

QUALITY IMPROVEMENT PLAN PROGRAM

Quality Improvement Plan Guidance Document

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Purpose of This Guidance Document

This guide is for people 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 QIP Navigator (Ontario Health's QIP platform) is used in the process of creating and submitting a QIP, and next steps – assessing and monitoring quality improvement. This guidance document will be most useful for people who are new to the process of QIP planning and submission 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 provides 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

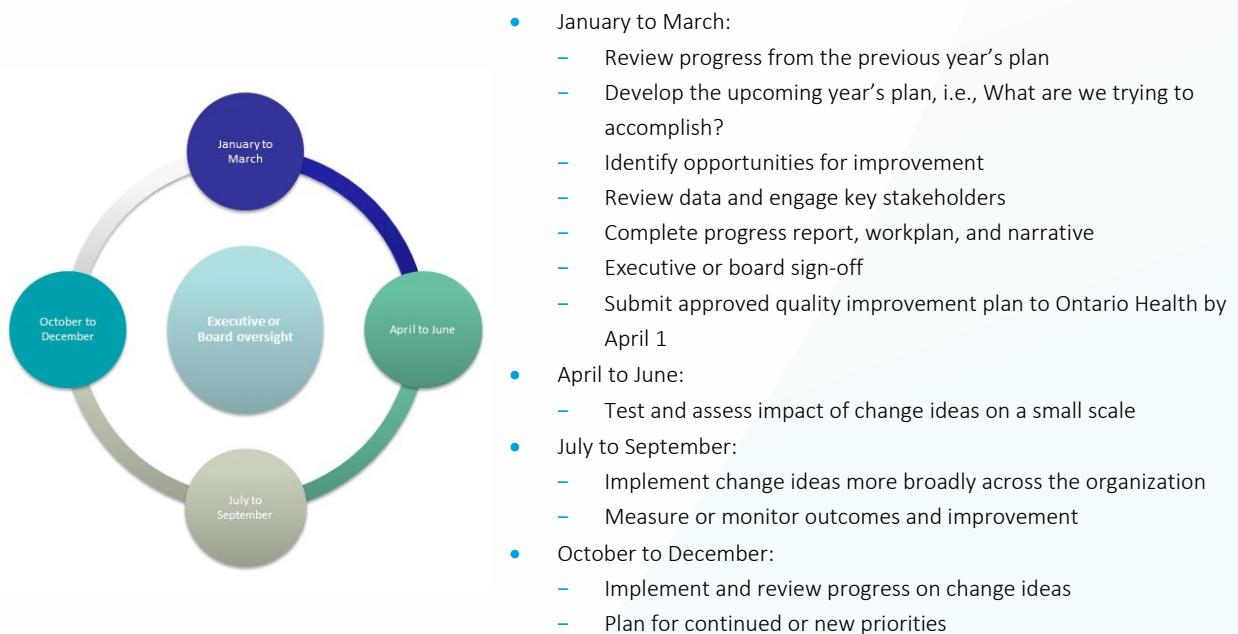


Overview

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.



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:

- **QIP 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.
- **QIP Indicator Matrix:** This document presents priority issues and associated indicators in a visual format that can be easily shared with staff, board members, and people in Ontario.

- QIP 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.
- QIP Indicator Technical Specifications: This document defines each optional and 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 the organization assessing its current state and identifying any quality issues. 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.

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 using forums to directly engage frontline care providers 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

Other organizations across sectors may be working to address similar quality issues. Collaborating with other organizations can often help your organization achieve larger scale improvement on these issues. Organizations can highlight collaborative work with other health service organizations or within their Ontario Health Team (for those who are part of an Ontario Health Team) in their QIP submissions.

Submitting a 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.

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 drafts 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). 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, is in progress, or was not implemented.
 - 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, to add details your organization wants to share with others about this initiative, or to provide additional information regarding any of the other field entries **(This section is mandatory if your organization has 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 be automatically generated from the previous year is outlined by red boxes. Information that will need to be input manually is outlined by blue boxes.

ID	ORG ID	INDICATOR (UNIT; POPULATION; PERIOD; DATA SOURCE)	DIRECTION TO IMPROVE	TYPE OF INDICATOR	PERFORMANCE STATED IN PREVIOUS QIP	PERFORMANCE TARGET AS STATED IN PREVIOUS QIP	CURRENT PERFORMANCE	PERCENTAGE IMPROVEMENT	ADDITIONAL COMMENTS AND PLANS FOR FUTURE IMPROVEMENT	RESULTS	ACTIONS
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The following information will be automatically generated in QIP Navigator each year (see also Figure 2):

- The indicators, change ideas, and process measures included in your organization's QIP workplan from the previous year
- The type of indicator (priority, optional, or custom)
- The direction of change that indicates improvement (for priority and optional indicators)
- Performance, as stated in your organization's previous QIP
- The indicator targets set in your organization's previous QIP
- The 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 change between *Current performance as stated on previous QIP* and *Current Performance* (see Figure 3)



Hospitals, please see *Sharing progress on process measures in hospital QIPs* for information about changes to the progress report section of QIP Navigator.

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

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.

The screenshot shows a form with the following fields:

- Current performance as stated on previous QIP: 50.00
- Current Performance: 25.00 (with a note "between 0.00 and 100.00")
- Percentage Improvement: 50.00 % (highlighted with a red box)

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 (see [QIP Narrative Questions](#)).

- 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, aspirational targets for each, and actions (i.e., change ideas) that an organization is committing to undertake during the upcoming year in working towards achieving the specified target. 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.

What Are the Different Types of Indicators That Can Be Included in the QIP?

Priority Indicators

Some indicators have been defined as a priority for a specific sector, based on consultations between the Ministry of Health, the Ministry of Long-Term Care, and Ontario Health. For indicators deemed priority indicators, organizations should compare their current performance to provincial benchmarks and regional targets (most indicators in the QIP workplan will have prepopulated data). We strongly encourage all organizations—in particular, organizations with current performance below provincial benchmarks or organizations that did not achieve the previous year's targets—to include priority indicators in their QIP workplan. If an organization opts not to include a priority indicator in their workplan they must specify the reason the indicator was not included (see Figure 4).

Figure 4. QIP Navigator Pop-up Where Reason for Not Selecting an Indicator Should Be Specified

This screenshot illustrates where organizations must specify why an indicator is not being addressed in their improvement plan.

The screenshot shows a 'Change Idea' pop-up window. The title bar says 'Change Idea'. The main text inside the pop-up is 'We will not be working on this indicator'. Below this text are four checkboxes with the following labels: 'We are performing well on this indicator (ie. above provincial average)', 'We have included a custom indicator related to this theme', 'We are prioritizing other areas of focus', and 'Other'. At the bottom of the pop-up are two buttons: 'SUBMIT' and 'CANCEL'. To the right of the pop-up, there is a button labeled 'Add New Change Idea' and a button labeled 'We are not working on this indicator'. An arrow points from the 'We are not working on this indicator' button to the pop-up.

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 support a shared focus on key system priority issues in Ontario.

We encourage all organizations to choose from this suite of optional indicators before looking to add a custom indicator (i.e., indicators defined by Ontario Health), particularly where current performance for an indicator demonstrates there is opportunity for improvement (for example, to meet the provincial average or a regional benchmark).

Custom Indicators

Organizations may choose to include custom indicators (i.e., indicators that are not included in the suite of indicators provided by Ontario Health) that are aimed at improving issues that are important to communities they serve 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 include:

- 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) and aligns with the QIP's broader priority issues—Access and flow, Equity, Experience, and Safety. Aims are outlined for each indicator in QIP Navigator.

Measure: How Will We Know That Change Is an Improvement?

To know that a change is resulting in improved outcomes, indicators are used as proxies. Progress must be measured and compared to a baseline (i.e., your organization's current performance on the indicator, as captured in QIP Navigator or internal data sources). Setting an aspirational target requires evaluation of your organization's current performance on the indicator and current provincial or regional benchmarks (if available), as well as careful assessment of how much improvement in the outcome is theoretically possible and feasible based on internal capacity, resource availability, and the broader system context in which your organization operates. Table 1 contains a description of the fields in the Measure section of QIP workplans.

Table 1. Workplan Measure Fields

Field name	Description
Indicator	Select priority or optional indicators (see QIP Indicator Technical Specifications for full definitions) and add custom indicators (see section <i>Custom Indicators</i>), if applicable.
Current performance	Include your organization's current performance data for each indicator. (Where possible, current performance data will be prepopulated in QIP Navigator by Ontario Health, using validated data from the sources specified in the QIP Indicator Technical Specifications .)
Target	Input the target your organization expects to meet or exceed for the coming year. Retrograde targets, in which the goal is set to perform worse than the current performance, should not be input. (For more information, see Target Setting .)
Target justification	Describe why your organization selected each target value for the coming year. Explain if the target is based on meeting a recommended benchmark, the provincial average, or evidence-based best practices.
External collaborators	List any external health service organization partners or Ontario Health Teams that your organization is planning to work with on this indicator.

Table 2. Other Information Requested (Mandatory for Hospitals Only) in the Workplan

Field name	Description
Is this indicator related to executive compensation?	Indicate if this indicator is connected to executive compensation. (For more information, see Performance Based Compensation and QIP .)
Is this indicator related to Pay-for-Results Action Plan?	Indicate if the indicator is also part of your organization's Pay-for-Results Action Plan.
Is this indicator related to Emergency Department Return Visit Quality Program audits?	Indicate whether the indicator is connected to your organization's Emergency Department Return Visit Quality Program Plan.

Change: What Changes Can We Make That Will Result in Improvements?

Typically, it takes many change ideas to influence an outcome. There are many kinds of change that will lead to improvement. Change ideas are specific, practical strategies that focus on improving aspects of a system, process, or behaviour. Change ideas can come from research, best practices, or from other organizations that have demonstrated improvement upon a specific issue.

Table 3. Workplan Change Fields

Each field has a 15-character minimum (except for the Comments field).

Field name	Description
Planned improvement initiatives (change ideas)	Add specific and practical strategies that focus on improving aspects of a system, process, or behaviour. The change ideas should be testable and measurable so that the results can be monitored. Examples: • Screen all new residents to identify those at risk for falls and their fall risk factors • Identify appropriate fall prevention interventions for all new residents List each change idea separately (i.e., do not group them together in a cell). The change ideas included in this section of your organization's workplan will appear in next year's progress report so that your organization can report on the results of each.
Methods (how change ideas will be implemented)	Identify the key processes that comprise the change idea, and specify any tools your organization will use during change idea implementation. Include details on how and by whom (e.g., which department or partner organization) and when (e.g., the date change ideas are expected to be implemented).
Process measures (how progress of implementation will be measured)	Specify how progress implementing the change idea will be evaluated, by defining how the key processes that comprise the change idea will be quantified (i.e., by process measures, which are typically rates [proportions, percentages, or counts over specific timeframes]). Examples: • Percentage of new residents with fall risk assessments completed within 1 week of admission • Percentage of new residents with interventions for identified risks put in place and documented within first 14 days of admission
Target for process measure (how successful implementation is defined)	State SMART (specific, measurable [by incorporating the process measure in the statement], achievable, realistic, and time-sensitive targets for each process that will be used to gauge successful implementation of that step Examples: • 80% of new residents will have a fall risk assessment completed in their first week of residence • 100% of new residents will have a fall prevention checklist completed in their first 14 days of residence
Comments	Place additional comments about the planned improvement initiative in this section (factors for success, partnerships, linkages to other programs, etc.). If your organization elects not to include a priority indicator, then the reason (e.g., because performance already meets or exceeds the provincial benchmarks) must be documented in this section. This field can also be used by long-term care homes to provide additional information for a continuous quality improvement initiative report submission (see <i>Long-Term Care QIP Navigator Frequently Asked Questions</i>).

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 QIP should be regularly reviewed and shared with the organization's 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 Improvement¹ – [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 identifying 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
 - 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
 - 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.

Quality Improvement Plan Guidance

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511,
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