Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

November 2017

Quality Improvement Plan (QIP) Guidance Document for Ontario's Health Care Organizations

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Introduction

Why are quality and quality improvement important?

The Institute of Medicine defines health care quality as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."[1] The institute further defines quality using several characteristics – safe, patient-centred, effective, efficient, equitable, and timely – that have been adopted by many organizations, including Health Quality Ontario (HQO). These six dimensions of quality form the basis of our vision for health quality in Ontario, as articulated in our report, *Quality Matters: Realizing Excellent Care for All*. For patients, clients, and residents, high-quality care helps to maintain health and wellness and seamlessly supports recovery when they are sick.

In many areas, the Ontario health care system is performing better than it was 10 years ago. That said, as identified in HQO's *Measuring Up* report, there are many areas in which health status and quality care is lagging.

Quality improvement, defined as a systematic approach for making changes that lead to better patient outcomes (health), stronger system performance (care), and enhanced professional development, is necessary to consistently deliver high-quality care.

What is the purpose of this document?

This Quality Improvement Plan (QIP) Guidance Document has been developed to assist health care organizations with developing their QIPs. This document provides a detailed overview of the QIP components and various elements to be considered and incorporated into an organization's annual QIP. HQO recognizes that **every organization is at a different starting point when it comes to developing and implementing a QIP**. Regardless of where you are, however, the goal for your QIP is to establish priorities that align organizational, regional and system priorities; to familiarize yourself with performance data for your organization; to understand how you can use these data to drive measurable improvement; and to build capacity within your organization.

This QIP Guidance Document builds on the previous "evergreen" QIP Guidance Document co-developed by the Ministry of Health and Long-Term Care, HQO, health care organizations and health sector associations. HQO acknowledges the contributions of all of those involved in the development of both the earlier and current versions of the QIP Guidance Document.

Overview of QIPs

What is the *Excellent Care for All Act?* What is *Quality Matters*?

Ensuring high-quality, integrated care for all patients, clients and residents should be the goal of everyone involved in delivering health care in Ontario. This is an important principle embedded in the *Excellent Care for All Act, 2010* (ECFAA) and a principle shared within broader system priorities and

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[1] Institute of Medicine. Committee on Quality of Health Care in America. *To err is human: building a safer health system.* Washington, DC: The National Academies Press; 2000.

initiatives. The ECFAA came into force in June 2010 and laid the foundation for a health care system that is patient-centred, focused on accountability and transparency, and committed to improving the quality of care Ontarians receive.

Quality Matters: Realizing Excellent Care for All identifies a vision for a health system that is just, patient-centred and committed to relentless improvement. It is a health system that is safe, efficient, timely, effective, patient-centred, and equitable. The QIP is a system-wide tool to support organizations in contributing and achieving this vision. Each year, HQO identifies as series of **priority issues** and corresponding indicators for us to work together on as a system that are included in the QIP. These quality priorities are selected through consultation with HQO's Patient, Family, and Public Advisors Council, key stakeholders, sector associations, the Ministry of Health and Long-term Care, the local health integration networks (LHINs), and other partner organizations. More information and context for these priorities is included in our annual memo, which is released along with the guidance documents and indicator technical specifications each fall.

Our health system requires shared responsibility and commitment to improving the quality of health care through integration, partnerships, and collaboration with others.

What is a QIP?

A QIP is a **public, documented set of quality commitments** that a health care organization makes to its patients, clients, residents, staff, and community on an annual basis to improve quality through focused targets and actions.

While each QIP is developed under the umbrella of a common provincial vision and provides a system-wide platform for QI, it is owned by the organization. As such, your organization's QIP should both complement system and provincial priorities and address local opportunities for priority improvements.

The QIP is the blueprint for how your organization will strive to meet or exceed the improvement targets you have set for that year. Each year's QIP is designed to build off the one before. By measuring progress made toward targets, by carefully studying which changes worked and which didn't, and by identifying lessons learned regarding measurement and implementation during the year, you will have information necessary to help you to develop your next QIP.

QIPs are tools to support improvement. While they are not "accountability" or "performance management" tools, the Board, the senior leadership, and the organization as a whole are accountable to have a QI plan that includes commitments to annual targets and plans for undertaking QI activities. It is widely understood that QI involves testing new ways of doing things and learning from these tests of change; setbacks will happen and your organization might not always make progress toward or meet the targets you set for that year. When this occurs, your organization is expected to review and learn from these implementation challenges and include new, refreshed approaches to help your organization meet established targets for the next year's QIP. Over time and as more is learned through improvement activities, HQO will continue to support the sharing of what is working and what has been tried and will strengthen opportunities to collectively learn from organizations across the province. Your annual QIP provides an opportunity to demonstrate your organization's commitment and ability to learn, to make effective changes that lead to better performance over time, and, in collaboration with health care partners, to move beyond the average and to provide excellent care for all.

Who selects QIP issues and indicators, and how are they chosen?

Extensive consultation occurs to identify the quality issues that can (and should) be advanced through QIPs, and to identify the most appropriate indicator(s) to represent this quality issue. HQO leads this process, and involves many other key stakeholders along the way. Patients and their family members/caregivers are engaged in this process to identify which quality issues are important to them. HQO also works closely with partners in the LHINs and the Ministry of Health and Long-Term Care to identify issues that are important at both a provincial and regional level. Other stakeholders include leaders in the health care system, health care providers, administrators, sector associations, and data analysts. As a result of these extensive consultations, we include only quality issues and indicators that are truly meaningful, relevant to the current state of the health care system, and can be improved at the organizational level or by collaborations with other organizations.

Which organizations are required to submit an annual QIP?

Currently, the following organizations are required to develop and submit their QIP to HQO **on or before April 1** of every year:

- All public hospitals in Ontario[†]
- All inter-professional team-based primary care models, including family health teams, nurse practitioner-led clinics, community health centres, and Aboriginal Health Access Centres[δ]
- LHIN Home and Community Care Services
- All long-term care homes that hold an L-SAA with LHIN[δ]

[†]As per ECFAA. [δ]As per Ministry requirements.

As QI initiatives and the QIP program develop, HQO will work with the Ministry of Health and Long-Term Care and other organizations to assess the possibility of incorporating additional sectors into the QIP program.

To support regional quality improvement efforts, organizations are encouraged to share their QIP with their LHIN at the time that they submit to HQO.[2] Organizations are **not** required to submit their QIP to the Ministry.

Organizations submit their QIP through HQO's QIP Navigator. The Navigator is an online platform that allows each organization to develop and submit their annual QIP. The QIP Navigator User Guide provides detailed information about developing and submitting your QIP.

Do all these organizations have to publicly post their QIP?

The ECFAA, which specifically applies to all public hospitals in Ontario, clearly states that hospitals must publicly post their annual QIPs. While not included under ECFAA per se, all other organizations required to submit a QIP to HQO are expected to support QIPs as a public commitment and therefore make their annual QIP available to the public.

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[2] Note that under Section 8(4) of ECFAA, hospitals, at the request of the LHIN, must provide the LHIN with a draft of the annual QIP for review before it is made available to the public.

By their very definition, QIPs are formal, documented sets of quality commitments that a health care organization makes to **its patients, clients, residents, staff and community**. To ensure that your QIP is accessible and in the interests of transparency, it should be publicly posted on your organization's website.

Over the years, HQO has been asked by numerous health care organizations (in all sectors) for more information about what other health care organizations and peers are doing and achieving via their annual QIPs. Learning from one another, especially for the purposes of integration and of identifying opportunities to collaborate, is a key benefit of making QIPs available for all. HQO makes all annual QIPs available to health care organizations and the public via the Download QIPs tab of the QIP Navigator; a password is **NOT** required to access QIPs from all sectors.

Why do we have to submit our QIP to HQO? What does HQO do with the information in our QIP?

At a very basic level, submitting your QIP to HQO provides a means to demonstrate that your organization is meeting the requirements of the legislation and/or accountability agreements. More importantly, though, the methods built into the QIP are best practice for organizations in undertaking improvement *designed to ultimately improve both processes and outcomes that matter to patients and residents*. One of the goals of the provincial quality agenda is to develop an ongoing culture of quality. By creating the expectation that front-line teams and organizations establish goals to improve quality and undertake activities to do so, we are building a culture of quality. Indeed, the results of a survey conducted in spring 2016 show that approximately 70% of board chairs and CEOs reported that the QIP has helped to encourage more conversation about quality and quality improvement within their organizations.

HQO also works to support a culture of quality by developing an environment of learning and sharing. By submitting your annual QIP to HQO, we as a system can begin to understand the trends in QI and the progress organizations are making to achieve targets in priority areas. HQO reviews and analyzes each of the QIPs and produces reports and other materials that share consolidated QIP data and observations (for example, common themes, what changes seem to be working, success stories) with health care organizations and the public. This increases our collective understanding about effective strategies for making improvements in priority areas as well as how multiple sectors are using QIPs and QIP data to help align quality efforts and tackle common quality issues together – especially those that cannot be solved by acting in isolation.

Can we submit our QIP to HQO later than April 1?

Organizations are expected to submit their QIP to HQO on or before April 1 of each year. As part of your planning process, your organization should look ahead at your Board's calendar of meetings to ensure that the draft QIP goes to the Board with enough time for discussion, amendments, finalization and submission before April 1 of each year.

How do regulations under ECFAA affect our organization?

In 2015, the Ministry introduced new regulations under ECFAA that primarily focus on strengthening patient engagement via patient relations processes and direct involvement in developing and implementing QIPs.

More specifically, ECFAA states that hospitals are to:

- Establish a patient relations process that reflects their declaration of values and make it public
- Use data and information gathered via the patient relations processes in developing their annual QIP

New regulations under ECFAA require hospitals to directly involve patients in the development of the annual QIP and to improve patient relations processes. While ECFAA currently applies to the hospital sector, other sectors are encouraged to voluntarily adopt these person-centred components of the act, as appropriate.

HQO has developed multiple resources for health care organizations in all sectors as they work to engage patients and their caregivers. These resources are available on our Patient Engagement Tools and Resources Hub.

Establishing comprehensive and transparent patient relations processes is considered best practice for all health care organizations; the information gathered about patient experiences and opportunities for improvement via these processes are important inputs for QIP development and prioritization of indicators.

To support organizations with establishing patient relations processes and engaging patients, HQO has developed a guide for implementation of the regulation and other resources. For more information, please visit HQO's website.

In July 2017, Regulation 187/15 under ECFAA was amended to enable the Minister, upon consideration of advice provided by HQO, to require health care organizations to include specific indicators in their annual QIP. These indicators may relate to any or all of the following quality dimensions or issues: safety, effectiveness, timeliness, efficiency, patient-centredness, equity, or workplace violence prevention. **This requirement currently only applies to hospitals**, given "health care organizations" are defined this way under ECFAA. These 'mandatory' issues and indicators will be clearly identified and communicated to you via a variety of mechanisms including the QIP Matrix, QIP Navigator, QIP annual memo, and What's New documents.

What are the 2018/19 QIP issues and indicators?

For fiscal year 2018/19, the recommended priority and additional indicators have been amended to reflect provincial priorities as well as the evolving opportunities within and between health care organizations and sectors. Each year, HQO reviews QIP indicators through a formal process that involves extensive input from numerous stakeholders and applies relevant criteria. Figure 1 provides a cross-sector summary of the quality issues being advanced via the 2018/19 QIP and corresponding QIP indicators for each sector. Please review our annual memo to learn more about the provincial priorities for each year.

Figure 1: Quality Issues and Indicators for the 2018/19 QIPs

		Hospital	Primary Care	Home Care	Long-Term Care
Effective	**Effective transitions**	• Readmission for one of CHF, COPD or stroke (QBP) **(P)** • Readmission for mental health and addiction **(P)** • Patient received enough information on discharge **(P)** • Discharge summaries sent within 48 h of discharge **(A)**	• 7-day post-discharge follow-up (any provider) **(P)** • 7-day post-discharge follow-up for select conditions (CHC) **(P)** • Hospital readmissions for select conditions **(A)**	• Hospital readmissions **(P)** • Unplanned ED visits **(P)**	• Potentially avoidable ED visits for ambulatory care-sensitive conditions **(P)**
	Coordinating care	• Identify patients with complex health needs (Health Links) **(A)**	• Identify patients with complex health needs (Health Links) **(A)**	• Identify patients with complex health needs (Health Links) **(A)**	
	Treatment of pain and use of opioids	• Narrative	• Narrative	• Narrative	• Narrative
	Wound care	• Pressure ulcers **(A)**	• Diabetic foot ulcer risk assessment **(A)**	• Education & self-management **(A)** • Closed diabetic foot ulcer **(A)**	• Pressure ulcers **(A)**
Patient-centred	**Palliative care**	• Home support for discharged palliative patients **(P)**		• End of life, died in preferred place of death **(P)**	
	Person experience	• Would you recommend? (IP/ED) **(P)** • Time to acknowledge complaints **(A)**	• Patient involvement in decisions about care **(P)**	• Client experience **(P)** • Time to acknowledge complaints **(A)**	• Resident experience **(P)** • Time to acknowledge complaints **(A)**
Efficient	**Access to right level of care**	• Narrative • Alternative level of care rate **(P)**	• Narrative	• Narrative	• Narrative
Safe	**Safe care/ medication safety**	• Medication reconciliation (discharge) **(P)** • Medication reconciliation (admission) **(A)** • Use of physical restraints in mental health patients **(A)** • Antimicrobial-free days (ICU) **(A)**	• Medication reconciliation **(A)**	• Falls for long-stay clients **(P)**	• Prescribing of antipsychotic medications **(P)** • Restraints **(A)** • Falls **(A)**
	Workplace violence	• Narrative • Overall incidents of workplace violence **(M)**	• Narrative	• Narrative	• Narrative
Timely	**Timely access to care/services**	• ED length of stay (complex) **(A)**	• Timely access to primary care (patient perception) **(P)**	• Wait time for home care (personal support worker, nurse) **(P)**	
Equitable	**Population health/equity considerations**	• Narrative	• Narrative • Glycated hemoglobin testing **(A)** • Colorectal & cervical cancer screening **(A)**	• Narrative	• Narrative

Legend: **(P)**: Priority indicator   **(M)**: Mandatory indicator   **(A)**: Additional indicator   (QBP): Indicator related to quality-based procedures

QIP Development Process

When should we begin developing our QIP? How do we get started?

Development and implementation of QIPs are complementary processes. Either before or shortly after your annual QIP is submitted to HQO, implementation begins. In other words, your organization will want to organize QI teams and roll out QI activities (e.g., collect data, test change ideas, measure impact of change ideas, sustain changes that have demonstrated improvement) as soon as your QIP is signed off. In cases where you've set multi-year targets, you might also be engaged in ongoing implementation of the previous year's QIP projects.

Implementing your QIP using sound QI methods will help build knowledge about (a) how your health care organization functions as a "system" of programs and processes; (b) how well care and services

are delivered to your patients, clients or residents and (c) how your organization is affected by or affects other health care providers (e.g., other organizations in other sectors). This knowledge and information are key inputs for developing your next QIP.

In essence, you are implementing your current QIP and developing your next QIP at the same time (Figure 2).

HQO has resources to help with both QI methodology and QIP development.

To facilitate QI initiatives, HQO has developed a comprehensive **QI Framework** that consists of six phases, each designed to build on the knowledge gained from the previous phase. The framework includes numerous resources including primers as well as instruction sheets and templates for common QI tools, such as creating aim statements and process mapping. Click here to access the QI framework and full set of interactive resources.

HQO has developed the **Quality Compass**, a web-based repository of evidence-informed best practices, change ideas linked with targets and measures, and tools and resources individualized for Ontario with examples of effective implementation and success stories. Click here to access HQO's Quality Compass.

Quorum, an online community developed by HQO, brings together people from across the health care spectrum to share their experiences, learn from each other and support innovation from early idea generation to implementation and improvement.

HQO, in collaboration with clinical experts, patients, residents, and caregivers across the province, is developing quality standards for Ontario. Quality standards are concise sets of statements that outline for clinicians and patients what quality care looks like for certain conditions.
Increasingly, quality issues being advanced through QIPs will be aligned or directly linked to a quality standard. These standards include quality statements, process measures, recommended tools, patient guides and a plethora of change ideas. When identifying priority areas of focus for your QIP and corresponding change ideas for the coming year, you are advised to check to see if there is a quality standard available to guide implementation of evidence-informed best practices.

To guide QIP development, HQO has developed a checklist that ranges from organizing QI committees and reviewing important documents to drafting and submitting your QIP to HQO. Please visit HQO's website to access QIP information and sector-specific resources, including frequently asked questions.

Figure 2: Relationship Between Implementation of Current QIP and Development of Next Year's QIP
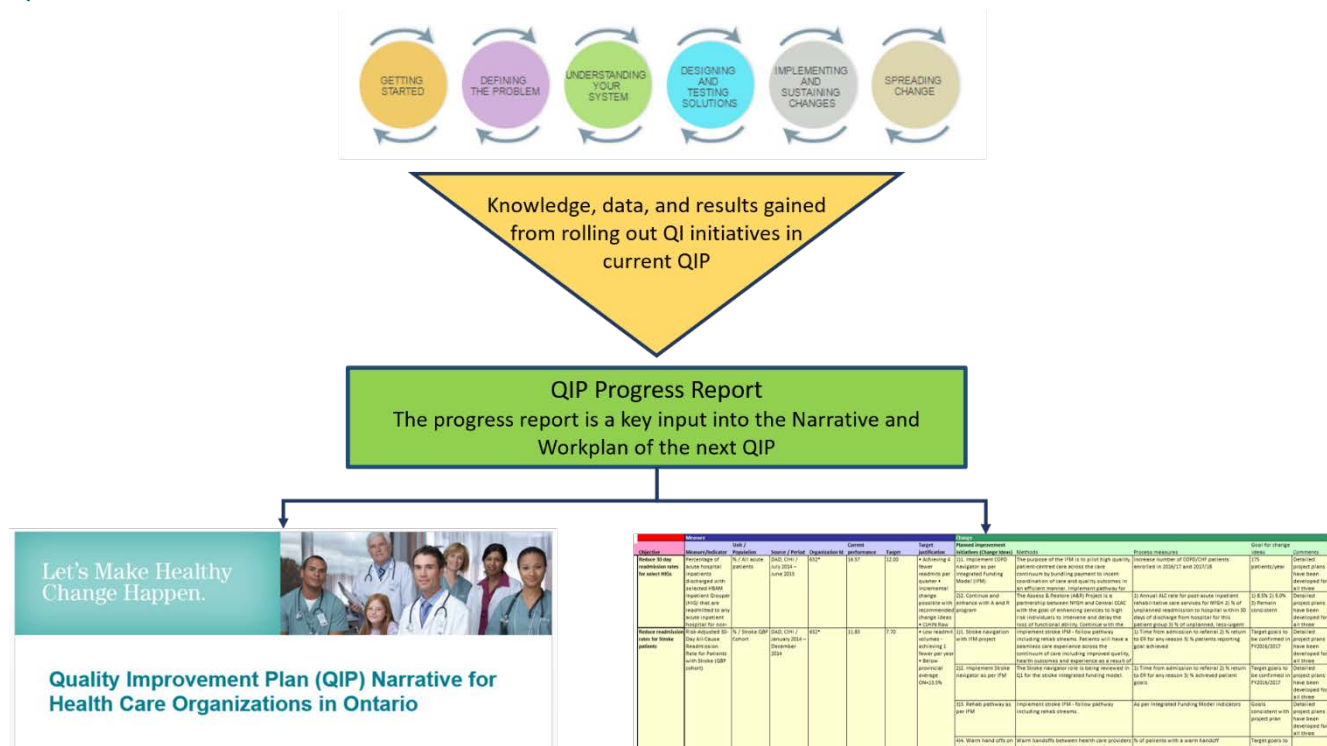
QI, Quality Improvement; QIP, Quality Improvement Plan.

What inputs should we consider when determining priorities to include in our QIP?

In addition to knowledge gained through QI activities, there are a few important inputs and drivers for developing your QIP.

- **Mandatory indicators** are tied to issues where province-wide improvement is urgently required. **Currently, this only applies to the hospital sector**. Performance on these issues/ indicators directly impacts patients, residents, and health care providers across the province. Achieving improved performance in these areas requires every organization within a sector to prioritize the required quality issue and indicator and actively engage in QI activities to support improvement. **These mandatory indicators are required in your organization's QIP**. These 'mandatory' issues and indicators will be clearly identified and communicated to you via a variety of mechanisms include the QIP Matrix, QIP Navigator, and QIP annual memo and What's New documents.

- **Priority indicators** reflect organizational and sector-specific priorities, as well as system-wide, transformational priorities where improved performance is co-dependent on collaboration with other sectors. Achieving system-wide change in these areas requires every sector and every organization to prioritize QI. Organizations often ask HQO if these priority indicators are 'required' in their QIP. **They are not required**, but it is expected that organizations assess their performance on these indicators, and particularly where their performance lags behind others in the province, strongly consider these indicators for inclusion in their QIP. If organizations choose not to include a priority indicator, they should provide this rationale in the

comments section only. Adding information or text (e.g., N/A, XX) in other sections triggers the QIP Navigator to pull the indicator into the progress report.

Note: We have received feedback from some organizations (such as small hospitals) that due to the number of cases that their organization sees or the unique nature of their practice, some of the priority indicators may be less applicable to them. In this case, organizations are encouraged to include alternate indicators that are more appropriate to their context, but that still address the same quality issue.

- **Additional indicators** measure important areas for QI and can be included in your QIP to reflect your organization's specific QI goals and opportunities. Review these additional indicators and determine which are relevant for your organization.

  Each sector has its own list of recommended priority and additional indicators. The hospital sector has mandatory indicators as well. The QIP Indicator Technical Specifications document includes all of the technical details for these indicators.

- **Custom indicators** refer to any other indicators your organization includes in your QIP that reflect your organizational QI goals and opportunities. Good examples of other indicators to consider that align with the QIP are available in HQO's Quality Compass. Quality standards also list specific and relevant indicators that can be included in your organization's QIP. In addition, HQO maintains an extensive list and profiles of the quality indicators that we use to measure health system performance in our indicator library. This list includes many more indicators than those chosen as priority and additional indicators for the QIPs, and you may find some of these indicators suitable for use as custom indicators if they align with your organization's internal or local priorities for QI. You may also consider examples of indicators that you're using in collaboration with others.

Other important considerations include:

- The **expressed needs of your patients, clients and residents** must be top priority for all health care organizations. The feedback and perspectives of the people who seek and require care should be well incorporated into your QIP. As of September 2015, hospitals are required to incorporate patient engagement in development of their QIPs. For more information about these new regulations, please visit our website.
- Processes for managing **patient relations and complaints, patient experience surveys and critical incidents** within your organization are important to maintain high-quality care. When considering priorities for the QIP, consider reviewing survey results and trends in the number and types of complaints and critical incidents, as well as the processes for managing these, to understand whether it's appropriate to prioritize and set targets for areas where concerns have arisen. Hospitals are required by the ECFAA to incorporate the findings of their patient-relations processes into their QIPs. For more information about this and other new regulatory changes related to patient-relations processes in hospitals, please visit our website. Long-Term Care homes should consider reviewing compliance reports to inform priority areas for improvement.
- **Current performance** on indicators used by your organization (through strategic plans, balanced score cards, accountability agreements, etc.) and other measures, including those used to monitor QIP implementation and QI activities, should be considered. Performance on process measures that evaluate how well your organization is providing care and related

services (e.g., medication safety, implementation of clinical best practices) are key inputs for your QIP.

- Organizations should also consider **local and regional QI efforts**. Many of the issues within the QIP cannot be improved without collaboration with other organizations and sectors. Organizations are encouraged to consider new and existing partnerships and opportunities to collaborate when selecting issues and change ideas. Examples may include collaborative initiatives within your LHIN or as part of the work of your local Health Link or Regional Quality Table

- **QIPs of peer organizations and regional partners** are a great resource to identify opportunities for collaboration, lessons learned, and change ideas that may be applicable to your organization, or realistic targets to which your organization may aspire. To view QIPs submitted to HQO, use the Download QIPs tool or search the QIP database via Query QIPs.

- **Accreditation standards and processes** are an important resource to help organizations identify priority areas for improvement. Organizations are encouraged to review these standards (as applicable) as per ongoing accreditation processes relevant for your sector.

How does our QIP relate to our other internal strategic documents (strategic plan, service accountability agreement, etc.)?

Selecting priority QIP indicators involves careful consideration of information and data gathered from several inputs.

Strategic Plan

Strategically, it is crucial that your organization's annual QIP align with the priorities stated in your organization's strategic plan. We are both seeing and hearing that quality is increasingly being emphasized as core to strategy. Your organization's strategic plan and QIP are mutually reinforcing (Figure 3).

Figure 3: Alignment of QIPs with Strategic Planning
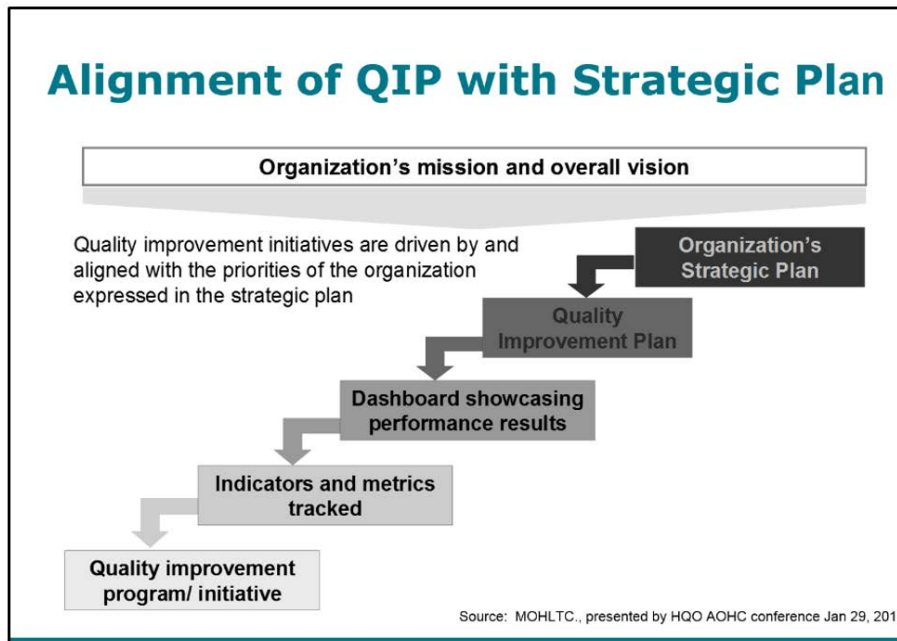
AOHC, Association of Ontario Health Centres; HQO, Health Quality Ontario; QIP, Quality Improvement Plan.

Service Accountability Agreements

While the QIP is not to be used to manage accountability agreements and operational performance, the QIP should be used as a means to monitor improvement activities that will enable your organization to meet or exceed expectations relating to quality set forth in your organization's service accountability agreement (SAA) with your LHIN (if applicable). Where organizations are currently not meeting SAA expectations, the QIP can serve as a tool to identify how improvements will be made. Measuring performance over time via the QIP, SAA and other mechanisms helps your organization see shorter- and longer-term improvements and the delivery of higher-quality care to your patients, clients, or residents. Based on work between HQO and the LHINs, the QIP is also seen as an important way to advance new areas of focus for quality prior to being introduced in formal Accountability Agreement arrangements. Figure 4 depicts the relationship between QIP and SAA for advancing quality issues over time. For more information about the relationship between QIP and SAA, click here.

Figure 4: The Relationship between Quality Improvement Plans and Service Accountability Agreements

Relationship Between QIPs & SAAs, for Selected Quality & Performance Issues

Priority Area Selection:
- Patients First & provincial strategies
- IHSP & MOHLTC Action Plan
- Common Quality Agenda
- MLAA
- Standards

QIPs (for quality improvement)

SAAs (for performance management)

define & trial (runway)

implement

conditions

contractual expectations

aspirational target (e.g. best in class)

accountability/ saturation

Monitor/ Sustain & Public Reporting (Progress is such that the indicator may graduate from the QIP or SAA)

Transparency & Public Reporting

Timeline of overall process and component pieces may vary by topic, but may span over several years.

Abbreviations: IHSP, Integrated Health Service Plan; MLAA, Ministry – Local health integration network Accountability Agreement; MOHLTC, Ministry of Health and Long-Term Care; QIP, Quality Improvement Plan; SAA, Service Accountability Agreement.

Determining which of the recommended priority indicators to include in your QIP can be a challenging task. In general, organizations should consider such factors as whether an indicator is also an area of focus within their strategic plan or accountability agreement. If organizations find that they are below the provincial average or a recommended target or benchmark, or if an organization has met the average/target/benchmark and still has room for further improvement, those organizations should consider including that priority indicator in their QIP.

What is the role of the Board, senior leadership and others in developing the QIP?

QIPs are to be developed at the organizational-level.[†] Development and successful implementation of the QI initiatives outlined in your annual QIP depend on the involvement and engagement of your organization's Board, senior leadership, clinicians, staff, patients, clients and residents. Cross-sector improvement teams are essential to support collaborative improvement efforts for quality issues that require a cross-sector focus.

[†]For QIP purposes, the current definition of an 'organization' varies depending on sector and governance structure. The following descriptions constitute an 'organization' required to develop and submit one QIP:

- single-site hospital corporation governed by one Board of Directors
- multisite hospital corporation governed by one Board of Directors

- each licensed long-term care home, regardless of affiliation with a multisite corporation
- each LHIN home and community care service
- each family health team, regardless of the number of associated physician practices
- each community health centre, nurse practitioner-led clinic,and Aboriginal health access centre

Note: HQO has developed streamlined submission processes for multi-sector organizations with common governance structures to submit a single common QIP. Any multi-sector organizations interested in submitting a common QIP to HQO should contact QIP@hqontario.ca.

Board
The Board is accountable for organizational governance and should be engaged in overseeing the development, review and approval of your annual QIP. By signing the QIP, the chair of the Board certifies the members' approval of the QIP and acknowledges the Board's ultimate accountability for developing, implementing and monitoring the QIP, as well as for all targets and QI activities outlined in your QIP. In some cases, the Board may require additional information or guidance as they fulfil this role.

Quality Committee of the Board
The quality committee has an important role in the development of your annual QIP. The quality committee is expected to report to the Board regarding QIP development and progress throughout the year. By signing the QIP, the chair of the quality committee certifies members' approval of the QIP. If your organization does not have a quality committee, consider putting one in place (for guidance on quality committees, refer to the Ministry's website).

Chief Executive Officer, Executive Director or Administrative Lead
The Chief Executive Officer (CEO), Executive Director, or Administrative Lead (AL) works collaboratively with the Board, quality committee and staff to develop the QIP. They have a role in empowering teams and front-line providers to identify ways to achieve improvement and actively implement changes to improve quality. At regular intervals, the CEO, Executive Director, or AL provides progress reports to the quality committee and the Board about QIP development, implementation and progress toward established targets. By signing the QIP, the CEO, Executive Director, or AL certifies approval of the QIP.

Sector-specific roles for sign-off are now included in the QIP Navigator section.

Senior Team, Lead Clinician, Clinical Director, or Program Director
The clinical leaders of an organization are critical to improvement efforts and developing a culture of quality within an organization. Leaders, including the lead clinician, should be actively engaged in the development of the annual QIP and should endeavour 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 QIP in their respective areas. An important element of this is to ensure opportunity to recognize team achievements, and profile how the activities in the QIP are improving care at the organization.

Training and support may be required to facilitate leadership and staff engagement. A province-wide learning initiative, Improving & Driving Excellence Across Sectors (IDEAS), aims to build capacity in QI, leadership and change management across all health care sectors. For more information about this program, click here.

Clinicians, Service Providers and Staff

All clinicians, service providers and staff across the organization have an important role. All providers and staff should be actively engaged and accountable for implementing and supporting the QIP in their respective areas. The most successful improvement initiatives have a strong involvement of front-line providers and teams in identifying how to achieve improvements and implementing change ideas. This is the opportunity to truly develop and build a culture of quality in the organization. For more information about QI team development, click here.

Patients, Clients, Residents and Their Families

Active engagement of patients, clients, and residents in developing and implementing your QIP is important to ensure that your QIP includes targets and QI activities that are meaningful to them. Quality improvement plans are designed to improve care, service delivery and outcomes and to create a system that "provides care *with* patients/clients/residents **rather than for** them."[3] Consider engaging your community through established formats, such as patient, resident and family councils; town halls; or focus groups, where the experiences and concerns of these groups are incorporated. For more information about how to engage patients, clients and residents in QIP development, click here.

What is the role of the LHIN in developing the QIP?

LHINs are responsible for planning, integrating, monitoring and funding their local health care system and sub-regions and support implementation of Ontario's quality improvement agenda. HQO, with input from the LHINs and other system partners, identifies priority areas for system-wide improvement that can and should be advanced through an annual QIP.

While the QIP is not to be used to manage accountability agreements and operational performance, the QIP should be used as a means to monitor improvement activities that will enable your organization to meet or exceed expectations relating to quality set forth in your organization's service accountability agreement (SAA) with your LHIN (if applicable). Acknowledging that QIPs and SAAs are both levers to advance quality health care, indicators for QIPs and SAAs do not need to be identical to be aligned.

The LHINs and HQO will continue to message the importance of engaging in LHIN-led activities related to QIPs, identify opportunities for cross-sector focus, and ensure that health service providers' (HSPs) targets are set in a manner consistent with the use of these two levers.

The home care services role was assumed with the transfer of all agreements from the CCACs to the LHINs, and all LHINs took on the responsibility for the 2017/18 QIPs submitted by the CCACs as part of that transfer. For 2018 and beyond, LHINs will lead the development and implementation of the home care QIPs.

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[3] Matthews D. Closing remarks by the Honourable Deb Matthews. *HealthAchieve*, November 6, 2013. Cited in Tepper J. Listening to patients and improving care. Toronto, ON: Health Quality Ontario; 2015. Retrieved from: http://www.hqontario.ca/About-Us/Blog.

QIP Components

The QIP consists of three components – the Progress Report, Narrative and Workplan. Together, they tell your organization's QI story for the current year and plans for the year ahead. As a package, they provide information about:

- your starting point from the previous year,
- efforts to improve the quality of care and services your organization delivers,
- your successes and challenges,
- progress toward targets,
- how these experiences and challenges helped to shape the priorities for improvement,
- QI targets you set in the next QIP, as well as
- your plans to improve in the coming year

Every year, as part of the QIP submission process, organizations are to submit all three components of the QIP using HQO's QIP Navigator.

The following section provides more information about each of the QIP components.

Progress Report
What is the purpose of the Progress Report?

Your Progress Report links the previous year's QIP with the next QIP and should be integral to your organization's ongoing monitoring efforts throughout the year. The Progress Report is a tool that will help your organization gain insight into how effective the change ideas tested were in achieving established targets and how they were refined to make progress toward set targets.

HQO reviews and analyzes Progress Reports with a view to identifying and sharing effective change initiatives, measuring overall progress toward targets, identifying successful change ideas ready for larger-scale spread, and informing future educational and training sessions.

What information should be included in the Progress Report?

As the Progress Report summarizes QI activities and results achieved over the past year for the QIP submitted last April (i.e., the QIP your organization is implementing or just implemented), the following information is auto-populated (Figure 6):

- Indicators included in your QIP Workplan from the previous year.
- Associated change ideas included in your QIP Workplan from the previous year
- Current performance from the previous year (when you submitted last April)
- Target set for each indicator in your QIP Workplan from the previous year

Figure 6. Information in QIP Progress Reports. Auto-populated data are outlined in red; data to be inputted are outlined in blue

ID, Identification Number; QIP, Quality Improvement Plan; Y/N, Yes or No.

To complete the Progress Report, you are asked to input the following information (Figure 6):

- Current Performance: For each indicator, include the actual performance achieved at the end of the year (this becomes the new current performance in the Workplan of your next QIP). If available, this field may be prepopulated with externally validated data in January / February of each year. **New for 2018/19,** when a current performance value is added to an indicator in the progress report, the value is automatically updated in the Workplan (for each indicator).

- Comments: Use this section to share any challenges to meeting the targets you set. When completing this section, consider the following topics and incorporate this information in your QIP:
  - What are the root causes of your current performance?
  - Were the proposed change ideas adopted, amended or abandoned? Why or why not?
  - If implemented, have the changes helped your organization meet or exceed the target you set? What change ideas were the most successful?
  - If not implemented, what challenges did you face and what did you learn?
  - What will your organization do in your next QIP to leverage these QI activities and further improve on this indicator?

- Lessons learned: Were your planned change ideas implemented as intended? When tested, did the changes lead to measurable improvement? If so, did you adopt or fully implement the ideas? If not, did you amend the change ideas or decide to abandon them for other change ideas that lead to improvement?

- Results: **New for 2018/19**, organizations can upload their results (e.g., a graphic or run chart) to illustrate their progress on an indicator.

The Progress Report is intended to promote learning about change ideas and approaches that lead to measurable improvement (or not). The Progress Report also demonstrates your organization's commitment to upholding the principles of ECFAA including accountability, transparency, and ensuring the delivery of high-quality patient care.

Why start with the Progress Report when developing our next QIP?

The QIP Progress Report includes information about your starting point for the previous year, efforts to improve the quality of care and services your organization delivers, successes and challenges you experienced, and progress made toward targets. This information, coupled with other strategic inputs (e.g., from strategic plan, patient relations, performance data) is a great starting point for determining priority areas for improvement, targets, and change ideas to include in your QIP for the coming year.

Think of the Progress Report as a tool for reflecting on improvement activities and achievements to date, and use this information to develop your next QIP. The Narrative can then be populated with rich information that is based on experiences to date and vision for the future.

Remember to take time to celebrate your successes and share your lessons learned with your entire organization as well as with patients, clients and residents.

Narrative
What is the purpose of the Narrative? What information should be included in the Narrative?

The Narrative allows your organization to provide context and set the stage for the commitments being made in the QIP you are developing for the upcoming year. This section also provides an opportunity to discuss work on key quality issues that may not be associated with indicators. The Narrative should be concise and be easily understood by all audiences, including the public — organizations can even consider using the QIP Narrative as a platform for patient, client and resident engagement. Think of the Narrative as an executive summary of your upcoming QIP.

> For some important quality issues, appropriate indicators have not yet been identified, or may not apply to all organizations within a sector. These quality issues are advanced through the Narrative section rather than the Workplan. The Narrative section provides a less structured way for your organization to share your approach to quality improvement on an important quality issue. An example of an issue advanced through the Narrative section is health equity, as there are no 'one size fits all' indicators to approach this multifaceted issue.

When writing the Narrative, do the following:

- Introduce your upcoming QIP rather than just stating the general direction and high-level context for your organization; describe how specific challenges or gains might affect your organization's QIP.
- Describe how the QIP progress to date, strategic documents (e.g., strategic plan, service accountability agreement) and other important inputs (e.g., patient relations) come together to inform your QIP priorities, targets and activities for the coming year.
- Use the Narrative to engage patients, clients, and residents in QI planning or as a platform for QI planning discussions; does the Narrative resonate with them and provide enough detail about the upcoming QIP?
- Describe your organization's efforts to address the quality issues being addressed via the Narrative (e.g., equity). Include QI activities, approaches, internal and external stakeholders, specific partnerships, etc. Note that you can upload charts and photos to help illustrate progress made or other important details.

- Describe how your organization is working with **specific** partners (health care organizations in other sectors, special interest groups, associations, patient/client/resident advisory groups, etc.) in QI planning and shared improvement activities. Good examples of issues to focus on for cross sector collaboration include effective transitions, coordination of care or appropriate levels of care.
- Describe how and when patients/clients/residents, as well as clinicians, leadership and staff are engaged in QI planning and improvement activities
- Include any other information that is important to set the context and direction for your QIP
- Describe your organization's greatest QI story or achievement from your QIP, including why it worked, how it affects (or is expected to affect) patients/clients/residents and other QI initiatives. HQO shares these stories in reports, presentations, and website spotlights, so if you have a story to share, please provide as much information as possible.

Workplan
What is the purpose of the Workplan?

The Workplan is the portion of your QIP that identifies the priority indicators, QI targets and specific initiatives that your organization is committing to for the coming year.

What are mandatory as well as recommended priority and additional indicators? Do we need to select all or some of these indicators?

Mandatory indicators can be set by the Minister after considering advice from HQO. In general, mandatory indicators are tied to issues where province-wide improvement is urgently required, and currently only apply to hospitals. Performance on these issues/ indicators directly impacts patients, residents, and health care providers across the province. Mandatory indicators are required in your organization's QIP. These 'mandatory' issues and indicators are clearly identified and communicated to you via a variety of mechanisms include the QIP Matrix, QIP Navigator, QIP annual memo and What's New documents.

A set of recommended priority indicators is included for each sector to support a shared focus on key areas of quality across all organizations and sectors. These priority indicators reflect organizational and sector-specific priorities, as well as system-wide, transformational priorities where improved performance depends on collaboration with other sectors. Achieving system-wide change in these areas requires every sector and every organization to prioritize QI.

While you do not **have** to select the recommended priority QIP indicators, your organization is expected to assess its performance on these indicators. Especially when performance lags compared with others or with established benchmarks, strongly consider including these indicators in your QIP. To support this process, your organization should review its current performance against provincial data and benchmarks for all priority indicators. If your organization elects not to include a priority indicator in the QIP (e.g., because performance already meets or exceeds the provincial benchmarks), the reason should be documented in the comments section of your QIP's Workplan (leave all other cells in that row blank).

Additional indicators align with important areas for QI. Select the additional indicators that best reflect your organization's specific QI goals and opportunities.

Other indicators can also be included in your QIP as relevant to your organization's QI goals. HQO provides additional resources to support selection of indicators for your QIP. The QIP Navigator User Manual includes details on how to add other indicators to your QIP.

Please review the QIP Indicator Technical Specifications for details about recommended priority and additional indicators for your sector.

What should be included in the Workplan?

The Workplan has been designed to align with the Model for Improvement[4] with three 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?
While all of these attributes of quality are important and valuable, each sector's QIP Workplan has been streamlined to focus on a common set of quality attributes. Within these dimensions, high-level objectives have been provided.

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

Measure/indicator	Includes pre-populated list of recommended priority indicators (see the QIP Indicator Technical Specifications for definitions, reporting periods, etc. of these indicators).
Current performance	Includes your organization's current performance data or rate associated with the indicator

Note: Where possible, current performance data will be pre-populated using data that have been validated via the source identified in the technical specifications document.

Note: This value should equal the current performance value reported in your Progress Report. |
| **Target** (for next fiscal year) | Input the target your organization expects to meet or exceed for the coming year.

Consider the following questions when setting your target:
- Does the target demonstrate what your organization aspires to achieve for your patients, clients and residents as well as for your clinicians and staff?
- Would the average Ontarian clearly see your commitment to improving quality through your target?
- Does the target signal a genuine commitment to set the bar higher and 'stretch' in areas of higher priority? |

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[4]Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. Improvement guide: a practical approach to enhancing organizational performance (2nd Edition). San Francisco, CA: Jossey-Bass Publishers; 2009.

	▪ Does the target reflect a long-term vision to improve over time (and build on earlier QIPs)? ▪ Have you inadvertently set a target that is worse than current performance? If your organization cannot exceed current or baseline performance, reasons should be explained in the 'Comment' section.
Target Justification	Describe how your organization is setting QI target(s) for the coming year. You will likely consider one or more of the following common approaches for setting targets that are *better than your current performance*: ▪ Attain published provincial benchmark (where one exists) ▪ Match theoretical best (where one exists) ▪ Match best performance achieved elsewhere or best in class ▪ Reduce errors, occurrences, rates or wait times by (for example) 25% each year ▪ Attain 90th percentile among peers ▪ Match provincial average (appropriate *only* for organizations whose performance is below average) For more information about setting QIP targets, see Appendix A. To learn more about the relationship between the QIPs and SAAs with regard to quality improvement, click here. Please mention specific challenges or initiatives that support the justification for your target. For example, organization X was able to recruit new physicians to their practice or hospital, which will enable the organization to strive for an aspirational target. In another example, organization Y is a small hospital or primary care practice that has lost key programs or physician support, therefore substantially curtailing their ability to maintain current performance; improvement is still the goal, however unlikely. In both examples, organizations are strongly encouraged to link these specific challenges directly to the target set for each indicator selected in their QIP.

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

Planned improvement initiatives (Change Ideas)	Include details about the change ideas your organization will test and monitor to see if they lead to local improvement and progress toward set targets. Change ideas should be included for all priority indicators where improvement is the goal. Separate distinct change ideas rather than adding them as a group so that your organization can determine the effectiveness of each change idea in supporting QI goals. Include a corresponding process measure for each change idea. Tip: as the change idea is 'pulled' to the following year's progress report, include descriptive detail that enable your team to reflect on the change idea and provide comments and lessons learned. **Change ideas** are specific and practical changes that focus on improving specific aspects of a system, process or behaviour. Change ideas can be tested and measured so that the results can be monitored.

	For example: "Institute a pain management protocol for patients with moderate to severe pain."
	Please visit HQO's Quality Improvement Framework for more information about Change Concepts and Ideas and about using the Plan-Do-Study-Act cycle for testing change ideas.
	Change ideas can come from a variety of sources. Specific change ideas can be found in HQO's Quality Compass and in quality standards. For those working in Health Links, HQO uses an Innovative Practices Framework to assess and endorse innovative practices, and a set of endorsed practices are available on the Health Links website. You could also look at how other organizations have approached change by viewing publicly available QIPs.
Methods	Identify the processes and tools your organization will use to regularly monitor progress on its QI activities and its testing of change ideas. Include such details as how and by whom (e.g., department) data on change ideas will be collected, analyzed, reviewed and shared.
Process measures	Include measures that evaluate whether key processes are functioning effectively or as planned. Process measures should be carefully selected to **directly** gauge the impact of the change ideas on the process(es) needing improvement (e.g., is the new process better? How do you know?). This information will help you determine if the change idea(s) should be adopted, amended or abandoned. Process measures must be quantifiable and reportable as rates, percentages or numbers over specific timeframes. For example, "number of pain management protocols implemented for patients with moderate to severe pain per month" or "% of patients started on pain management protocol per month who experience a reduction in their pain score within 12 hours." Please visit HQO's Quality Improvement Framework for more information about creating process measures and measurement plans.
Target for process measure	Include your organization's numeric target specifically related to the process measure that is used to track progress on change ideas within specific timeframes. For example, "100 % implementation of pain management protocol by Dec. 31, 2018."
Comments	Provide any additional comments about the QI initiatives. These can include factors for success, partnerships, linkages to other programs, etc. This section should also be used to provide rationale as to why an organization is choosing not to include a recommended priority indicator.

Submission Process

Why does the QIP need to be signed off? Who needs to see the signed QIP?

By signing the QIP, the chair of your Board; quality committee lead; Chief of Staff or Clinical Lead; and CEO, Executive Director, or Administrative Lead certify their approval of the QIP and acknowledge accountability for developing, implementing and monitoring your organization's QIP, as well as for the commitments outlined in your QIP.

Your organization is expected to publicly post the **signed version** of your QIP. While it is not necessary to provide HQO with a signed copy of your QIP, the QIP Navigator will ask you to verify that a signed copy of your QIP exists and will be publicly available.

Note: The QIP Navigator includes sector-specific roles for sign-off.

How do we submit our QIP to HQO?

Organizations are required to submit their QIP through HQO's QIP Navigator. The Navigator is an online platform that allows each organization to develop and submit the annual QIP. The QIP Navigator User Manual provides detailed information about developing and submitting your QIP.

- Hospitals can access QIP resources and the QIP Navigator here.
- Primary care organizations can access QIP resources and the QIP Navigator here.
- LHIN home and community care services can access QIP resources and the QIP Navigator here.
- Long-term care homes can access QIP resources and the QIP Navigator here.

How can we make our QIP submission process as easy as possible?

- Start early; begin developing your QIP early in the fall
- Verify your QIP password and username (HQO recommends by December of each year)
- Bookmark important QIP resources, including:
  - This Guidance Document
  - QIP Indicator Technical Specifications Document
  - QIP Annual Memo
  - QIP Navigator User Manual
  - QIP Development Checklist
  - Available benchmarks for your sector
- Confirm pre-population values for current performance
  - In January and February of each year, HQO will pre-populate current performance indicators (where possible)
  - Reconcile discrepancies in your QIP; adjust targets accordingly

- Ensure QIP is complete, including:
    - Progress Report: comment and lessons learned
    - All sections of the Narrative, including references to specific partnerships
    - Workplan: targets, target justification, methods, process measures and goals
    - Workplan: separate distinct change ideas

- Present final QIP to the Board in February or March for approval and sign-off

- Validate your QIP submission before formally submitting your QIP to HQO. In doing so, you will be able to:
    - Identify any omissions or cells that are yet to be completed
    - How: click the "VALIDATE" tab on your QIP dashboard
    - Review all cells that are incomplete
    - Add data or information to these cells
    - Click "VALIDATE"
    - If all cells are complete, you will see the SIGN OFF window
    - Submit QIP once you verify sign-off/signatures

Can we make changes to our QIP once it is submitted to HQO?

Your QIP can be edited as often as required until it is formally submitted to HQO, at which time it becomes read-only. Should your organization discover an error in your QIP after it is submitted, you are urged to contact HQO as quickly as possible at QIP@hqontario.ca. Together, HQO and your organization will determine the best way to address the error.

After submission, you will be able to use the Export function to save a copy of your QIP until HQO publicly posts all QIPs, at which point your QIP will be accessible using the Download QIPs function in QIP Navigator.

Conclusion

This document was designed to guide health care organizations to develop annual quality improvement plans that promote organizational improvement for higher quality while ensuring provincial, system-wide change.

The following resources should be accessed to help to answer any questions about your QIP:

- Questions about legislative or policy requirements related to the development of QIPs or the broader Excellent Care for All Act (ECFAA) should be directed to the Ministry of Health and Long-Term Care at ECFAA@ontario.ca.
- All other questions about QIPs and the QIP Navigator should be directed to HQO at QIP@hqontario.ca.
- For more information about provincial priorities for 2018/19 and how these relate to the QIP, please review the QIP Annual Memo for 2018/19.
- For details about the QIP indicators, please review the QIP Indicator Technical Specifications Document.

- For more information about target setting, please review Appendix A. For more information about HQO's other programs, see the following:
  - Quality standards, click here.
  - Quality-based procedures, click here.
  - Innovative practices for Health Links and the Innovative Practices Framework, click here.
  - *MyPractice* Reports, Primary Care Patient Experience Survey, Advanced Access and Efficiency, or Chronic Disease Prevention and Management, click here.
  - Surgical Quality Improvement, click here.
  - Improving and Driving Excellence Across Sectors (IDEAS), click here.
  - Choosing Wisely Canada Campaign, click here.
  - Long-Term Care Practice Reports, click here.

Appendix A: Approaches to Setting Targets for Quality Improvement Plans

One of the most common requests Health Quality Ontario (HQO) receives from the field is for more information on setting and justifying quality improvement plan (QIP) targets. In response, HQO is pleased to provide high-level guidance about setting improvement targets for your annual QIP.

Setting aspirational yet realistic quality improvement targets can be difficult and confusing, especially when you consider the many approaches to setting such targets. There are a variety of ways to set targets, and your approach(es) will vary depending on your organization's current performance on an indicator, whether current benchmarks are available and careful assessment of what is feasible, given your local and the broader health care environment. Often, interim targets can and should be set on a multi-year basis, especially when marked gaps exist between current performance and benchmarks.

Benchmarks

There are many definitions and approaches for applying benchmarks for improvement. In the context of quality improvement, benchmarking can be described as an ongoing activity of comparing your organization's processes, services and products (e.g., disease-specific care, discharge, appointments) against **best known** similar processes and services so that challenging yet achievable goals can be set, and improvement can be implemented to efficiently become and stay best in class in a reasonable time.[5]

It is important to note that benchmarks are markers of excellence to which your organization can aspire. Without a standard against which to compare, there is no way to determine whether your organization's performance on an indicator is excellent, just average or poor.

Benchmarks also present an opportunity for organizations that excel in certain areas to share their innovative practices and processes with others who are working toward improvement in similar areas.[6]

Setting a target to match an established benchmark for an indicator is appropriate for most organizations. For situations in which the gap between current performance and the established benchmark is large, one approach is to set a goal to match the established benchmark in the next 2 – 3 years, setting realistic interim annual targets to help get you there.

To assist health care organizations with setting targets, HQO and other organizations (such as the Canadian Institute for Healthcare Improvement [CIHI]) have identified benchmarks for many indicators. Where available, benchmarks are provided via HQO's QIP webpage, QIP Navigator Resource Tab, or hover help in the QIP Navigator.

Note: For more information about using risk-adjusted benchmarks, unadjusted and risk-adjusted data, please refer to QIPs Frequently Asked Questions on HQO's website.

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[5] Ettorchi-Tardy A, Levif M, Michel P. Benchmarking: a method for continuous quality improvement in health. *Healthc Pol*. May 2012;7(4):e101-e119.
[6] Health Quality Ontario. Long Term Care Benchmarking Guide. Toronto, ON: Health Quality Ontario; 2013.

Provincial Average

Average performance is somewhere in the middle — between excellent and poor — and often well below established benchmarks of excellence. Provincial averages are provided to organizations to identify the typical or central value on an indicator and do not denote a high standard. **Provincial averages are not substitutes for benchmarks.** By choosing to set a target to achieve or maintain average performance, the care and experiences of your patients, clients or residents will be average at best, and not the result of excellence or greatness.

> Setting a target to match the provincial average is appropriate if your organization's performance on an indicator is currently below average and considered poor by comparison with the provincial average and existing benchmarks.
>
> In this case, setting an interim target to match the provincial average is the first step in target setting with a view to moving beyond average in subsequent years.

Percentiles

Percentiles represent the percentage of organizations (e.g., hospitals, long-term–care homes) that are at, or lower than, the stated value.[7] For example, the 90th percentile for emergency department (ED) wait times for admitted patients is 33.1 hours (for October to December 2014). This means that 90% of organizations have ED wait times for admitted patients that are shorter than 33.1 hours, and 10% have ED wait times for admitted patients that are longer than 33.1 hours.

> Setting a target to meet or exceed the 90th percentile should be considered only if your organization is in the 10% with current performance that is worse than the 90th percentile.

For example:

Organization A's current performance on ED wait times for admitted patients is 38.1 hours. It would be appropriate for this organization to set their QIP target to meet or exceed the 90th percentile of 33.1 hours (for patients, this means an average wait time that is shortened by 5 hours).

Organization B's current performance on ED wait times for admitted patients is 29.1 hours. It would NOT be appropriate for this organization to set their QIP target to meet the 90th percentile of 33.1 hours (for patients, this means a longer average wait time of 2 hours).

> If your organization's performance is better than the 90th percentile, set improvement targets using relative improvement over last year, benchmarks or best achieved elsewhere to better your organization's performance over time.

Best Achieved Elsewhere

Best achieved elsewhere involves comparing your organization to similar organizations that have achieved the highest current performance on an indicator or area of focus. Their performance can be considered the 'best in class' benchmark to be equaled or exceeded.

> Setting QIP targets to meet or exceed best achieved elsewhere is appropriate for most health care organizations. The exception, of course, is if your organization IS considered best in class; in this case, set a target to maintain or better your performance.

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[7] Health Quality Ontario. Long term care benchmarking guide. Toronto, ON: Health Quality Ontario; 2013.

Theoretical Best

In theory, many quality issues can be eliminated or the frequency of occurrence drastically reduced. This is considered the best possible result, or theoretical best. For example, in theory, it is possible to reduce medication errors to zero. Similarly, theoretical best for the incidence of pressure ulcers or *Clostiridum difficile* bacterial infections is also zero. There are many evidence-informed best practices about preventing these problems from happening at all. While certainly possible, it can be very difficult to achieve theoretical best because complex processes are breeding grounds for errors. Nevertheless, many organizations have demonstrated the ability to achieve and maintain theoretical best.

Matching theoretical best involves adopting a mantra that current performance is never good enough and harnessing the skills and experience of everyone at your organization in the relentless pursuit of excellence.

> Setting QIP targets to meet theoretical best is appropriate for most health care organizations. One approach is to set a goal to achieve theoretical best in the next 2 to 3 years, setting realistic interim annual targets to help get you there.

Percent Improvement Over Last Year

For many organizations, attaining a benchmark, theoretical best or best achieved elsewhere will require concerted efforts over a few years. Your organization may aspire to reach the summit of Mount Everest and, to do so, will first have to set reasonable targets to help get you there.

There are a couple ways to set improvement targets that will help your organization to meet or exceed the high-quality–performance standards you have set (e.g., benchmarks, best achieved elsewhere) over time.

Consider, for example, your organization's current performance on Indicator "X" is 58% and the established benchmark of excellence is 85%. Your goal, over the next three years, is to meet (and ideally exceed) the benchmark of 85%.

There are a couple ways to accomplish this:

1. **Setting an annual target to improve by a certain percentage, each year, for the next three years**

   For example, setting a target of 15% improvement for each year:
   Year 1: Starting with current performance of 58%, an improvement of 15% will yield future performance of 66.7%.
   Year 2: Starting with a current performance of 66.7%, an improvement of 15% will yield a future performance of 76.7%.
   Year 3: Starting with a current performance of 76.7%, an improvement of 15% will yield a future performance of 88.2%.

2. **Setting an annual target to achieve defined performance (e.g., rate, frequency), each year, for the next three years**

   Consider, for example:
   Year 1: Starting at current performance of 58%, your absolute target is 65% performance on the indicator by year end. This is a relative improvement of 12%.

Year 2: Starting with a new current performance of 65%, your absolute target is 76% performance by year end. This is a relative improvement of 17%.

Year 3: Starting with a new current performance of 76%, your absolute target is 85% performance by year end. This is a relative improvement of 11.8%.

Note: The QIP Navigator provides support for calculating absolute and relative improvement targets for the above approaches.

QIP Targets and Service Accountability Agreements

Recommended QIP indicators and SAA indicators are aligned (where appropriate) yet may not be identical.

With respect to target setting, organizations performing below the SAA target corridor are encouraged to use their QIP to help them meet or exceed the expectations set forth in their SAA corridor target, after which they could use the QIP to identify further improvements.

Organizations performing better than the SAA target corridor are encouraged to use the QIP to set aspirational targets (e.g., benchmark, theoretical best, best achieved elsewhere). Once these improvements have been sustained, the organizations could move this indicator off of their QIP and monitor via the SAA. For more information, click here.