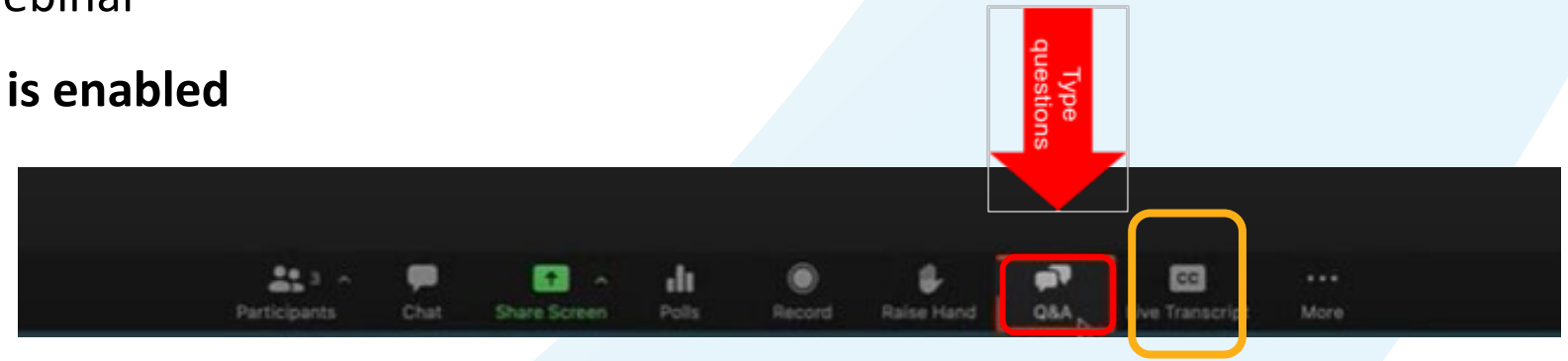
Ontario Health

Quality Improvement Plan 2026/27 Program Update

DR. DAVID KAPLAN | VICE PRESIDENT, QUALITY
IVAN YUEN | DIRECTOR OF HEALTH CARE IMPROVEMENT

How to Participate

- Please post any questions you may have in the **Q&A**
- Upvoting is enabled
- Chat has been disabled
- Question period will be at the end of the presentation
- Presentation slides and recording will be posted after the webinar
- **Closed captioning is enabled**



Land Acknowledgement

Agenda

1. Opening remarks
2. Program background and overview
3. Looking back: Analysis of QIP submissions
4. Looking forward: Updates to 2026/27 program
5. QIP Navigator enhancements
6. Review supports and resources
7. Questions

Opening Remarks

DR. DAVID KAPLAN | VICE PRESIDENT, QUALITY

QIP Program Background and Overview

IVAN YUEN | DIRECTOR OF HEALTH CARE IMPROVEMENT

Overview: Quality Improvement Plan (QIP) Program

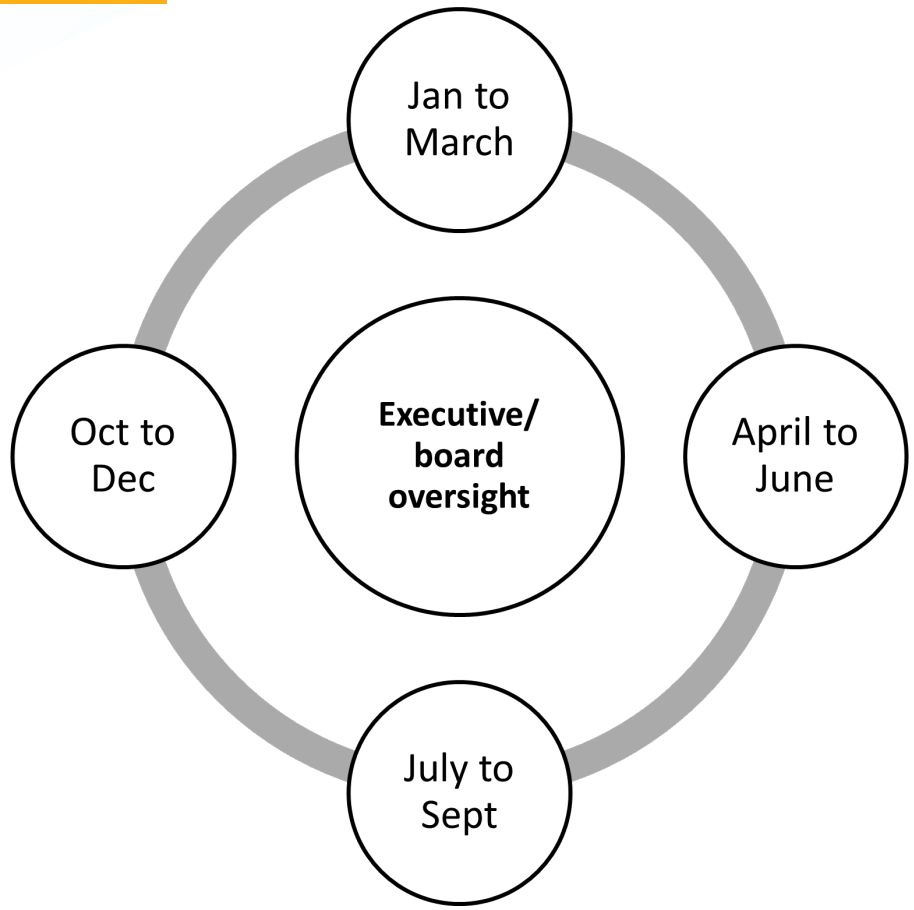
A public, documented commitment that a health care organization makes to its patients/residents/staff to improve upon specific quality issues through focused targets and actions

A vehicle to promote quality as a strategic focus and embed a culture of continuous quality improvement within organizations and among providers of care

Patients, families and providers are engaged in QIP planning, development and improvement activities

An established program (10+years) that is rooted in legislation, accountability agreements and contracts

Annual cycle for participating health care organizations



QIP submission by April 1 each year

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.

Planning

January to March:

- Develop the plan for the upcoming year, i.e., What are we trying to accomplish?
- Identify opportunities for improvement
- Review data and engage key stakeholders
- Review progress from the previous year's plan
- Complete progress report, workplan, and narrative
- Executive or board sign-off
- **Submit approved QIP to Ontario Health by April 1**

Implementing

April to June:

- Test and assess impact of change ideas on a small scale

July to September:

- Implement change ideas
- Measure and monitor outcomes and improvement more broadly across the organization

Sustaining

October to December:

- Implement and review progress on change ideas
- Plan for continued or new priorities

Looking Back:
Analysis of 2025/26 QIPs

Hospitals

Looking back (progress report)	Looking forward (workplan)	Notable themes and observations

• Over **80% implementation** of change ideas
• **73% of organizations had improvement** in 1 or more matrix indicators
• Ambulance offload time, ALC, Medication Reconciliation and Experience of information at discharge had higher % of orgs improving than worsening.
	• **Overall Trends:**
	  ○ Reintroduction of priority indicators
	  ○ Balanced QIPs: 64% of QIPs include an indicator from each of the 4 priority areas
	• **Top indicators selected:** Time to physician initial assessment, patient experience with information at discharge, equity training, ambulance offload time, and workplace violence
	• **Connection to Ontario Health Programs:** Emergency Department Return Visit Quality Program (37%) and Pay for Results (61%) program
		Challenges and barriers: Patient acuity and volumes, physician vacancies and engagement and data challenges
		Enablers and change idea themes: Understanding and using data, education and training, standard work and documentation, collaboration.

Primary Care

Looking back (progress report)	Looking forward (workplan)	Notable themes and observations
• Over **80% rate of implementation** of change ideas • All 5 returning indicators saw **increase in average performance** year-over-year **Enablers and successes:** • Use of digital tools • Dedicated resources for improvement projects **Challenges and barriers:** • HHR shortages/vacancies and workload challenges • Technology (costs, use, data integrity)	**Top indicators:** Patients feeling comfortable/welcome in the primary care office, timely access to care, equity training, sociodemographic data collection • Positive reintroduction of cancer screening indicators (high uptake) **Top custom indicator themes**: Cancer screening, digital tool use, involvement in decisions of care, patient experience	• Province remains focused on access and attachment – 96% of teams included an indicator in the access and flow domain • AI scribe mentioned by >30% of teams in the narrative **Change idea themes:** • Streamline existing processes to create efficiencies • Use digital tools and optimize EMR usage/searches • Educate and train staff • Build and utilize community partnerships

Long-Term Care

Looking back (progress report)	Looking forward (workplan)	Notable themes and observations
• **86% of change ideas implemented** from 2024/25 submissions • **80% of homes improved** performance in at least one matrix indicator • **Most improved indicator:** Antipsychotic use without psychosis, with over 50% of homes showing year over year improvement • **Indicator showing less improvement:** Avoidable emergency department visits, with less than 50% of homes improving year over year	**Top selected matrix indicators:** • Antipsychotic use without psychosis (70%) • Falls within last 30 days (67%) • Potentially avoidable emergency department visits (60%) **Top common custom indicator themes:** • Pressure ulcers (160 homes) • Resident's dining experience dining (117 homes) • Resident's recreation & activities experience (83 homes)	**Antipsychotic Use** • **Enablers:** Medication reviews, pharmacy and BSO collaboration • **Challenges:** Historical prescriptions and long-standing use **Falls** • **Enablers:** Fall risk screening, environmental assessments and modifications, postfall huddles • **Challenges**: Staff turnover, resident independence, documentation gaps **Avoidable Emergency Department Visits** • **Enablers:** Nurse practitioner availability, in-home diagnostics and treatments, outreach services • **Challenges:** Managing family/resident expectations, after-hours care needs

QIP Analysis Webinar Series

Are you interested in learning more about quality improvement activities the rest of the province is working on from last year's QIP submissions?

Sector	Date and registration link
Hospital	Tuesday Nov 18, 2025, from 11:00 am to 12:00 p.m. Registration for analysis webinar
Interprofessional primary care	Wednesday Nov 19, 2025, from noon to 1:00 p.m. Registration for analysis webinar
Long-term care	Thursday Nov 20, 2025, from noon to 1:00 p.m. Registration for analysis webinar

Registration is required to participate in a session.

Looking Forward:
Updates to the QIP Program for 2026/27

2026/27 Quality Improvement Plan Indicator Matrix

Priority issues	Indicators (optional unless marked priority), by sector		
	Hospital	Interprofessional primary care	Long-term care
Access and flow *A high-quality health system provides people with the care they need, when and where they need it.*	• 90th percentile ambulance offload time **priority** **prepopulated** • 90th percentile emergency department wait time to physician initial assessment **priority** **prepopulated** • Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m. **priority** **prepopulated** • 90th percentile emergency department length of stay for nonadmitted patients triaged as low acuity **priority** **prepopulated** • 90th percentile emergency department length of stay for nonadmitted patients triaged as high acuity **priority** **prepopulated** • 90th percentile emergency department length of stay for admitted patients **prepopulated** • 90th percentile emergency department wait time to inpatient bed **prepopulated** • Percentage of patients who visited the emergency department and left without being seen by a physician **prepopulated** • Percentage of people who undergo hip fracture surgery within 48 hours of first arrival at any hospital **prepopulated**	• Patient/client perception of timely access to care **priority** • Number of new patients/clients/enrolments **priority** • Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring • Percentage of screen-eligible people who are up to date with colorectal tests • Percentage of screen-eligible people who are up to date with cervical cancer screening (updated definition) • Percentage of screen-eligible people who are up to date with breast screening	• Rate of potentially avoidable emergency department visits for long-term care residents **priority** **prepopulated**
Equity *Advancing equity, inclusion and diversity and addressing racism to reduce disparities in outcomes for patients, families, and providers is the foundation of a high-quality health system.*	• Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education • Average emergency department wait time to physician initial assessment for individuals with sickle cell disease (CTAS 1 or 2) **prepopulated**	• Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education • Completion of sociodemographic data collection • Percentage of clients actively receiving mental health care from a traditional provider • Number of events and participants for traditional teaching, healing, or ceremony	• Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and antiracism education
Experience *Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.*	• Did patients feel they received adequate information about their health and their care at discharge?	• Do patients/clients feel comfortable and welcome at their primary care office?	• Do residents feel they can speak up without fear of consequences? • Do residents feel they have a voice and are listened to by staff?
Safety *A high-quality health system ensures people receive care in a way that is safe and effective*	• Rate of delirium onset during hospitalization **prepopulated** • Rate of medication reconciliation at discharge • Rate of workplace violence incidents resulting in lost-time injury	• Number of faxes sent per 1,000 rostered patients **priority** • Provincial digital solutions suite **(7 indicators):** Percentage of clinicians in the primary care practice using… [eReferral, eConsult, OLIS, HRM, electronic prescribing, online appointment booking, AI scribe]	• Percentage of long-term care residents not living with psychosis who were given antipsychotic medication **prepopulated** • Percentage of long-term care residents who fell in the last 30 days **prepopulated** • Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened **prepopulated** • Percentage of long-term care residents in daily physical restraints **prepopulated**

Note: Organizations may also consider adding custom indicators to address their own improvement opportunities and collaborative work with other health service providers. **Abbreviations:** *CTAS*, Canadian Triage and Acuity Scale; *HRM*, Health Report Manager; *OLIS*, Ontario Laboratory Information System.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca
ISBN 978-1-4868-9237-2 (PDF)

Key Indicator Updates for Hospitals

Priority Indicators for 2026/27

To support a focus on quality improvement initiatives that improve access to care and patient flow in emergency departments, in addition to the 3 existing priority indicators, 2 more are being prioritized:

Existing priority access and flow indicators

- 90th percentile ambulance offload time
- 90th percentile emergency department wait time to physician initial assessment
- Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m.

New priority access and flow indicators

- 90th percentile emergency department length of stay for nonadmitted patients triaged as low acuity
- 90th percentile emergency department length of stay for nonadmitted patients triaged as high acuity

Key Indicator Updates for Interprofessional Primary Care

Priority Indicators for 2026/27

To support a focus on quality improvement initiatives that improve access to comprehensive team-based primary health care for more of the population, 2 existing indicators have been prioritized:

New priority access and flow indicators:

- Number of new patients, clients, or enrolments
- Patient or client perception of timely access to care

To support continued efforts to lessen administrative burden and improve patient safety, an existing indicator has been prioritized:

New priority safety indicator:

- Number of faxes sent per 1,000 rostered patients

Note: We recommend using this indicator in combination with 1 or more of the digital health solution indicators

Key Indicator Updates for Long-term Care

Priority and New Indicators for 2026/27

To support a focus on quality improvement efforts that align to make sure that older adults receive timely access to services and care in the right place, an existing indicator has been prioritized:

New priority access and flow indicator:

- Rate of potentially avoidable emergency department visits for long-term care residents

Returning indicators:

- Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened (prepopulated)
- Percentage of long-term care residents in daily physical restraints (prepopulated)

Alignment with regional and provincial priorities

- Starting this year, select hospitals will be required to share their QIPs with their Ontario Health region in advance of submission through the QIP submission platform (QIP Navigator).
- This process will support better alignment between local, regional and provincial goals.
- The intent is to provide actionable feedback, not approval or sign-off.

Updates to QIP Navigator

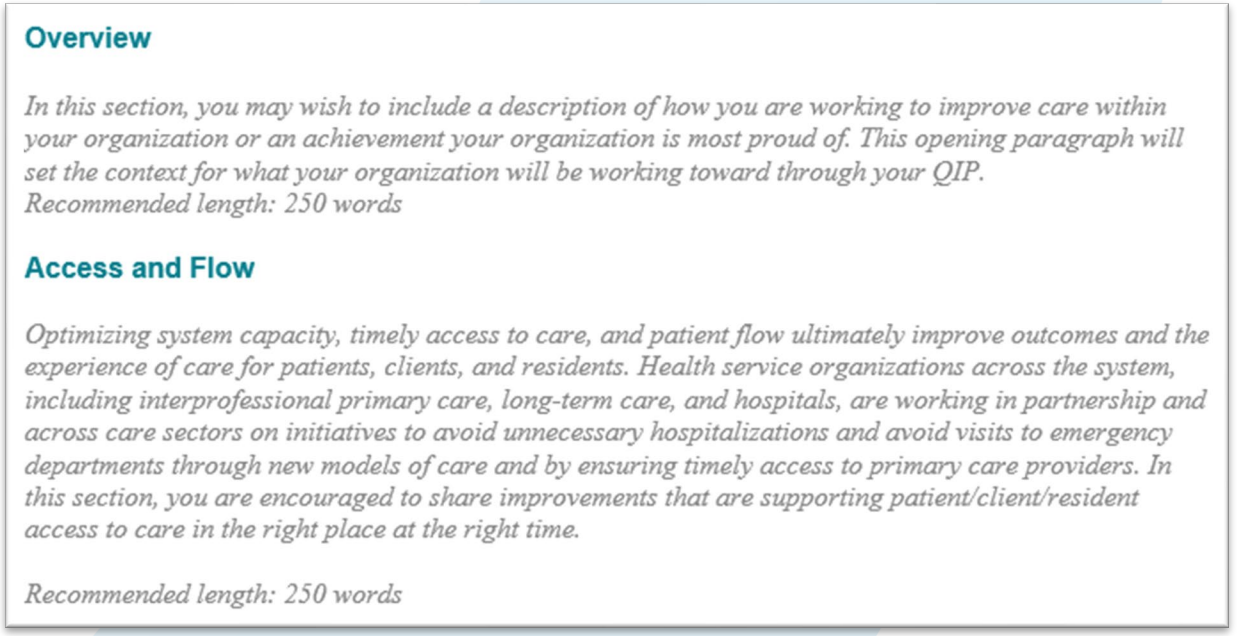
Updates to QIP Navigator (New Enhancements!)

1. Narrative fillable template
2. Progress report
3. QIP Navigator spotlight page
4. Navigator 2.0

Fillable Template for Narrative Questions (Word Version Only)

Updated! Fillable Word template

- A fillable word template is available to work on your Narrative offline
- When you click to export a copy of the fillable word template, you will now see the description for each narrative question
- Look for this symbol in QIP Navigator to access narrative description, resources and guidance through hover help



Overview

In this section, you may wish to include a description of how you are working to improve care within your organization or an achievement your organization is most proud of. This opening paragraph will set the context for what your organization will be working toward through your QIP.
Recommended length: 250 words

Access and Flow

Optimizing system capacity, timely access to care, and patient flow ultimately improve outcomes and the experience of care for patients, clients, and residents. Health service organizations across the system, including interprofessional primary care, long-term care, and hospitals, are working in partnership and across care sectors on initiatives to avoid unnecessary hospitalizations and avoid visits to emergency departments through new models of care and by ensuring timely access to primary care providers. In this section, you are encouraged to share improvements that are supporting patient/client/resident access to care in the right place at the right time.

Recommended length: 250 words

Note: The exported copies of the fillable word template cannot be re-uploaded. Text from the fillable document, if used, can be cut and pasted into QIP Navigator for each narrative question.

Progress Report Dashboard Enhancements

1. **Direction to improve**
   - This column uses arrows to indicate whether a higher or lower value is better for each indicator
2. **Type of indicator**
   - This column identifies whether the indicator is Priority, Optional or Custom

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	PERCENTAG IMPROVEM
1	99994	90th percentile ambulance offload time (Minutes; Patients; For ERNI hospitals: Dec 1, 2023, to Nov 30, 2024 (Q1 and Q2); CIHI NACRS)	↓	Priority	33.33	30.00		
2	99994	Average ED wait time to physician initial assessment (PIA) for individuals with sickle cell disease (CTAS 1 or 2) (Minutes; ED patients; April 1 to September 30, 2024 (Q1 and Q2); CIHI NACRS)	↓	Optional	66.66	100.00		
3	59999	Percentage of residents who rate dining experience (%; Residents; last month survey; Local data collection)	--	Custom	CB	CB		--

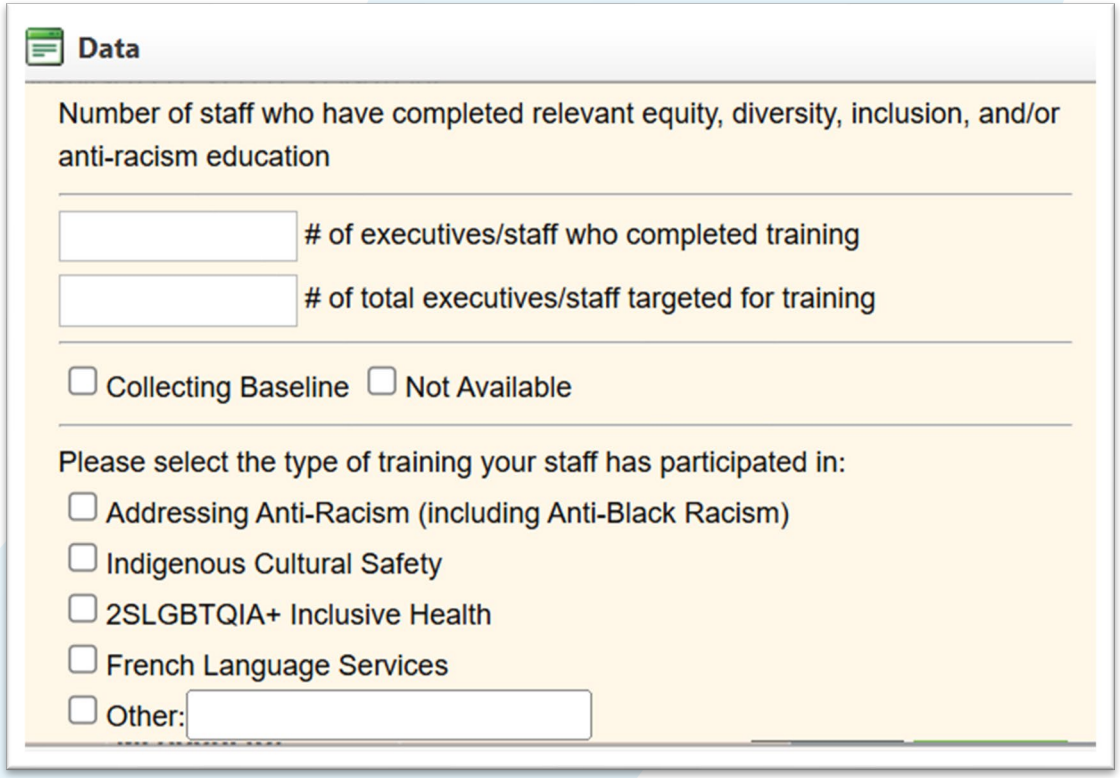
Note: Custom indicators or indicators that do not have a directionality will display **(--)**

Update to Progress Report for Equity Indicator

Organizations that included the indicator *Percentage of staff who have completed equity, diversity, inclusivity, anti-racism education* in their 2025/26 workplan will be required to complete new fields in the progress report.

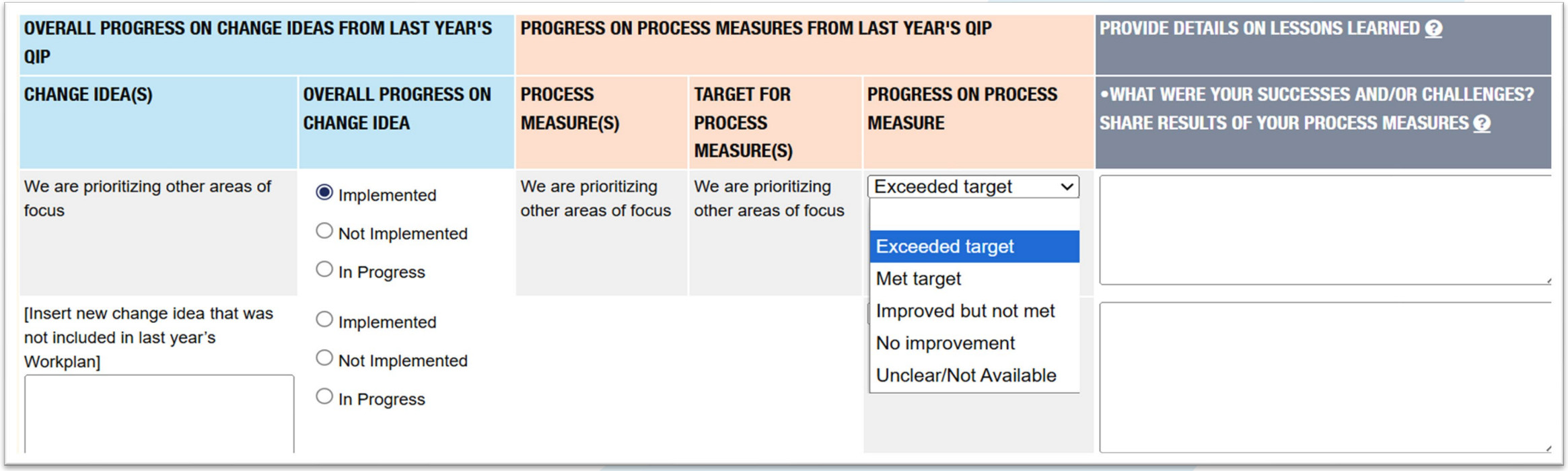
Specifying the type of training is only required for the progress report.

Screenshot of Pop-up in Progress Report



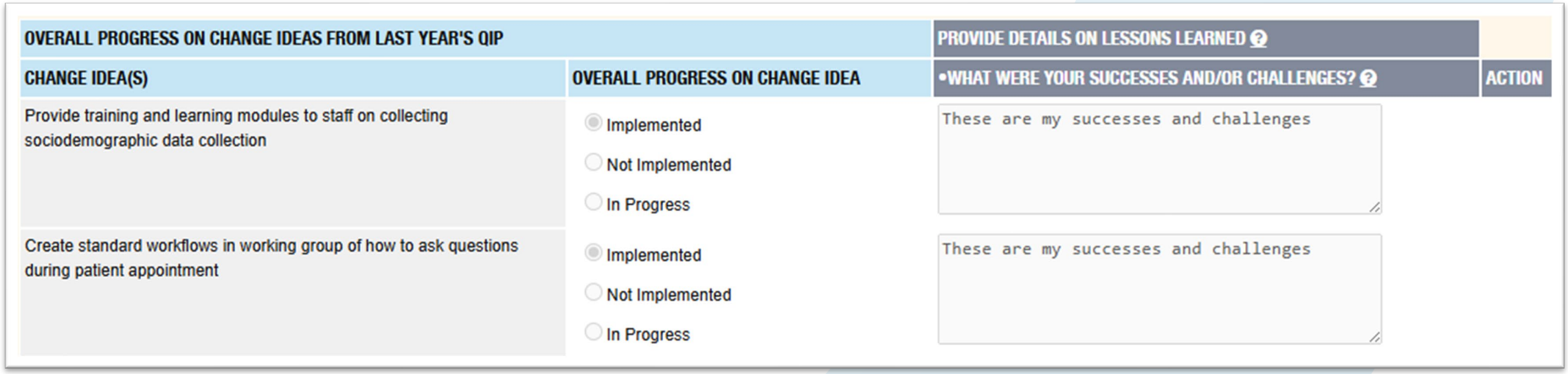
Progress Report Pilot Enhancement (Hospitals Only)

- **Change idea and process measure tracking (carried over from last year's workplan):**
  - For change ideas, select the option that best reflects **overall progress** of the change idea (Implemented, Not Implemented, In Progress)
  - For process measures, select the option that best reflects progress on process measure targets from the previous year's workplan (e.g., exceeded target, did not meet target etc..)



Progress Report Enhancements for Interprofessional Primary Care and Long-Term Care

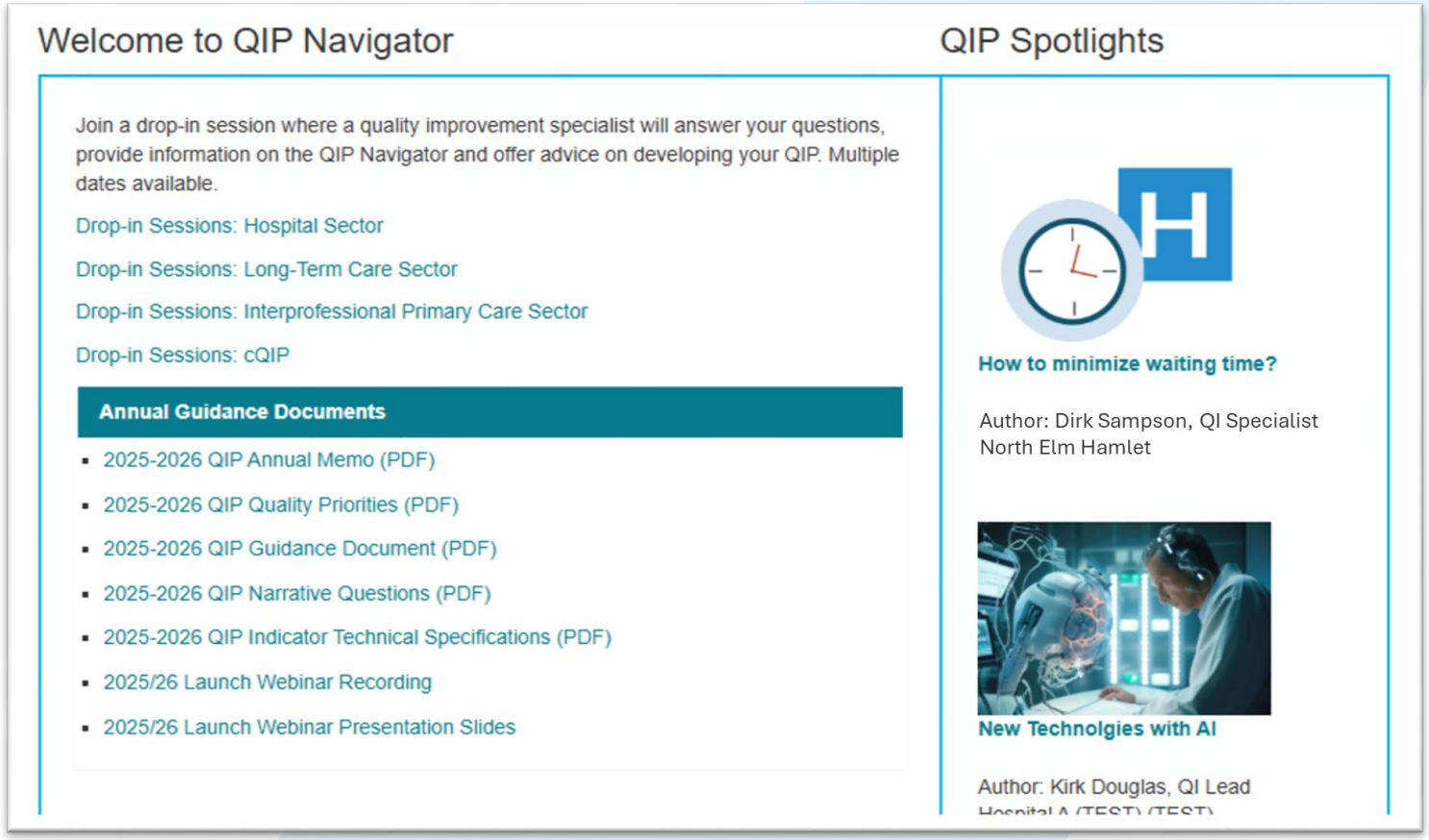
- **Change idea tracking (carried over from last year's workplan):**
  - For each change idea, teams can select their progress using radio buttons: Implemented, Not Implemented, In Progress



OVERALL PROGRESS ON CHANGE IDEAS FROM LAST YEAR'S QIP		PROVIDE DETAILS ON LESSONS LEARNED	
CHANGE IDEA(S)	OVERALL PROGRESS ON CHANGE IDEA	•WHAT WERE YOUR SUCCESSES AND/OR CHALLENGES?	ACTION
Provide training and learning modules to staff on collecting sociodemographic data collection	(•) Implemented ( ) Not Implemented ( ) In Progress	These are my successes and challenges	
Create standard workflows in working group of how to ask questions during patient appointment	(•) Implemented ( ) Not Implemented ( ) In Progress	These are my successes and challenges	

Spotlights

Coming Soon!



QIP Navigator 2.0 Planning

We are planning for a refreshed QIP Navigator!

- We anticipate the new system will provide many of the existing functionality as the current QIP Navigator, but will also include an updated look and feel, improved user experience, and additional reporting and collaboration tools.
- We have engaged with 20 individuals across the province and multiple sectors to gather feedback to inform early designs.
- We'd love to hear from you! If you're interested in participating, please email expressing your interest at qip@ontariohealth.ca.

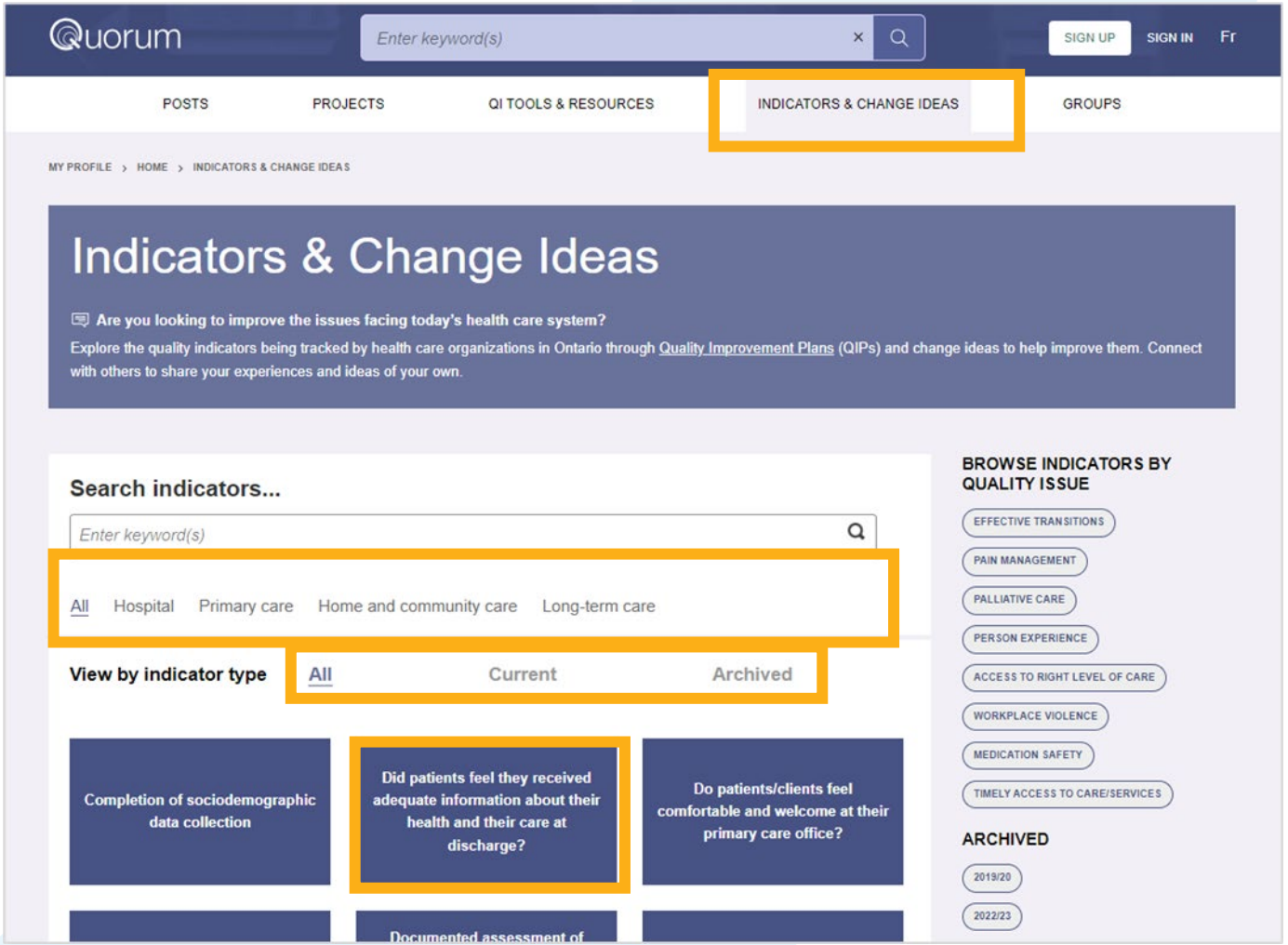
Resources to Support Improvement

Annual Planning Materials

- 2026/27 QIP materials can be found the QIP Navigator home page
  - Narrative document
  - Guidance document
  - Indicator technical specifications
  - Indicator-relevant change packages
  - Approaches for target setting document
- QIP launch webinar recording and presentation slides will be sent via email to all registrants and posted to QIP Navigator home page
- We anticipate QIP Navigator to open later this week

Explore the Repository of Indicator-Specific Change Ideas

1. Visit [Quorum - Indicators & Change Ideas]
2. Select the sector
3. Choose from QIP indicator type (Current, Archived or ALL)
4. Click on the specific indicator you are interested in (purple box) to find changes ideas, and resources
5. Select the change ideas that will help your team to make improvements



Learning Communities and Communities of Practice

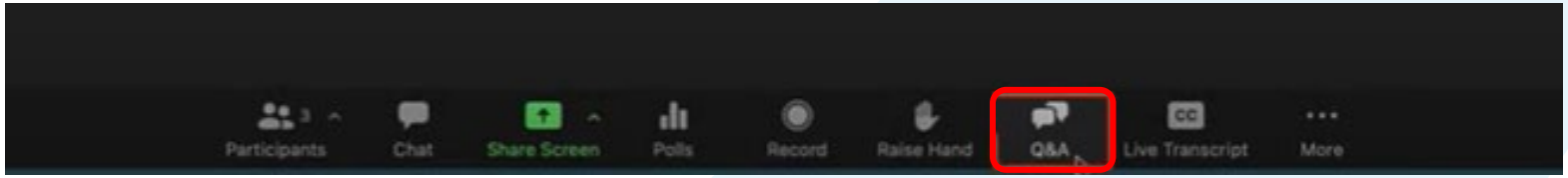
- Ontario Sickle Cell Disease CoP
- Delirium Aware Safer Healthcare CoP
- General Medicine Quality Improvement Network CoP
- Ontario Emergency Services CoP
- Primary Care Improvement Hub
- Quality and Patient Safety CoP
- Provincial Palliative Care Knowledge Exchange
- Pressure Injury Quality Standard CoP
- NLOT and LTCPlus Learning Community
- North East Long-Term Care Falls Prevention CoP

1. Visit Quorum and click the **SIGN-UP** button to create your account.
2. Find the **Groups** you are interested in and click **JOIN GROUP** button
3. Click the **'SUBSCRIBE TO UPDATES'** button

Connect With the Provincial Team

Resource	How to connect
▪ **Virtual drop-in sessions** ▪ For people who are new to the QIP program or people who are looking to refamiliarize themselves with the use of QIP Navigator ▪ Multiple dates available ▪ Hosted by QIP specialists from Ontario Health	▪ Register for drop-in sessions : (multiple dates available from Jan to Mar 2026) ▪ Hospital ▪ Interprofessional primary care ▪ Long-term care
▪ **'Just-in-time' support** ▪ Contact us by email if you have questions or require assistance ▪ This is a general QIP program email box that is monitored during business hours by a member of the QIP team from Ontario Health	▪ Reach a quality improvement specialist: QIP@ontariohealth.ca
▪ **Sector-specific support** ▪ Contact us by email if you have specific questions or require sector-specific assistance	▪ Reach a sector specialist: ▪ **Hospital:** Gwen Kostal Gwen.kostal@ontariohealth.ca ▪ **Interprofessional primary care:** Lindsay Sleeth Lindsay.sleeth@ontariohealth.ca ▪ **Long term care:** Shawn Amadasun Shawn.amadasun@ontariohealth.ca

Q&A Discussion



Please use the Q&A to enter your questions