators, quality improvement targets, and specific actions (planned improvement initiatives or change ideas) that your OHT is committing to for the coming year.

For each area of focus in the Workplan, OHTs will need to identify the following:

- MEASURE—How will we know that change is an improvement?
- CHANGE—What changes can we make that will result in improvements?

To know that a change is resulting in improved outcomes, it is essential to measure progress and compare results against baseline. Current performance data is either pre-populated or self-populated in Navigator. Here is a description of what will be included in each step of this section.

Table 1: Measurement Data in Navigator

Step	Description
Measure/indicator	Indicators are measures of specific data points that can be monitored over time. They enable teams to identify areas that need addressing and support shared quality improvement objectives.
Type	<p>Priority indicators—There are five priority indicators in three key areas of focus (Box 1) that are included in your cQIP. Baseline data will be provided from which all active OHT partners can set targets.</p> <p>Custom indicators—Custom indicators may be included for the area of focus, in which case the following fields are required: <i>area of focus, indicator name, unit of measure, time period, data source, and target population</i>. If an OHT chooses an OHT-specific implementation indicator or a Health System Performance Network (HSPN) target population indicator, there is a methodology tab in Ontario Health’s OHT Data Dashboard where you may find the indicator definition listed and the indicator details can be pre-populated (see the cQIP Indicator Technical Specifications for information on how priority indicators are measured, including full definitions, reporting periods, etc.). OHTs can also refer to the Health System Performance Network (HSPN) Technical Report for details on HSPN indicators.</p>
Unit/population	Describe the priority populations for this indicator and/or sub-populations that may be at risk.
Current performance	This field is the current performance for the indicator. Current performance data will be pre-populated for OHTs in Navigator by Ontario Health for the priority indicators using validated data from the source identified in the indicator technical specification. For custom indicators, OHTs will need to enter their data.
Target performance	<p>This field represents the target that OHTs have set for the indicator. Input the target the OHT expects to meet or exceed. Setting an aspirational target requires evaluation of the OHT’s current performance on the indicator and careful assessment of what is feasible given the local and broader health care environment.</p> <p>For more information about setting targets, see cQIP resource: Advice on target setting on the cQIP Community of Practice.</p>
Target justification	Describe why the OHT selected this quality improvement target(s) for the coming year.
Collaborators	Include all partner(s) that are involved in working on this issue/indicator. A collaborators report can be exported once completed.

Abbreviations: cQIP, collaborative quality improvement plan; OHT, Ontario Health team, HSPN, Health System Performance Network.

When selecting change concepts, briefly identify the changes the OHT expects to make in the next year. Review information on [change concepts and ideas](#) and on how to use the [Plan-Do-Study-Act](#) cycle for testing change ideas. For areas of focus around population health, it may be useful to review theoretical models such as the [Ontario Chronic Disease and Management Framework](#).

Some OHTs may also want to provide custom change concepts. Some ideas for change concepts may be available on the [cQIP Community of Practice](#) on the OHT Shared Space.

Entering Fields

With the exception of the Comments section, each field in the change section (described below) has a 15-character minimum.

Field: Planned improvement initiatives (change ideas)

Making changes that result in measurable improvement is the goal of the cQIP. Given the scale and scope of OHTs, focusing on *improvement initiatives* is critical. A [change concept](#) is a “general notion or approach to change” that prompts specific ideas for changes that lead to improvement.³ **Change ideas**, on the other hand, are specific, practical strategies that focus on improving aspects of a system, process, or behaviour. Change ideas, also known as improvement initiatives, can be tested and measured so that the results can be monitored.

For each area of focus, change concepts and change ideas are provided that are related to the issue, drawn from the evidence. There are “hover help” symbols in Navigator that link to best practice change ideas and resources. OHTs can align key initiatives with these concepts.



Look for this symbol in QIP Navigator to access additional resources and guidance through hover help

List one change idea per row (rather than adding them as a group within a single cell) to determine the effectiveness of each change idea in supporting quality improvement goals.

The change ideas included in this section of your Workplan will appear in next year's Progress Report so results can be reported for each.

Include at least one corresponding process measure (how you will measure impact; see *Field: Process measures* section below) for each change idea.

Review the [cQIP Community of Practice](#) for information about [change concepts and ideas](#) and about using the [Plan-Do-Study-Act](#) cycle for testing change ideas.

³ Institute for Healthcare Improvement. Using Change Concepts for Improvement [Internet]. Boston (MA): The Institute; 2022 [cited 2022 Nov]. Available from: <http://www.ihl.org/resources/Pages/Changes/UsingChangeConceptsforImprovement.aspx>

Field: Methods

Identify the processes and tools your OHT will use to regularly monitor progress on your quality improvement activities and tests of change. Include details on how and by whom data on change ideas will be collected, analyzed, reviewed, and shared. Describe any collaborations and the roles that each will play here.

Field: Process measures

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 is this known?). This information will help you determine if the change idea(s) should be adopted, adapted, or abandoned.

Process measures must be quantifiable and reportable as rates, percentages, or numbers over specific timeframes.

Visit Quorum for more information about creating [process measures and measurement plans](#).

Field: Target for process measure

List the numeric target related to the process measure chosen to measure a change idea. Because there is a minimum character limit, list the target in sentence form. Include the goal, the target number, the rate, and the time frame.

For example, "We aim to increase/reduce _____ by _____%, from _____ to _____, by _____."

Field: Comments

Provide any additional comments about the quality improvement initiatives. These can include factors for success, partnerships, barriers, links to other programs, etc.

Approval and sign-off

Once your cQIP is complete, the cQIP Point of Contact will be responsible for submitting the cQIP on behalf of your OHT.

Tips for your cQIP submission

Follow these tips to avoid pitfalls:

- Engage partners and start as soon as possible. Begin developing the cQIP in the fall by reviewing resources listed above when released
- When accessing cQIP Navigator, download drafts and share with OHT partners to encourage input
- Review current performance data for your OHT. Current performance data will be pre-populated in the cQIP for the quality indicators. Use the current performance data for your OHT to set a target for improvement for each quality indicator. The target is set by the OHT as a whole. Ontario Health also provides interactive performance data and analytics for the quality indicators in the cQIP Report on the OHT Data Dashboard for further insights and ongoing performance monitoring
- Plan ahead to present the completed draft of the cQIP to OHT partners to endorse and approve
- Contact the [RISE](#) population-health management (PHM) coaches who are available to support you in understanding how to connect your cQIP work to your priority population work
- Ensure that your cQIP is complete before March 31, 2023

Implementing the cQIP Workplan



A cQIP involves much more than simply developing and submitting a document to Ontario Health. The changes outlined in the plan are meant to guide the team's work throughout the year and should be reviewed monthly to ensure collaborative progress. The cQIP is a roadmap to improvement and reaching shared goals.

Monitor performance frequently

A central tenet of quality improvement is monitoring performance to track progress and understand whether the changes being made are resulting in improvement. It is critical to establish a schedule for regular data review and reporting, communicate trends within your OHT, and identify emerging performance issues early so they can be resolved in a timely manner.

It can be helpful to reserve time to review cQIP progress as a regular agenda item in meetings with active members. Celebrate successes and where improvement is not occurring, leave time to study and plan next steps.

Use quality improvement science

Use quality improvement science to guide improvement projects. Here is a [link](#) to videos explaining the science of quality improvement that may be helpful. The RISE population-health management (PHM) coaches are an invaluable source of help to understand how to connect the cQIP to efforts to advance population health management.

Support for cQIP development and implementation



The cQIP Community of Practice

The OHT cQIP Points of Contact are encouraged to join the [cQIP Community of Practice](#), available through the [OHT Shared Space](#), which offers support for the successful development and implementation of the cQIP. Quality improvement specialists at Ontario Health will use the Community of Practice platform to:

- Address questions in a space dedicated to quality improvement in OHTs
- Link teams to specific resources and supports to assist with submitting cQIPs and reporting progress
- Share relevant upcoming cQIP events, webinars, or educational opportunities
- Share local best or leading practices, and help adapt resources to advance quality plans
- Identify emerging opportunities and address common barriers to cross-OHT collaboration
- Provide additional information about some of the indicators featured in this year's cQIPs

To join the cQIP Community of Practice:

1. Visit the [OHT Shared Space](#) and click SIGN UP to create an account.
2. Visit the [cQIP Community of Practice](#) and click the JOIN GROUP button. A notification will be sent to users via email confirming acceptance into the group.
3. Click on the "SUBSCRIBE TO UPDATES" button once you are accepted into the group to receive an email notification when there is new activity, such as upcoming webinars and posted resources.

Reach the cQIP team at Ontario Health

You are encouraged to submit all questions to the [cQIP Community of Practice](#) so that the larger group can benefit from the questions, answers, and surrounding discussion. For sensitive matters, you can reach out to a quality improvement specialist by email at QIP@ontariohealth.ca, or you can reach out to your Ontario Health regional contact.