QUALITY IMPROVEMENT PLAN PROGRAM

Quality Improvement Plan Guidance Document

2025/26

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Ontario Health

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Purpose of This Guidance Document

This guide is for people who are involved in developing and submitting a quality improvement plan (QIP) for their health care organization. The guide describes the QIP program, how to develop and implement quality improvement planning (e.g., who should be consulted and what resources are available to help), how to use QIP Navigator (Ontario Health's QIP platform) to create and submit a QIP, and next steps – assessing and monitoring quality improvement. This guidance document will be most useful for new users of QIP Navigator or people who are looking to refamiliarize themselves with the QIP program.

The QIP Program

What is a Quality Improvement Plan?

A QIP is a set of commitments, to improve specific quality issues, made by a health care organization to its community. A QIP is developed, documented, and made available to the public annually by health care organizations in Ontario.

Program Goal and Priorities

The goal of the QIP program is to drive quality improvements that address province-wide priorities – addressing racism and advancing equity, inclusion, and diversity – across multiple sectors of the health care system to achieve better outcomes for all people in Ontario through cumulative efforts.

Key Terms

The phrase *people in Ontario* means patients, residents, families, and care partners. Each of us may be characterized by 1 or more of these terms at some point in our lives; for simplicity, in this document, the phrase is used to encompass all.

A *QIP* (quality improvement plan) consists of 3 components: a workplan, a narrative, and a progress report. Each document reflects an integral part of the quality improvement planning process.

Priority issues are themes that describe province-wide areas of focus.

Indicators are measures used by health care organizations to assess performance and monitor progress.

For the purposes of the QIP program, Ontario Health defines 3 sectors of health care organizations: *hospital*, *long-term care home*, and *interprofessional primary care*.

QIP Navigator is the web platform through which quality improvement planning information and documents are shared and submitted. Any important communications regarding timelines or changes to the QIP program are also posted there.

A **care partner** is a person identified by a patient or resident who will provide physical, psychological or emotional support to help improve the patient's well-being. This person can be a family member, close friend, or other individual as identified by the patient or resident.

Which Organizations Must Develop QIPs?

QIPs are submitted at the organizational level. Health care organizations in all 3 sectors – hospitals, long-term care homes, and most interprofessional primary care organizations – are required to develop QIPs. The following organizations are required to develop a single QIP:

- Hospitals that are
  - Single-site corporations governed by a single board of directors
  - Multisite corporations governed by a single board of directors and approved to submit a single multisite submission
- Each licensed long-term care home

- Each family health team, community health centre, nurse practitioner–led clinic, and Indigenous interprofessional primary care organization or aboriginal health access centre, regardless of the number of associated physician practices
- Multisector health service organizations governed by a single board of directors and approved to submit a single multisector submission.

QIP Requirements

Quality improvement plans are to be:

- Reviewed and approved by the health service organization's board of directors
- Submitted to Ontario Health via the QIP Navigator platform by April 1 of each year

Hospitals have additional requirements to fulfil under the *Excellent Care for All Act, 2010*:

- Hospitals must engage patients in the development of QIPs
- Hospitals must publicly post QIPs
- Hospitals must consider aggregated critical incident data, patient surveys, and patient relations data as they develop QIPs
- Executive compensation must be linked to the achievement of performance improvement targets outlined in the QIP

Tip

- **A signed copy of the QIP (with the names of the individuals accountable for the QIP) should be posted publicly.** This is strongly encouraged for organizations in all sectors.

Quality Improvement Planning

QIP Program Cycle

Overview

The QIP program runs on an annual cycle. Program materials are released and updated each fall and should be reviewed each year to guide QIP development. The deadline for QIP submission is April 1 (i.e., documents must be submitted in QIP Navigator by this date).

Typical QIP Development, Implementation, and Review

Figure 1. An Organization's Typical QIP Development, Implementation, and Review Cycle.
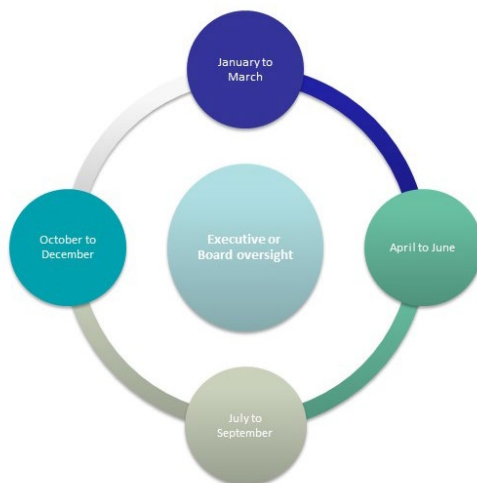
- January to March:
  - Review progress from the previous year's plan
  - Develop the upcoming year's plan, i.e., What are we trying to accomplish?
  - Identify opportunities for improvement
  - Review data and engage key stakeholders
  - Complete progress report, workplan, and narrative
  - Executive or board sign-off
  - Submit approved quality improvement plan to Ontario Health by April 1
- April to June:
  - Test and assess impact of change ideas
- July to September:
  - Implement change ideas
  - Measure or monitor outcomes and improvement
- October to December:
  - Implement and review progress on change ideas
  - Plan for continued or new priorities

Resources and Tools

Program Documents

The following QIP program documents are located on the QIP Navigator homepage and should be reviewed each year to guide QIP development:

- Annual Memo: This document kicks off the annual QIP cycle and summarizes updates to the QIP program, highlighting the direction, goals, and new priorities of the upcoming QIP program cycle.
- Indicator Matrix: This document presents priority issues and associated indicators that organizations in their QIPs in a visual format that can be easily shared with staff, board members, and people in Ontario.

- Narrative Questions: This document summarizes what should be included in your organization's QIP narrative. Each section has guiding questions or prompts to help set the stage to describe your organization's quality initiatives to improve the quality of care it provides.
- Indicator Technical Specifications: This document defines each optional or priority indicator and how they are calculated. This document will be most useful to those directly involved in collecting and monitoring performance data.

> Tip
> - **Start early.** Begin development in the fall by reviewing the program documents when they are released.

Other Planning Resources and Tools

Quorum

Information on how to conduct a quality improvement project is available on Quorum, Ontario Health's online quality improvement community.

QIP Navigator

QIP Navigator is Ontario Health's platform for the QIP program, where QIPs are submitted and resources are provided to support QIP planning and development. (See also the section in this document called *Using QIP Navigator*.)

Developing a QIP

Who To Engage in the QIP Development Process

The QIP process begins with understanding the issues and current state and it is essential to engage with people who are directly involved in the receipt and delivery of care, to learn about their experiences, what is important to them, and what they would want or need if processes were improved. This engagement can happen using many different methods and should represent the diversity of the local population so that patient and clinician experiences are adequately reflected.

Patients, Clients, Residents, Their Families, and Care Partners

Active engagement of the people in Ontario when developing and implementing a QIP is critical to ensure that targets and quality improvement activities that are meaningful to them are included. Consider also engaging the community through patient, client, resident, and family councils; town halls; or focus groups.

Frontline Care Providers

The people who are directly involved in the delivery of care most often have the best ideas on what is needed to achieve improvement. Their early involvement in identifying and defining the scope of actions for improvement is critical to the success of any quality improvement initiative. Also, consider forums and other ways to directly engage them on the priorities outlined for QIPs.

Board

The board is accountable for organizational governance and should be engaged in overseeing the development, review, and approval of an organization's annual QIP. By signing the QIP, the chair of the board certifies member approval of the QIP and acknowledges the board's ultimate accountability and high-level oversight in the development, implementation, and monitoring of the organization's QIP, as well as all targets and quality improvement activities outlined in the QIP.

Tip

- Plan ahead to complete the QIP and present a draft of the submission to your organization's board in February or early March for approval and sign-off. This is a crucial step to ensure that your organization's QIP is submitted by the deadline – April 1.

Quality Committee

The quality committee is expected to report to the board regarding QIP development and progress throughout the year. By signing the QIP, the chair certifies quality committee member approval of the QIP.

Tip

- If your organization does not have a quality committee, consider putting one in place.

Leadership Team

Support and involvement from leadership is critical for any improvement efforts; leadership should be either represented in the QIP working group or kept closely involved. The leadership team, which could include the chief executive officer, executive director, or administrative lead, works collaboratively with the board, quality committee, and staff team to develop the QIP. They have a role in empowering teams and frontline care providers to identify ways to achieve improvement and actively implement changes to improve quality. At regular intervals, the chief executive officer, executive director, or administrative lead provides progress reports to the quality committee and the board about QIP development, implementation, and progress toward established targets. The chief executive officer, executive director, or administrative lead certifies approval of the QIP by signing it.

Clinical Leaders

The clinical leaders of an organization are critical to improvement efforts and developing a culture of quality within an organization. Clinical leaders, including the lead clinician, should be actively engaged in the development of their organization's annual QIP and should aim 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 organization's QIP in their respective areas. It is important to take opportunities to recognize team achievements and profile how activities outlined in the QIP are improving care at the organization.

Ontario Health Regions

Ontario Health regions are the coordinating team for the health system at the local level. Organizations are encouraged to engage with their regions to identify regional quality priorities.

QIP Working Group

It may be beneficial to create a QIP working group and set regular meetings over the year to review progress of the QIP initiatives. Leadership should be either represented in the QIP working group or kept closely involved. The working group may also include relevant people from the groups described above.

Collaborative Work and Ontario Health Teams

Organizations that submit a QIP may also consider highlighting collaborative work with other health service organizations or within their Ontario Health Team (for those who are part of an Ontario Health Team) in the narrative (under the section Population Health Management) or workplan section of the QIP.

Using QIP Navigator

QIP Navigator is an Ontario Health web platform through which quality improvement planning information and documents are shared or submitted. Organizations will conduct most QIP program–related activities through the platform. Information on how to access data and submit documents is available in the QIP Navigator User Guide.

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

Tips

- **Verify your organization's username and password for QIP Navigator** once it opens. Each organization has only a single set of credentials (i.e., 1 username and 1 password).
- **Review current performance data in QIP Navigator when it becomes available.** Typically, around January or February of each year, Ontario Health uploads current performance data for indicators for which data are available (e.g., through the Canadian Institute for Health Information).
- **Ensure that the QIP is complete before attempting to submit it, and then use the "Validate" function in QIP Navigator.** This function will flag any fields that still need to be completed. It is not possible to submit a QIP until the validation step is completed. QIP Navigator will also ask for verification that a signed copy of the QIP exists.

Components of the QIP

A QIP consists of 3 components: a progress report, a narrative, and a workplan. Together, these sections tell an organization's quality improvement story for the current year and plans for the year ahead. QIP Navigator includes prompts and hover help guidance to complete each of these components.

Tip

- You can export shareable copies of the progress report, narrative, and workplan. This enables you to share your draft with your organization's working group.

PROGRESS REPORT

What Is the Purpose of the Progress Report?

The purpose of the progress report is to highlight how an organization's improvement efforts have affected the care it provides. This component of the QIP requires reflection on current performance compared with that of the previous year, as well as on the effectiveness of the change ideas from the previous QIP (i.e., whether they led to measurable improvement).

The progress report links the previous year's QIP with this year's QIP and sets the stage for ongoing efforts. The progress report includes information about the previous year's starting point and change ideas and provides an opportunity to comment on the change ideas selected, successes and challenges, and progress made toward targets. This information is a great starting point for determining areas for improvement, targets, and change ideas to include in a QIP for the upcoming year.

What Information Must Be Included in the Progress Report?

Information that is **required** and must be input manually (see also Figure 2):

- Current performance for indicators that are measured using self-reported data, such as survey data
- For each change idea, identify whether it was implemented or not
  - Lessons learned: Describe the key learnings from experience working on the change idea. Include advice for others attempting a similar change idea (e.g., what made the change idea successful or what were the barriers that prevented successful implementation?)
  - Comments: Use this section to outline any other challenges to meeting the targets or details your organization wants to share with others about this initiative (completion of this field will be mandatory if you have not met the target set out in the previous year's QIP).
  - Results: Upload any results (e.g., a graphic or run chart) to illustrate your organization's progress on the indicator

Figure 2. Information Included in the QIP Progress Report.

Information that will we automatically generated from the previous year is outlined by red boxes. Information that will need to be input manually is outlined by blue boxes.

The following information will be automatically generated in QIP Navigator each year (see Figure 2):

- The indicators, change ideas, and process measures included in your organization's QIP workplan from the previous year
- Performance, as stated in your organization's previous QIP
- The targets set in your organization's previous QIP
- Your organization's current performance for indicator data to which Ontario Health has access (e.g., through the Canadian Institute for Health Information)
- Percentage improvement, which is the difference between Current Performance as stated on previous QIP and Current QIP Performance (see Figure 3)

Figure 3. Percentage Improvement Information Included in the QIP Progress Report.

The partial screenshot shows that the value for the Percentage Improvement field, outlined by a red box, will automatically be generated for each matrix indicator once data for Current Performance are populated.

NARRATIVE

What Is the Purpose of the Narrative?

The narrative section is an executive summary of an organization's QIP. It provides the opportunity to describe the context in which quality improvement activities take place and for an organization to tell people in Ontario how it plans to improve the quality of care it provides.

How Do I Complete the Narrative in QIP Navigator?

The narrative section in QIP Navigator consists of free-text responses to questions and prompts related to your organization's work on a few quality issues.

- Use the narrative to engage patients and residents in quality improvement planning discussions
- Review the narrative with an equity lens and share your organization's achievements and innovations in addressing the unique needs of the populations and people it serves
- Ensure that the narrative is concise and that it is easily understood, resonates with people in Ontario, and provides enough detail for anyone to understand the QIP

WORKPLAN

What Is the Purpose of the Workplan?

The workplan is the forward-looking portion of the QIP that identifies the indicators, quality improvement targets, and specific actions (i.e., change ideas) that an organization is committing to for the upcoming year. Some improvements may require multiyear strategies to be successful, and setting graduated multiyear targets and plans may be appropriate.

Organizations are strongly encouraged to identify external partnerships with other health service organizations and within their Ontario Health Teams (for those that are part of one) and include these collaborations in their QIPs.

Which Indicators Should Be Considered?

Optional Indicators

Each year, Ontario Health releases a list of optional indicators for each sector, that organizations should consider including in their QIPs. These indicators are carefully selected through consultation; with input from partners; and to be aligned with Ontario Health, Ministry of Health, and Ministry of Long-Term Care priorities. Collectively, these indicators will support a shared focus on key system priority issues in Ontario.

For consistency, we encourage all organizations to choose from this suite of optional indicators rather than adding a custom indicator (i.e., indicators that are not included in the suite of optional indicators provided by Ontario Health) particularly where there is an opportunity to improve upon the current performance for an indicator (for example, by working toward meeting the provincial average, a benchmark, or theoretical best).

Priority Indicators

Some indicators may have been defined as a priority (by sector), based on regional priorities or variations in performance. We strongly encourage organizations to use these priority indicators. If an organization elects not to include a priority indicator in the QIP (i.e., because current performance already meets or exceeds the provincial benchmark), the reason must be given in the relevant section of the QIP workplan; all other fields should be left blank.

Custom Indicators

Organizations may choose to include custom indicators (i.e., indicators that are not included in the suite of optional indicators provided by Ontario Health) that are aimed at improving issues that are important to communities or that align with 1 of the 4 priority issues. We recommend including custom indicators when an organization shows very strong performance for all optional indicators. We also encourage the use of custom indicators that are focussed on identifying and reducing disparities in health access, experiences, and outcomes for racialized communities and high-priority populations. These priority populations align with Ontario Health's Annual Business Plan:

- People without access to health care benefits and those living on a low income
- Black, Indigenous, and other racialized populations
- Francophone populations
- People who identify as 2SLGBTQIA+
- People living with disabilities
- People living in remote areas
- People experiencing mental health and addiction conditions
- Older adults

What Needs to Be Included in the Workplan?

The workplan has been designed to align with the Model for Improvement,[1] with 3 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?

The aim describes the issue that is being addressed through the indicator (e.g., safe and effective care). Aims are outlined for each indicator in QIP Navigator.

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

To know that a change you make is resulting in improved outcomes, organization's progress must be measured and compared to an organization's baseline. Table 1 contains a description of the fields included in the Measure section of QIP workplans.

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

There are many kinds of change that will lead to improvement. Change ideas can come from research, best practices, or from other organizations that have demonstrated improvement upon a specific issue. Typically, it takes many change ideas to influence an outcome. Each field in the Change section (see Table 2) has a 15-character minimum (except for the comments section).

Table 1. Workplan Measure Fields

Field name	Description
Indicator	Indicators are standardized, evidence-based measures of health care quality. Select priority or optional indicators and add custom indicators if applicable. (See Indicator Technical Specifications for full definitions, reporting periods, recommended targets, etc.)
Current performance	Include your organization's current performance data or rate associated with the indicator. Where possible, current performance data will be uploaded to QIP Navigator by Ontario Health using validated data from the source identified in the indicator technical specification.
Target	Input the target your organization expects to meet or exceed for the coming year. Setting an aspirational target requires evaluation of your organization's current performance on the indicator and current benchmarks (if they are available), as well as careful assessment of what is feasible given your local and broader health care environment. You are expected to set a target for each indicator that will move your organization in the direction of improvement. **Retrograde targets, a target in which the goal is set to perform worse than the current performance, should not be selected.** For more information about setting QIP targets, see *Target Setting: A Comprehensive Guide to Appropriate Target Setting for Quality Improvement Plans*.
Target justification	Describe why your organization selected the quality improvement targets for the coming year. Explain if this target is based on meeting recommended benchmark performances, aligning with provincial performance, or evidence-based best practices.
Executive compensation	Mandatory for hospitals. Describe how executive compensation has been connected to the indicators and targets set in the QIP workplan. Please outline indicators and targets; include the rationale for indicator and target selection. For more information, see *Performance Based Compensation and QIP*.
External collaborators	Include any external health service organization partners, and Ontario Health Teams that you are involved in work on this issue or indicator. Any collaborating partners named in QIP Navigator will be able to see that they are named via the downloadable collaboration report.

Table 2. Workplan Change Fields

Field name	Description
Planned improvement initiatives (change ideas)	Change ideas are specific, practical strategies that focus on improving aspects of a system, process, or behaviour. Change ideas can be tested and measured so that the results can be monitored.
	There are hover help symbols in navigator that will link you to best practice change ideas and resources.
	List 1 change idea per row (versus adding them as a group within a cell) so that your organization can 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 that you can report on the results of each.
	Include at least 1 corresponding process measure (how you will measure impact; see Process measures field) for each change idea.
	Visit Quorum for information about change concepts and ideas and the Plan-Do-Study-Act cycle for testing change ideas. You could also search for how other organizations have approached change by using Query QIPs.
	Remember that other organizations (both in your sector and in other sectors) may be working to address the same quality issues through their QIPs. Collaborating with other organizations can often help you to achieve larger-scale improvement on these issues. Shared change ideas can be included here as well.
Methods (how you will implement your change idea)	Identify the processes and tools your organization will use to regularly monitor progress on your quality improvement activities and tests of change. Include details on how and by whom (e.g., which department or partner organization) data on change ideas will be collected, analyzed, reviewed, and shared. Describe any collaborations with other organizations and the roles that each will play here.
Process measures (how will you measure the success/progress of your methods)	Process measures should be carefully selected to directly gauge the impact of the change ideas on the processes needing improvement (e.g., Is the new process better? How do you know?). This information will help you determine if the change ideas should be adopted, adapted, or abandoned.
	Process measures must be quantifiable and reportable as rates, percentages, or numbers over specific timeframes.
	For example, for the indicator Rate of medication reconciliation at discharge , a process measure may be: "Number of medication reconciliation forms documented as complete in the hospital system before discharge from cardiology monthly."
	Visit Quorum for more information about creating process measures and measurement plans.

Field name	Description
Target for process measure (how will you know you are successful)	List the numeric target related to the process measure you have chosen to measure your change idea. Because there is a minimum character limit, list your target in sentence form. Include the goal, the target number, the rate, and the time frame. For example, "We are aiming to increase/reduce _____ by _____%, from _____ to _____, by _____."
Comments	Provide any additional comments about the quality improvement initiatives. These can include factors for success, partnerships, barriers, links to other programs, etc.

Implementing the QIP Workplan

A QIP involves much more than simply developing and submitting the document to Ontario Health. Organizations must work throughout the year to implement the changes outlined in the plan to achieve improvement on the indicators.

Keep the People Who Helped to Develop the QIP Engaged in its Implementation

Progress on the organization's QIP should be regularly reviewed and shared with its internal and external partners and collaborators.

- Set aside time to review progress on your organization's QIP as a regular agenda item for meetings (e.g., board meetings, patient and family advisory council meetings). Celebrate your organization's successes and leave time to discuss next steps if there is no improvement.
- Consider using visual displays of your organization's progress on a website or bulletin board.
- Include a leader and patient advisor in working meetings for your organization's quality improvement projects.

Use Quality Improvement Science

There are many paths to follow, but the way the QIP is structured most closely reflects the Model for Improvement[1] – quality improvement is continuous and not linear.

An introduction to quality improvement science is available on Quorum.

Monitor Performance Frequently

A central tenet of quality improvement is monitoring performance to track whether changes are resulting in improvement.

- Monitor performance on your organization's indicators regularly – not only annually – while working on the progress report. This may mean setting up local data collection for an indicator using your organization's electronic medical record system and tracking other process measures.
- Establish a schedule to regularly report progress and communicate trends to the rest of your organization. This will help in identify emerging performance issues early so that your team can work to correct them in a timely manner. Monitoring your organization's performance frequently will also help your team plan and prepare for subsequent QIPs.

Develop Partnerships for Improvement

One of the goals of the QIP program is to bring organizations together to drive improvements for health system priority issues. The QIP program is structured so that all organizations that submit QIPs will have the opportunity to work on the same priority issues, although organizations in different sectors will use different indicators. Collaboration can help all organizations achieve meaningful improvement.

- Reflect on partnerships your organization is engaged in for different quality issues through an External Collaborator's Report in QIP Navigator. This downloadable report shows the other organizations that your organization is partnering with on specific indicators or themes and identifies which organizations have tagged your organization in their QIPs as a partner or collaborator.

We encourage organizations to continue to identify ways to work with system partners on quality improvement goals.

Consult Additional Resources

Ontario Health Quality Improvement Specialists

The quality improvement specialists at Ontario Health can help with any questions about QIPs, by:

- Providing advice about developing a QIP, including selecting change ideas, setting targets, etc.
- Providing technical support with submission
- Suggesting more specific resources and supports
- Helping you to learn more about quality improvement initiatives and events happening in your area, and connecting you with others working on quality in your region

Reach a quality improvement specialist by email at QIP@ontariohealth.ca.

Quorum

Visit Quorum to learn about quality improvement. Quorum is Ontario Health's online health care quality improvement community:

- Learn more about some of the indicators featured in this year's QIPs
- Read an introduction to quality improvement science and link to specific tools, resources, and guides
- Read posts about initiatives that people have described in their organization's QIPs
- Post questions that will be answered by peers or quality improvement specialists at Ontario Health
- Join the Quality and Patient Safety Program community of practice to share your learning and keep up-to-date
- Learn about other communities of practice hosted by Ontario Health

Previously Submitted QIPs

- Download QIPs
  - o The Download QIPs page in QIP Navigator allows you to download other organizations completed QIPs from previous years. You will need to log in to access this function.
- Query QIPs
  - o The Query QIPs page in QIP Navigator allows you to search all submitted QIPs for any component of the QIP, indicator, or keyword of interest. It is a great way to generate ideas and

learn from other QIP submissions. You can filter results (example indicator, organization type, geography) and download in multiple formats.

Other Resources

- For more information about how to engage patients, clients, residents, and their families, please see the guide *Engaging with Patients and Caregivers about Quality Improvement* and this list of resources

References

1. Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. Improvement guide: a practical approach to enhancing organizational performance 2nd ed. Jossey-Bass Publishers; 2009.