

QUALITY IMPROVEMENT PLAN PROGRAM

QIP Narrative Questions 2026/27

Quality improvement plan (QIP) narrative questions enable organizations to provide context for their quality improvement work. In each section, organizations are encouraged to share details that they believe people in Ontario would like to know about.

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Overview

All Sectors

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

Recommended length: 250 words

Access and Flow

All Sectors

Ensuring good access and flow means that the right care is received in the right place at the right time across the health care system. Health service organizations are being asked to focus on initiatives that support access and flow, such as initiatives that support individuals in remaining in the community as long as possible and in avoiding unnecessary hospitalization or emergency department visits, and initiatives that ensure timely access to primary care providers.

In this section, describe improvement work that your organization has accomplished or planned to ensure people across Ontario receive the right care in the right place and at the right time.

Recommended length: 250 words

Resources

[The Alternate Level of Care Leading Practices Guide](#) describes evidence-based leading practices for the care and proactive management of hospitalized older adults at risk of delayed transition to an appropriate setting that can be implemented in emergency department, acute care, and post-acute care settings.

Ontario Health's [Transitions Between Hospital and Home Quality Standard](#) describes practices that should take place and services that should be offered when providing high-quality care for people of all ages transitioning home after a hospital stay.

[Home First Guiding Principles](#) describe patient-centred care and support considerations and collaborative discharge planning to ensure that all services and supports in the community are explored before long-term care referral is considered.

Equity and Indigenous Health

All Sectors

Ontario Health is committed to driving improved and equitable access, experiences, and outcomes to reduce health inequities and advance Indigenous health across the province. Advancing health equity and Indigenous health for communities in Ontario requires strategic and sustained efforts.

In this section, please share work that your organization has accomplished or planned to improve equity and Indigenous health (for example, implementation of an equity, inclusion, diversity, and antiracism workplan or a First Nations, Inuit, Métis, and Urban Indigenous health workplan [which may be based on Service Accountability Agreement obligations]).

Recommended length: 250 words

Resources

Ontario Health's [First Nations, Inuit, Métis and Urban Indigenous Health Framework](#) outlines our commitment to First Nations, Inuit, Métis and urban Indigenous partners, and can be used as a starting point for discussions with partners to develop a First Nations, Inuit, Métis and Urban Indigenous Health Plan.

[QIP Health Equity resources](#) can be used to support equity, inclusion, diversity and antiracism improvement planning or education and training.

Patient/Client/Resident Experience

All Sectors (Mandatory for Hospitals)

In this section, share how your organization plans to incorporate information from experience surveys (or other feedback received about care experiences) into quality improvement activities.

Recommended length: 250 words

Provider Experience

All Sectors

Many organizations are implementing innovative practices to improve recruitment and retention (e.g., through incentive-based programs for nurses and personal support workers), workplace culture, and staff experiences.

In this section, describe practices or initiatives your organization has planned to improve recruitment, retention, workplace culture, or staff experience.

Recommended length: 250 words

Resources

For information about programs funded by the Ministries of Health and Long-Term Care and administered and supported by Ontario Health, see [Health Human Resources recruitment and retention programs](#).

Safety

Hospitals

Never events are serious patient safety incidents that should not occur if proper preventive measures are in place.

In this section, describe your organization's approach to the prevention of never events as part of its overall patient safety strategy. What steps are in place to prevent never events, particularly in areas such as pressure injury prevention, surgery, or medication safety? Please provide a specific example from one of these areas to illustrate your organization's approach.

Recommended length: 250 words

Resources

Access [Never Events Hospital Reporting Initiative](#) guidance materials.

Learn about improvement strategies and exchange patient safety insights in the [Quality and Patient Safety community of practice](#).

Interprofessional Primary Care and Long-Term Care

Measuring safety is not solely about measuring the absence of harm but is also about adopting a broader view of safety.

In this section, describe how your organization shifts focus from past harm to proactive real-time safety monitoring that emphasizes resilience to have a more responsive safety culture.

Recommended length: 250 words

Resources

[Rethinking Patient Safety](#), developed by Healthcare Excellence Canada, is a discussion guide to help patients, health care providers, and leaders in reframing patient safety improvement by shifting focus from identifying past harm to proactive efforts and real-time safety monitoring.

Healthcare Excellence Canada also offers the [Patient Safety and Incident Management Toolkit](#), a collection of practical tools aimed at guiding actions and responses following patient safety incidents.

Access specific quality improvement tools and resources in the [Primary Care Quality Improvement Hub](#).

Palliative Care

All Sectors

In this section, describe how your organization integrates palliative care into care along the illness trajectory (including end-of-life care) and how the care provided improves the quality of life of patients with life-limiting illnesses (and their families and care partners); consider the *Themes and corresponding considerations* below. Please provide 3 specific examples of activities within your organization that demonstrate a commitment to enhancing quality of life. Describe how these activities achieve the standard of care set out in the [Quality Standard for Palliative Care](#) or in the [Palliative Care Health Services Delivery Framework](#). If applicable, describe how data and feedback are used to improve care.

Recommended length: 250 words

Resources

Ontario Health's [Quality Standard for Palliative Care](#) describes what high-quality palliative care looks like and underpins the Ontario Palliative Care Network's model of care framework.

The [Palliative Care Health Service Delivery Framework](#) outlines model of care recommendations for ensuring that high-quality person-centred palliative care is provided to patients wherever they are.

Themes and corresponding considerations

- Patient involvement in decisions: How does your organization fulfil Quality Statement 5 of the quality standard, which states that patients, primary care providers, and other health care professionals should collaborate to develop an individualized, person-centred care plan?
- Shared documentation of patient and family care plans and choices: Has your organization adopted technology to enhance digital information exchange or implemented patient portals or other processes to encourage participation and communication?
- Access to grief and bereavement support: Is bereavement information and education provided systematically? Are there avenues for providing or referring patients to community providers for structured emotional support (such as peer support groups or counselling sessions)?
- Care closer to home: How does your organization honour Quality Statement 11 of the quality standard, which describes the importance of ongoing discussions about preferred setting of care and place of death?
- Fostering of culturally appropriate care: Does your organization have partnerships with organizations that offer cultural competency education, have protocols for cultural assessments, offer education on inclusive language, have regular meetings with equity-deserving communities, and offer interpretation services?
- Use of feedback from experience surveys: How does your organization seek and act on feedback about the quality of palliative care provided?

Population Health Management

All Sectors

Population health management, as defined by the Rapid Improvement Support Exchange (RISE) program, is an iterative process that involves gathering data and insights from many partners (including nontraditional health care partners) about an entire population's health and social needs. These insights inform the co-design of proactive, integrated, person-centred, cost-effective, equitable, and efficient solutions with the goal of improving people's health needs along the continuum of care and well-being.

In this section, share how your organization is partnering with other organizations (other health care partners or within Ontario Health Teams) and using population health–management concepts to serve the unique health and social needs of people in the community. Focus on the important considerations mentioned in the Resources below when describing your organization's partnerships and planned work.

Recommended length: 250 words

Resources

RISE infographics describe core concepts and principles in population health management implementation:

- The infographic [RISE Overview of Population-Health Management](#) outlines the steps in the iterative process, the first of which is population identification.
- The infographic [RISE Implementing Population Management: Population Identification](#) highlights an example of population identification being applied and lessons learned.

Quality Improvement and Emergency Department Return Visit Quality Program

Hospitals Participating in This Program

Each site that is part of a hospital participating in the Emergency Department Return Visit Quality Program (EDRVQP) should answer either the large-volume site or small-volume site questions:

For Large-Volume Sites (Emergency Departments With More Than 30,000 Annual Visits)

1. Provide a status update for 1 or 2 of your hospital site's quality improvement priorities from the preceding year's EDRVQP audit. Include results and data where possible.
2. Share some of the quality issues identified during this year's audit. Describe quality improvement initiatives that are being planned or worked on to address these issues.

For Small-Volume Sites (Emergency Departments With Less Than 30,000 Annual Visits)

1. Describe your team's experience with conducting emergency department return visit audits and implementing quality improvement initiatives as part of your hospital site's inaugural year in the program. What worked well? What challenges did you experience?
2. Describe quality improvement initiatives that are being planned or worked on this year as a result of your team's EDRVQP audit.

Recommended length: 250 words

Resources

More information can be found in [Information for Hospital Sites: Guidance Document](#).

Executive Compensation

Under the *Excellent Care for All Act, 2010*, organizations are required to ensure that the payment of performance--based compensation is tied to the achievement of the quality improvement targets set out in their annual QIP and that this information is made available to the public.

Please describe which positions are defined as *executive* at your organization and how compensation for each executive is linked to achieving what percentage of the organization's QIP targets (see Table 1 as an example). For each position, please specify if compensation is part of at-risk salary or base salary. Please also state which of the organization's QIP indicators are included in the executive compensation QIP targets (see Table 2 as an example). Please note, this information should match the information given in your organization's workplan

Resources

Please refer to the updated document [Performance Based Compensation and QIP](#), for detailed guidance on defining executive compensation in relation to achieving QIP targets. The updated document also provides examples based on best practices in the field.

Example of how to define QIP target–based executive compensation.

Table 1. A sample table that lists positions defined as executive.

The sample table lists which positions are defined as executive (column 1) and how much of each position's compensation is tied to achieving the organization's QIP targets (column 2).

Executive team member	Compensation
President or chief executive officer	5% of annual base salary is linked to achieving the targets set out in our QIP
Chief nursing officer	5% of annual base salary is linked to achieving the targets set out in our QIP
Clinical vice-presidents	5% of annual base salary is linked to achieving the targets set out in our QIP
Chief of staff	4% of annual base salary is linked to achieving the targets set out in our QIP
Physician-in-chief	3% of annual base salary is linked to achieving the targets set out in our QIP

Table 2. A sample table that lists QIP targets that must be achieved for payout.

The sample table reiterates the organization's QIP indicator target definitions. Information about how the targets are weighted can be included in many different ways, such as in an explanatory paragraph below the table (example *Terms* paragraph).

QIP indicator targets to be achieved for 100% payout
Reduce 90th percentile ambulance offload time to 30 minutes
Decrease % of patients who visited ED and LWBS by a physician to 4%
Increase positive response rate to our custom indicator question (<i>Were you involved as much as you wanted to be in decisions about you or your family member's care and treatment?</i>) to 85%
Increase % of staff who have completed relevant equity, diversity, inclusion, and antiracism education to 80%
Reduce rate of delirium onset during hospitalization to 1%
Reduce rate of workplace violence incidents resulting in lost-time injury to 2%

Terms

Target achievement will be equally weighted for each indicator listed above; therefore, partial achievement of targets would result in partial payout (i.e., 1 target achieved = 16.7% payout, 2 targets achieved = 33.3%, 3 targets achieved = 50.0%, 4 targets achieved = 66.7%, 5 targets achieved = 83.3%); achievement of all 6 targets would result in 100% payout.

Contact Information/Designated Lead

All Sectors

We encourage organizations to support a culture of transparency and shared learning. If you are open to having a member of the public or another organization contact you to learn more about the activities described in your organization's QIP, please include your name and contact information. Please note that this is optional and that anything included in this field will be publicly posted along with the QIP.

Other

All Sectors

Is there anything else you would like to share with people in Ontario about your organization's quality improvement approach or activities that has not been mentioned above?

Long-Term Care

This field can be used to provide additional information to complete a continuous quality improvement initiative report; for continuous quality improvement initiative report requirements, see [section 168 of O. Reg 246/22 of the Fixing Long-Term Care Act, 2021](#).

Sign-Off

It is recommended that the following individuals (where applicable) review, approve, and sign-off on your organization's quality improvement plan:

Board Chair _____ (signature)

Board Quality Committee Chair _____ (signature)

Chief Executive Officer _____ (signature)

EDRVQP lead _____ (signature)

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