



# Quality Improvement Plan Guidance Document

DECEMBER 2018

**Health Quality  
Ontario**

*Let's make our health system healthier*



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# The purpose of this guidance document

This guide has been developed for people who are involved in developing and submitting a quality improvement plan (QIP) for their organization. The guide is designed to inform and provide instruction on how to prepare for the QIP, who should be consulted, how to develop and submit the QIP through QIP Navigator, and available resources. This guidance will be most useful to new users or people who are looking for a refresh of the QIP process.

## What is a Quality Improvement Plan?

A QIP is a public, documented set of quality commitments that a health care organization makes to its patients/residents, staff, and community on an annual basis to improve specific quality issues through focused targets and actions. The goal of the QIPs is to drive improvement on a focused set of issues by getting organizations across the province and in different sectors of the health care system to work on improving these issues.

Organizations assess their progress toward improvement on these quality issues by monitoring their performance on a set of quality indicators. Organizations in different sectors of the health care system will measure different indicators, but the underlying issues these indicators represent span all sectors. Each year, organizations that submit QIPs are expected to review their current performance on this set of indicators, and set targets and plan actions for improvement based on their performance.

### **A QIP consists of three components:**

- A Narrative**, where the organization provides context on their quality improvement work
- A Progress Report**, where the organization reflects on their performance over the past year, including successes and challenges
- A Workplan**, where the organization sets improvement targets on indicators reflecting the key quality issues and describes their planned actions to achieve these targets

## Which organizations are required to submit QIPs?

Hospitals, long-term care homes, interprofessional primary care organizations, and local health integration network (LHIN) home and community care services are required to submit QIPs.

QIPs are submitted at the organizational level. **The following descriptions constitute all organizations that are 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

**Each of these organizations must submit a QIP to Health Quality Ontario by April 1 each year.**

For hospitals, this requirement is indicated in the *Excellent Care for All Act, 2010*. For long-term care homes, primary care organizations, and LHIN home and community care services, this requirement is indicated with their accountability agreements with their LHIN or the Ministry of Health and Long-Term Care, respectively.

### **Multisector organizations**

Health Quality Ontario has developed streamlined submission processes for multi-sector organizations with common governance structures (i.e., a single board) to submit a single common QIP. Any multi-sector organizations interested in submitting a single QIP should contact QIP@hqontario.ca.

## **Requirements for submitting a QIP**

QIPs must be:

- Submitted to Health Quality Ontario via QIP Navigator by April 1 each year
- Reviewed and approved by the organization's Board
- Publicly posted by Health Quality Ontario

Hospitals have additional requirements to fulfil as per the *Excellent Care for All Act, 2010* and regulations under this Act:

- Hospitals must engage patients in the development of their QIP
- Hospitals must publicly post their QIPs
- Hospitals must consider aggregated critical incidents data, patient surveys, and patient relations data as they develop their QIPs
- Certain indicators may be mandatory for hospitals
- Executive compensation is linked to the achievement of performance improvement targets outlined in the QIP

# Developing and submitting a QIP

## Important documents to review

Visit the [QIP website](#) to access the most up-to-date versions of each of these documents.

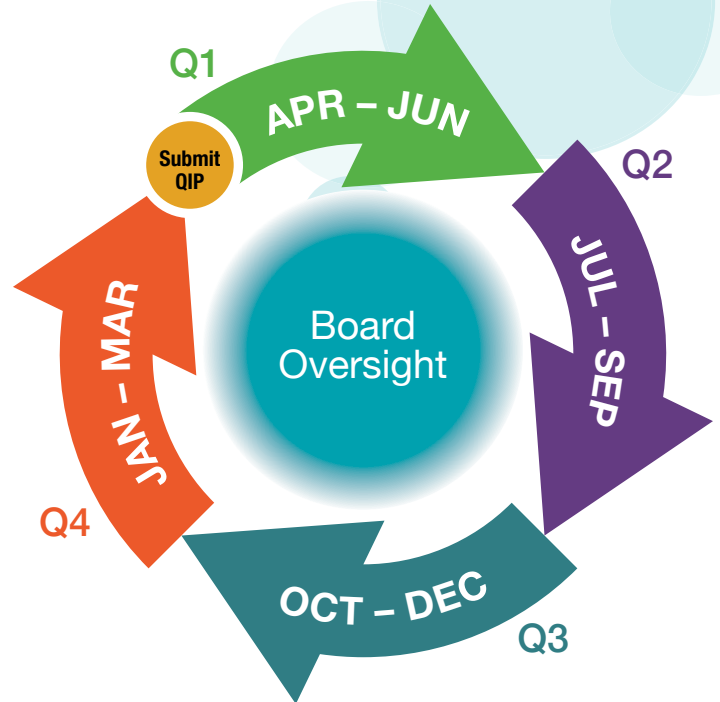
Any important communications regarding timelines or changes to the QIP program will also be posted on the QIP website.

## Documents released annually

These documents are released or updated annually, and should be reviewed by all users each year to guide QIP development.

- **Annual Memo:** This document summarizes any updates to the QIP program, and highlights the direction, goals, and new priorities addressed through the QIPs.
- **List of quality issues and indicators for the QIPs:** This document presents the quality issues and associated indicators that organizations will be addressing in their QIPs in a visual format that can be easily shared with staff, patients/residents/families, and board members.
- **QIP Indicator Technical Specifications:** This document presents more detailed definitions of each indicator and how they will be measured. This document will be most useful to those directly involved in collecting/monitoring performance data.

Figure 1. Timelines for QIP development, submission, and implementation



|   |
|---|
| <b>Q1: APR – JUN</b>  |
| <ul style="list-style-type: none"> <li>• Test and implement change ideas</li> </ul>   |
| <b>Q2: JUL – SEP</b>  |
| <ul style="list-style-type: none"> <li>• Implement and monitor change ideas</li> </ul>  |
| <b>Q3: OCT – DEC</b>  |
| <ul style="list-style-type: none"> <li>• Implement and monitor change ideas</li> <li>• Review progress</li> <li>• Plan for continued or new priorities</li> <li>• Seek out partnerships</li> <li>• <b>Health Quality Ontario announces priority indicators</b></li> </ul> |
| <b>Q4: JAN – MAR</b>  |
| <ul style="list-style-type: none"> <li>• Review progress</li> <li>• Complete the QIP for the coming year</li> <li>• Schedule Board sign-off of the QIP</li> <li>• <b>Submit approved QIP to Health Quality Ontario by April 1</b></li> </ul>                              |

## Documents for new users and for reference

These documents are meant to support users in QIP development and submission. They should be reviewed by all users who are new to working on the QIPs, and can be used for reference by any user to answer questions that might arise.

- This QIP Guidance Document
- The [QIP Navigator User Guide](#)

## Quorum

More information on the QIP indicators as well as information on how to conduct a quality improvement project are available on [Quorum](#), Health Quality Ontario's online quality improvement community.

## Using QIP Navigator to develop a QIP

Organizations are required to submit their QIP through Health Quality Ontario's [QIP Navigator](#). The [QIP Navigator User Guide](#) provides detailed information about developing and submitting your QIP.

### Tips to make your QIP submission process as easy as possible

**Follow these tips to avoid common pitfalls that people encounter when developing their QIPs.**

- Start early.** Begin developing your QIP in the fall by reviewing the QIP resources listed above when they are released.
- Plan ahead** to present the completed draft of your QIP to the Board in February or March for approval and sign-off.
- Verify your organization's username and password for QIP Navigator** when QIP Navigator opens. Each organization has only one username/password. You can reset your password through QIP Navigator if needed. If you experience issues logging in, email [QIP@hqontario.ca](mailto:QIP@hqontario.ca).
- Your signed QIP should be publicly posted.** This is a requirement for hospitals. While it is not necessary to provide Health Quality Ontario 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.
- Review current performance data** in QIP Navigator when it becomes available. In January and February of each year, Health Quality Ontario uploads current performance data for indicators for which data are available (e.g., through Canadian Institute of Health Information). Reconcile any discrepancies in your QIP, and use this current performance data to set targets for improvement
- Ensure that your QIP is complete before formally submitting it.** Use the Validate function in QIP Navigator to confirm that your draft QIP is complete. The Validate function will flag any omissions or fields that still need to be completed. You will not be able to formally submit your QIP until you have completed this validation.

## Who to engage in the QIP development process

It may be beneficial to create a QIP working group and set regular meetings to develop the QIP annually and review progress over the year. The working group should include front-line staff and management as well as patients, residents, and their families, if possible. Support and involvement from leadership is also critical to the success of the QIP; leadership should be either represented in the QIP working group or kept closely involved.

Groups should be engaged as described below.

### Patients, residents and their families

Active engagement of patients and residents in developing and implementing your QIP is critical to ensure that your QIP includes targets and quality improvement activities that are meaningful to them. Consider engaging your community through established formats, such as patient, resident and family councils; town halls; or focus groups. Health Quality Ontario has produced a [guide](#) to engaging with patients and caregivers about quality improvement. For more information about how to engage patients, residents, and their families, [click here](#).

### Front-line care team

The people who are directly involved in the delivery of care most often have the best ideas on what is needed to make improvement. Their early involvement to identify and scope actions for improvement are critical to the success of any quality improvement initiative. Consider forums and other ways to directly engage them on the priorities outlined for the QIP.

### 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 quality improvement 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 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, executive director, or administrative lead 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 chief executive officer, executive director, or administrative lead provides progress reports to the quality committee and the Board about QIP development, implementation, and progress toward established targets. By signing the QIP, the chief executive officer, executive director, or administrative lead certifies approval of the QIP.

## **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 aim to involve all clinicians and staff at the organization in QIP development and implementation. All those in leadership positions are accountable for implementing and supporting the 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.

## **Completing the three components of a QIP in QIP Navigator**

A QIP consists of three components:

1. A **Narrative**, where the organization provides context on their quality improvement work
2. A **Progress Report**, where the organization reflects on their performance over the past year, including successes and challenges
3. A **Workplan**, where the organization sets improvement targets on indicators reflecting the key issues and describes planned changes to achieve these targets

Together, these sections tell your organization's quality improvement story for the current year and plans for the year ahead.

QIP Navigator includes prompts and hover help to guide you as you complete each of these components of your QIP. An overview of the process for each section is presented below.



## Completing the Narrative

### What is the purpose of the Narrative?

The Narrative provides an opportunity to express to your community how you plan to improve the quality of care you provide. It sets the stage for the quality initiatives in your QIP. To complete your Narrative, you will be asked to answer a set of prompts in QIP Navigator related to your work on a few quality issues. As the executive summary of your QIP, the Narrative is to be brief, and easily understood by your staff and the public.

Use the Narrative to engage patients and residents in quality improvement planning or as a platform for quality improvement planning discussions. Ensure that the Narrative resonates with them and provides enough detail for them to understand the upcoming QIP.

## Completing the Progress Report

### What is the purpose of the Progress Report?

The purpose of the Progress Report is to highlight to your team and community what impact your improvement efforts have had on the care provided at your organization. It requires you to reflect on your current performance compared with your performance the previous year, and the effectiveness of the change ideas you had planned last year and whether they led to measurable improvement. Your Progress Report links the previous year's QIP with your next QIP and is a reflection of your organization's ongoing efforts throughout the year.

The Progress Report includes information about your starting point for the previous year, change ideas you selected, successes and challenges you experienced, and progress made toward targets. This information is a great starting point for determining priority areas for improvement, targets, and change ideas to include in your QIP for the coming year.

### What information needs to be included in the Progress Report?

Some information in the Progress Report will be automatically generated in QIP Navigator, while you will need to upload other information yourself.

#### Information that is automatically generated in QIP Navigator

The following information will be automatically generated in QIP Navigator each year (*Figure 2 – outlined in red*):

- The indicators and change ideas you included in your QIP Workplan from the previous year
- Your performance as stated in your previous QIP
- The targets you set in your previous QIP

- Your current performance on indicators for which Health Quality Ontario has access to data (such as through the Canadian Institute for Health Information). For indicators that use self-reported data, you will need to collect and upload this data yourself.

### Information that you need to add to the Progress Report

You will need to input the following information (*Figure 2 – outlined in blue*):

- Your current performance for indicators that are measured using self-reported data, such as those measured through surveys. If Health Quality Ontario has access to data for the indicator, this data will be automatically uploaded in January/February of each year.
- Comments: Use this section to outline 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 quality improvement activities and further improve on this indicator?
- Lessons learned: Describe your key learnings from your experience working on the change idea. Include advice you would give to others attempting a similar change idea.
- Results: Upload any results (e.g., a graphic or run chart) to illustrate your progress on the indicator.

*Figure 2. Information included in the QIP Progress Reports*

|  |                                |  |  |                          |          |
|--|--------------------------------|--|--|--------------------------|----------|
|  |                                |  |  |                          |          |
| ID   | Measure/Indicator from 2017/18 | Current Performance as stated on QIP2017/18                | Target as stated on QIP 2017/18  | Current Performance 2018 | Comments |
|  |                                |  |  |                          |          |
| Change Ideas from Last Years QIP (QIP 2017/18) |                                | Was this change idea implemented as intended? (Y/N button) | Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others? |                          |          |

## Completing the Workplan

### **What is the purpose of the Workplan?**

The Workplan is the portion of your QIP that identifies the indicators, quality improvement targets, and specific actions (i.e., change ideas) that your organization is committing to for the coming year.

Organizations are strongly encouraged to identify opportunities to engage in internal and external partnerships and report these collaborations in their QIP. Some areas may require multi-year strategies to be successful, and setting graduated, multi-year targets may be appropriate.

### **What are the different types of indicators that can be included in the QIPs?**

#### **Mandatory indicators**

Mandatory indicators apply only to the hospital sector. Mandatory indicators are set by the Minister of Health and Long-Term Care after considering advice from Health Quality Ontario, and are tied to issues where province-wide improvement is urgently required. Performance on these issues/indicators directly impacts patients and health care providers across the province. All hospitals must complete the mandatory indicator(s) annually.

Mandatory indicators are clearly identified and communicated via a variety of mechanisms including the list of issues and indicators, the annual memo, and QIP Navigator.

#### **Priority indicators**

Each year, Health Quality Ontario releases a list of priority indicators for each sector. These priority indicators are carefully selected through consultation with multiple stakeholders. Collectively, these indicators will support a shared focus on key quality issues across all organizations and sectors.

We strongly encourage all organizations to include these priority indicators in your QIP. If your organization elects not to include a priority indicator in the QIP (for example, because your performance already meets or exceeds the provincial benchmark), you must describe your reasons for this decision in the Comments section of your QIP Workplan and leave all other fields blank.

## Custom indicators

You have the opportunity to include custom indicators that are not included in the list of indicators provided by Health Quality Ontario in your QIP if they are relevant to your organization's quality improvement goals. We particularly recommend that you include custom indicators when your organization or team shows very strong performance on all of the priority indicators in the QIP.

### What needs to be included in the Workplan?

The Workplan has been designed to align with the Model for Improvement, 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?

The Aim describes the issue that is being addressed through the indicator (for example, effective transitions). Aims are outlined for each indicator in QIP Navigator.

**MEASURE:** How do we know that a change is an improvement?

|                            |  |
|----------------------------|--|
| <b>Measure/indicator</b>   | Includes a pre-populated list of recommended priority indicators. See the QIP Indicator Technical Specifications for information on how these indicators are measured, including full definitions, reporting periods, etc.   |
| <b>Current performance</b> | <p>Includes your organization's current performance data or rate associated with the indicator.</p> <p>Where possible, current performance data will be uploaded to QIP Navigator by Health Quality Ontario using validated data from the source identified in the indicator technical specification.</p> <p>The current performance as reported in your Workplan should be equal to the current performance value reported in your Progress Report.</p> |



|                                      |  |
|--------------------------------------|--|
| <b>Target (for next fiscal year)</b> | <p>Input the target your organization expects to meet or exceed for the coming year.</p> <p>Setting an aspirational target requires evaluation of your organization's current performance on the indicator and current benchmarks (if they are available), as well as careful assessment of what is feasible given your local and the broader health care environment. You are expected to set a target for each of your chosen indicators that will move your organization in the direction of improvement.</p> <p>For more information about setting QIP targets, see <a href="#">Appendix A: Approaches to Setting Targets for Quality Improvement Plans</a>.</p> |
| <b>Target Justification</b>          | <p>Describe why your organization selected this quality improvement target(s) for the coming year.</p> <p>For more information about setting QIP targets, see <a href="#">Appendix A: Approaches to Setting Targets for Quality Improvement Plans</a>.</p>   |
| <b>Executive Compensation</b>        | <p>Check off if the indicator is included in your executive compensation</p>   |

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

There is a 15 character minimum for each field in the change section, except the comments.

|   |  |
|---|--|
| <b>Planned improvement initiatives (change ideas)</b> | <p><b>Change ideas</b> 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.</p> <p>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 quality improvement goals.</p> <p>Include a corresponding process measure for each change idea.</p> <p>Review Quorum for information about <a href="#">Change Concepts and Ideas</a> and about using the <a href="#">Plan-Do-Study-Act</a> cycle for testing change ideas. You could also look at how other organizations have approached change by viewing <a href="#">publicly available QIPs</a>.</p> <p>Remember that other organizations (both in your sector and in other sectors) are working to address the same quality issues through their QIPs. Collaborating with other organizations can often help you to achieve larger-scale improvement on these issues. Describe any shared change ideas here.</p> <p>Additional resources and guidance are also available in QIP Navigator as you work on each indicator.</p> |
|---|--|



|                                   |  |
|-----------------------------------|--|
| <b>Methods</b>                    | Identify the processes and tools your organization will use to regularly monitor progress on your quality improvement activities and testing of change ideas. Include details as how and by whom (e.g., which department or partner organization) data on change ideas will be collected, analyzed, reviewed, and shared. Describe any collaborations with other organizations and the roles that each will play here.   |
| <b>Process measures</b>           | <p>Include measures that evaluate whether key processes are functioning effectively or as planned.</p> <p>Process measures should be carefully selected to <b>directly</b> 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.</p> <p>Process measures must be quantifiable and reportable as rates, percentages, or numbers over specific timeframes.</p> <p>For example, for the indicator <i>Medication reconciliation at discharge</i>, a process measure may be: Number of medication reconciliation forms documented in hospital system as being completed and shared with patient prior to discharge from cardiology.</p> <p>Visit Quorum for more information about creating <a href="#">process measures and measurement plans</a>.</p> |
| <b>Target for process measure</b> | <p>Include your organization’s numeric target specifically related to the process measure that is used to track progress on change ideas within specific timeframes.</p> <p>For example, “We are targeting to increase/reduce _____ by _____%, from _____ to _____, by _____.”</p>   |
| <b>Comments</b>                   | Provide any additional comments about the quality improvement initiatives. These can include factors for success, partnerships, links to other programs, etc. This section should also be used to provide rationale regarding why your organization is choosing not to include a recommended priority indicator.   |

# Implementing the QIP Workplan over the year

A QIP involves much more than simply developing and submitting the document to Health Quality Ontario. You must work throughout the year in order to implement the changes outlined in your plan to achieve improvement on the indicators you've selected.

## Keep the people who helped develop the QIP engaged in its implementation

Review and share progress on your QIP regularly with your stakeholders. Set time to review progress on your QIP as a regular agenda item for meetings (e.g., board meetings, Patient and Family Advisory Council meetings). Celebrate your successes, and leave time to discuss next steps if you are not seeing improvement. Include a leader and patient advisor on working meetings for your quality improvement projects.

## Use quality improvement science

Use quality improvement science to guide your improvement projects. There are many paths to follow, but the way the QIP is structured most closely reflects the [Model for Improvement](#).

An introduction to quality improvement science is available on [Quorum](#), Ontario's online community dedicated to health care quality improvement. You can also access quality improvement training through the [IDEAS Program](#).

## Monitor performance frequently

A central tenet of the Model for Improvement is monitoring your performance to track whether the changes you are making are resulting in improvement.

It is critical to establish a schedule for regular reporting, communicate trends within your organization, and identify emerging performance issues early so that you can correct them in a timely manner.

At whatever stage of the quality improvement process you are in, you will want to be monitoring your performance on your indicator regularly – not only annually as you work on your QIP Progress Report. This may mean setting up local data collection for the indicator using your electronic medical records system, and tracking other process measures by whatever means necessary. Monitoring your performance frequently will also help you plan and prepare for your subsequent QIP.

## Develop partnerships for improvement

One of the goals of the QIP program is to bring organizations together in a concerted effort to drive improvement on a small set of themes that reflect system priorities. QIPs are structured so that all organizations that submit QIPs will be working to address the same themes, although organizations in different sectors will be measuring different indicators. Collaborations can help all organizations achieve meaningful improvement in their QIPs. You will have the opportunity to reflect partnerships you are engaged in around different quality issues in your QIP.

We encourage organizations to continue to identify ways to work with their system partners on their quality improvement goals. Many LHINs also have established mechanisms to bring providers together to work on collaborative system priorities. Reach out to your LHIN to find out more, or contact your regional quality improvement specialist at Health Quality Ontario to learn about regional quality improvement projects in your area.

## Supports for QIP development and implementation

### Reach a quality improvement specialist at Health Quality Ontario

The quality improvement specialists at Health Quality Ontario can help you with any questions you have about your QIP, including:

- Providing advice about developing your QIP, including selecting change ideas, setting targets, etc
- Providing technical support with your submission
- Linking you with more specific resources and supports
- Helping you to learn more about quality improvement initiatives and events happening in your area, and linking you with others working on quality in your LHIN.
- Reach a quality improvement specialist:
  - By email at [QIP@hqontario.ca](mailto:QIP@hqontario.ca)
  - By telephone at 416-323-6868

### Visit Quorum to learn about quality improvement

[Quorum](#) is Ontario's online health care quality improvement community. On Quorum, you can:

- Learn more about some of the indicators featured in this year's QIPs
- Read an introduction to quality improvement science and links to specific tools, resources and guides
- Read [posts](#) about initiatives people have described in their QIPs



- Ask [questions](#) that will be answered by your peers or quality improvement specialists at Health Quality Ontario

## Download or search within submitted QIPs

### Download QIPs

The [Download QIPs](#) page in QIP Navigator allows you to **download any organization's complete QIP** from any year.

### Query QIPs

The [Query QIPs](#) page in QIP Navigator allows you to **search all submitted QIPs for any indicator or keyword of interest.**

You can search for specific indicators (through the Indicator Query functions) or keywords of interest (through the Text Query functions) to review information such as change ideas or targets that have been submitted by other organizations for a given indicator or topic.

## Register for IDEAS training

Improving and Driving Excellence Across Sectors (IDEAS) provides quality improvement training programs for Ontario's health care professionals.

Available programs include:

- Foundations of Quality Improvement Training to introduce participants to quality improvement
- An Advanced Learning Program to help participants lead quality improvement projects

Read more about IDEAS and how to register for these programs on the IDEAS website:

[ideasontario.ca](http://ideasontario.ca)



For more information,  
please visit: [hqontario.ca](http://hqontario.ca)