QUALITY IMPROVEMENT PLAN (QIP) PROGRAM

Helpful Tips and Recommendations for a Robust QIP: A Quick-Reference Guide for Hospitals, Interprofessional Primary Care Organizations, and Long-Term Care Homes

This guide provides practical tips for completing your QIP Progress Report, Narrative, and Workplan effectively. Following these practices will help ensure your QIP is specific, actionable, and meaningful to both internal teams and external partners.

Progress Report (Looking Back)

Suggested Practices	Practices to Avoid
• Share the enablers and barriers you experienced with your change initiatives • Include measurable results or observations, even if the initiative is ongoing • Describe the specific steps you will take to reach targets	• Using vague statements (e.g., “some improvement noticed” or “challenges occurred”) without providing details or describing impact • Focusing only on successes (sharing learnings from what didn’t work is valuable, too) • Leaving fields blank • Repeating the same response

Narrative (Telling Your Story)

Suggested Practices	Practices to Avoid
• Keep the narrative concise and clear; use plain language • Define abbreviations on first use • Describe partnerships, engagement, and stakeholder involvement • Describe how residents/clients/patients, families, care partners, and staff informed, or are involved in, your activities	• Reusing text from previous years • Not explaining the “why” or describing important context • Describing activities without explaining their purpose or impact • Using vague statements (e.g., “staff are educated in equity, diversity, and inclusion”)

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Workplan (Looking Ahead)

Suggested Practices	Practices to Avoid
• Select or include at least one measurable indicator • Set indicator targets that are ambitious but achievable • Create specific, action-oriented change ideas (e.g., “implement STOP and WATCH tool with PSWs to support detecting changes in a resident’s condition”) • Include the method of how the change idea will be implemented and monitored • Include a process measure that aligns with the change idea and is measurable as a rate, percentage, or number (e.g., “percentage of completed STOP and WATCH logs per shift”) • Include a target for the process measure that is SMART: specific, measurable, achievable, realistic, and time sensitive (e.g., “logs will be completed for 80% of shifts on all units by January 2026”)	• Entering more than one change idea per row • Setting retrograde targets for indicators (i.e., targets to perform worse than current performance) without a clear, data-based justification • Using vague or passive change ideas (e.g., “support staff education” or “improve communication”) without providing additional details • Copying the change idea into the methods field without adding implementation details (the “who” and “how”) • Creating a process measure that is not measurable (e.g., “staff will be more aware” or “improved documentation in care plans”) • Simply adding a numerical target for the process measure (e.g., “100% of registered staff”)

Final Tips

- Start early and engage staff, residents/clients/patients, families, and care partners
- Review QIP annual guidance documents and sector-specific resources on QIP Navigator
- Visit Quorum for QI tools and resources
- A strong QIP shows clarity, specificity, and reflection. Avoid vagueness, repetition, and generic content; make the QIP your own
- Need support? Contact QIP@ontariohealth.ca

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca

Document disponible en français en contactant info@OntarioHealth.ca

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