

# 2024/25 Quality Improvement Plan Program

## Frequently Asked Questions

This document is intended to answer questions from the launch webinar and other common questions about the Quality Improvement Plan (QIP) program.

### Progress Report–Related Questions

Question	Answer
<i>Will the progress report section be mandatory for 2024/25 submissions?</i>	Yes, completion of the progress report section is mandatory for this year’s submissions.
<i>Where can we explain factors that prevented us from achieving our target goal for an indicator?</i>	The progress report has a section called <i>Lessons Learned</i> where you can include any information about the challenges experienced by your organization while implementing change ideas.

### Narrative-Related Questions

Question	Answer
<i>How can our hospital align work being done for the Never Events Hospital Reporting initiative with QIP work?</i>	<p>The new Never Events Hospital Reporting initiative is part of a larger focus on patient safety for hospitals. You may wish to integrate your organization’s Never Events improvement initiatives by creating a custom QIP indicator or using the Safety section of the narrative.</p> <p>We encourage you to join our Quality and Patient Safety Community of Practice to learn more about work happening on patient safety.</p> <p><a href="https://quorum.hqontario.ca/en/Home/Community/Groups/Activity/groupid/195">https://quorum.hqontario.ca/en/Home/Community/Groups/Activity/groupid/195</a></p>

## Workplan-Related Questions

Question	Answer
<i>Can custom indicators still be created?</i>	Yes, custom indicators can still be created in the workplan.
<i>Which patient experience survey is used for the QIP patient experience indicator for the hospital sector?</i>	<p>The 2024/25 QIP patient experience indicator question for hospitals – <i>Did patients feel they received adequate information about their health and their care at discharge?</i> – is from the Canadian Patient Experiences Survey – Inpatient Care; more information can be found in the document <a href="#">Indicator Technical Specifications 2024/25</a>.</p> <p>Hospitals are free to create a custom indicator that is based on a different survey. The Ontario Hospital Association currently provides <a href="#">patient experience tools and background information</a>, which hospitals can use for their patient experience surveys.</p>
<i>Have you considered consolidating the Equity indicator for long-term care homes with the required Ontario Health long-term care service accountability agreement performance obligation report?</i>	This year’s indicators, published in the <a href="#">2024/25 Quality Improvement Plan Indicator Matrix</a> , are all optional, so they do not have to be included in your organization’s QIP. In alignment with Service Accountability Agreements, the Black Health Plan, and with Ontario Health’s focus on Equity as a priority issue, organizations may consider including the optional indicator – <i>Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism training</i> .
<i>What are the data sources for the long-term care sector indicators and on which timeframe are they based?</i>	Please refer to this year’s technical specifications document ( <a href="#">Indicator Technical Specifications 2024/25</a> ) to find data sources and timeframes for all long-term care sector indicators.
<i>How often is the Ontario Health indicator library reviewed? Are outdated indicators archived regularly?</i>	The indicator library is not currently being updated. For the time being, the indicator library contains information from previous years. Outdated indicators (i.e., indicators from previous years) are labelled as “(Retired).”
<i>Is there a generic resident survey available for long-term care homes?</i>	<p>Currently, no specific survey instruments or mandatory questions are required for long-term care homes. Licensees should continue to administer their own surveys in accordance with the requirements of the <a href="#">Fixing Long-Term Care Act, 2021</a>. As plans move forward in exploring opportunities for the standardized surveys, our understanding is that the ministry will be consulting with the sector.</p> <p>If you have any further questions, please connect with your MLTC contact.</p>

Question	Answer
<i>Are there any priority or mandatory indicators this year?</i>	This year all the indicators are optional. Some regions may recommend an indicator within a priority issue that they wish to encourage hospitals to consider in their QIP. Although there are 4 province-wide priority issues, there are no provincial priority indicators and there is no minimum requirement for how many indicators must be selected within each priority issue, however, at least 1 indicator must be included in your organization’s workplan for it to pass validation and successfully submit.
<i>Is there a standard or best practice sociodemographic data collection survey for organizations to use?</i>	There are currently no standard or best practice sociodemographic data collection surveys. There are 2 recommended sociodemographic data collection surveys for interprofessional primary care which can be found in the <a href="#">Indicator Technical Specifications 2024/25</a> . Organizations are free to choose the survey that suits them best.
<i>Why aren’t there any optional indicators for the priority issue Safety for the interprofessional primary care sector?</i>	Safety remains a priority issue for the interprofessional primary care sector. Consultations with the field led to the conclusion that there is not presently an indicator that captures safety for all models of primary care. We, instead, welcome the creation of custom Safety indicators for areas of focus that are important to organizations. The QIP narrative contains 2 sections on provider and patient safety that allow organizations to share their challenges and successes related to this priority issue. Custom indicators and narrative responses will help signal potential safety indicators that could be included in the QIP program in future years.
<i>It was stated that the QIP cycle spans the fiscal year; however, depending on due dates, we may not have results for some indicators for the entire fiscal year. Do we have the option to select our reporting periods and the option to choose to report either year-to-date or for an individual quarter, month, or period?</i>	QIP submissions are due by April 1, 2024. Data timeframes for some indicators may not be the full 2023/24 fiscal year; please refer to the indicator descriptions in <a href="#">Indicator Technical Specifications 2024/25</a> . Organizations can also include custom indicators in their QIP. For custom indicators, data can be sourced from administrative databases, such as CIHI, or from local data collection. Data reporting parameters can be customized for custom indicators included in your organization’s QIP.

## QIP Navigator–Related Questions

Question	Answer
<i>When will QIP Navigator open this year?</i>	We will be taking a staggered approach to opening this year. QIP Navigator will open in mid-December for long-term care and interprofessional primary care and in January for hospitals.
<i>When are the QIP submissions due for all sectors?</i>	The QIP submission is due by April 1, 2024, for hospitals, long-term care homes, and interprofessional primary care organizations.
<i>Do I need an account and password to log-in to QIP Navigator?</i>	Yes, you will require an organization-specific log-in and password to access QIP Navigator. If you are not sure what your organization’s username or password is, please email <a href="mailto:qip@ontariohealth.ca">qip@ontariohealth.ca</a>
<i>Is log-in information for Navigator the same as that for Quorum?</i>	No. For QIP Navigator, each organization has 1 set of log-in credentials (i.e., username and password), which can be shared. For Quorum, an individual account must be created to “Sign Up.” For more information, see <a href="#">Quorum</a> .

## cQIP (collaborative QIP)–Related Questions

Question	Answer
<i>When will cQIP information be released?</i>	The cQIP annual program memo was sent on November 27, 2023, to cQIP leads for each Ontario Health Team.

Question	Answer
<p><i>How do the QIP and cQIP programs align (i.e., with respect to indicators and submission dates)?</i></p>	<p>The submission date for cQIPs is the same as that for organizational QIPs – both types are due April 1, 2024.</p> <p>The QIP and cQIP programs both aim to drive quality improvement while meeting unique needs of stakeholders within a transforming health system. These programs leverage slightly different approaches. The QIP program focuses on quality issues at an organization level, while the cQIP program focuses on quality issues at a population-health level that organizations can address collaboratively.</p> <p>We recognize that, currently, some organizations that must complete a QIP may also be required to complete a cQIP as a partner in an OHT. In such situations, we encourage organizations and OHTs to explore how the plans could align and complement each other, where feasible, to advance improvements around a common aim.</p>
<p><i>Has Ontario Health considered consolidating QIP programs to reduce the duplication of work within organizations and with collaborative partners (i.e., OHTs). The inclusion of cancer-screening indicators in both individual and cQIPs is a good example of this and does not make sense.</i></p>	<p>The cQIP and QIP programs are complementary. From the standpoint of quality improvement, there continues to be work that can be done within an organization as well as work that can be done collaboratively with other organizations for the community. The QIP is a useful tool to outline quality improvement efforts directed within your organization. The cQIP is a collaborative plan to address quality improvements from a population health perspective. We have strived to reduce duplication as much as possible; cancer-screening indicators are not part of the set of optional indicators for individual QIPs this year.</p>

## Other Questions

Question	Answer
<p><i>Has Ontario Health considered adding a priority indicator for sociodemographic data collection for the hospital sector to address the issue of equity?</i></p>	<p>Ontario Health reviews QIP indicators on an annual basis. This year, all published indicators are optional. With Equity as a priority issue, organizations have the option to focus on collecting sociodemographic data if they deem that to be an area for improvement for their organization.</p>

Question	Answer
<p><i>Can we join the Delirium Aware Safer Healthcare (DASH) CoP if we focus on delirium/DASH through the Ontario Surgical Quality Improvement Network (ONSQIN) or Ontario General Medicine Quality Improvement Network (GeMQIN), but not in our QIP?</i></p>	<p>Yes, there are many ways hospitals can participate in the DASH campaign. Communication regarding the DASH campaign and how to get involved can be found by emailing <a href="mailto:clinicalquality@ontariohealth.ca">clinicalquality@ontariohealth.ca</a>, or by joining the CoP <a href="#">here</a>.</p>
<p><i>How does the QIP align with the Continuous Quality Initiative Report required by the MLTC for long-term care homes?</i></p>	<p>The QIP team worked with the MLTC to help answer questions related to the QIP program and the Continuous Quality Improvement Initiative. This FAQ document will be available shortly in QIP Navigator under the <a href="#">Long-Term Care Sector Resources</a> tab.</p>
<p><i>Will you send an email reminder for the drop-in session registrations?</i></p>	<p>Once you register for a drop-in session, Zoom will send an automatic reminder the day before the session.</p>
<p><i>Will blank workplan templates be sent out for hospitals automatically or do they need to be requested?</i></p>	<p>Any organization that submits an annual QIP can e-mail <a href="mailto:gip@ontariohealth.ca">gip@ontariohealth.ca</a> to request a blank workplan template.</p>
<p><i>Are QIP technical specifications consistent with the technical specifications for other Ontario Health indicators for cancer screening?</i></p>	<p>There are no cancer-screening indicators for the QIP program this year; however, they remain part of the cQIP program. Organizations are encouraged to create a custom indicator if cancer screening is a local priority. Where possible, methodology is aligned for indicators in the QIP program that overlap with other indicators from Ontario Health.</p>
<p><i>How can our long-term care home check that the data for potentially avoidable emergency department visits prepopulated in the QIP workplan are correct?</i></p>	<p>Data for the QIP indicator – <i>Rate of potentially avoidable emergency department visits for long-term care residents</i> – are sourced from the Ministry. For any concerns about how data for your long-term care home are being captured, please contact <a href="mailto:askhealthdata@ontario.ca">askhealthdata@ontario.ca</a></p>
<p><i>In future years, could the launch webinar be separated by sector to answer more sector-specific questions?</i></p>	<p>The launch webinar is a high-level overview of the QIP program for all sectors. By learning about the work other sectors may be doing, it gives opportunities for sectors to collaborate and helps to break down silos. For more specific questions, 1-hour drop-in sessions for individual sectors will be held each week, beginning in January.</p>

Question	Answer
<i>Can the QIPs use a mixed approach to data collection and comparison (example: CIHI Adjusted Data &amp; Real Time Trending Data that is not yet processed by CIHI)?</i>	QIP indicators are not risk-adjusted to optimally reflect performance over time within an organization. Indicators reported by CIHI are risk-adjusted; this allows for comparisons among similar organizations, by adjusting for differences in populations and associated risk that come with various conditions. Organizations can include custom indicators using administrative data from any risk-adjusted databases such as CIHI or local data collection.
<i>How can we obtain the Alliance's SDH Telus PS Custom Form?</i>	Please reach out to the Alliance for Healthier Communities. <a href="#">Indicator Technical Specifications 2024/25</a> suggest an alternate sociodemographic data survey option, but organizations are free to use any survey that works for their organization.
<i>For the FY 2023/24 QIP, how can I obtain current performance data regarding the Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system. Source/Period: CAPE, CIHI, OHIP, RPDB, NMS / 6-month period ending March 31, 2022.</i>	These data can be obtained from your organization's MyPractice primary care report ( <a href="mailto:practicereport@ontariohealth.ca">practicereport@ontariohealth.ca</a> )
<i>Is there any way for nurse practitioners to get access to MyPractice reports?</i>	No. The MyPractice report is not currently available for nurse practitioners.
<i>If our OHT population data demonstrates that sickle cell is not significant, but other serious conditions for our population are, can we substitute the indicator with something that is relevant for our patients?</i>	Yes, the optional indicators within the priority issues ( <a href="#">2024/25 Quality Improvement Plan Indicator Matrix</a> ) are a starting point for consideration. If your organization's data shows unwarranted variation in care for a different population, you can create a custom indicator that is more relevant for your community within that priority issue.
<i>How can I find previously submitted cQIPs?</i>	cQIPs are available in QIP Navigator. To search and review cQIPs, please check out <a href="#">Query QIPs</a> .