

QIP Guidance Document 2022/23

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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 what resources are available. 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 (QIP)?



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 through the targeted work of organizations across the province and in different sectors of the health care system.

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 develop QIPs are expected to review their current performance on this set of indicators, then set targets and plan actions for improvement based on their performance.

A QIP usually consists of three components:

- 1) A Progress Report, where organizations reflect on their performance over the past year, including successes and challenges **(Note: In the 2022/23 QIP, there will be no progress report because the 2021/22 QIPs were paused)**
- 2) A Narrative, where organizations provide context on their quality improvement work
- 3) A Workplan, where organizations set improvement targets on indicators reflecting the key quality issues and describes their planned actions to achieve these targets

Which organizations are required to develop QIPs?

Hospitals, long-term care homes, interprofessional primary care organizations, and home and community care services are required to develop QIPs.

Quality Improvement Plans are submitted at the organizational level. The following organizations are required to develop one QIP:

- Single-site hospital corporations governed by one Board of Directors
- Multisite hospital corporations governed by one Board of Directors
- Each licensed long-term care home, regardless of affiliation with a multisite corporation
- 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
- Ontario Health home and community care support services (collectively)

Organizations (with the exception of hospitals¹) are normally required to submit their QIPs to Ontario Health by **April 1, 2022**. However, in consideration of the current pressures on the health care system, QIP submissions for the 2022/23 fiscal year will be considered voluntary. For those who do wish to submit a QIP, there will be flexibility with timing and QIP Navigator will be kept open until June 30, 2022.

Multisector organizations

Ontario Health has developed a streamlined submission process for multisector organizations with common governance structures (i.e., a single board), which is the option to submit a single common QIP. Any multisector organizations interested in submitting a single QIP should contact QIP@ontariohealth.ca.

Ontario Health Teams

Currently, Ontario Health Teams (OHTs) are in various stages of development across the province. For the 2022/23 cycle, QIPs will continue to be developed by individual organizations as described above.

Ontario Health Teams will also be required to develop and submit a collaborative QIP (cQIP). More information on OHTs is available from Ontario's [Ministry of Health](#) and Ministry of Long-Term Care.

How do the cQIP and the QIP intersect?

The cQIP is related to, but distinct from, the provincial Quality Improvement Plan (QIP). The cQIP is designed to support multiple partner organizations within an OHT in developing and monitoring common quality improvement activities, whereas the QIP focuses on organization-specific issues. The

¹ Under the *Excellent Care for All Act*, hospitals are required to publicly post their QIP and are strongly encouraged to submit the QIP to Ontario Health; see page 5.

cQIP has collaborative goals, data aren't provided or collected at the organization level, there is no executive compensation structure, and it is not public. However, the two documents should ideally be complementary.

Like the organizational QIP, the cQIP should support performance objectives, but it is not a performance or accountability tool (in the way that a service accountability agreement or transfer payment agreement would be). It is one of many tools that help OHTs promote a culture of quality improvement and it supports the identification of shared quality improvement objectives. Building on the foundation of Ontario's QIP program, the cQIP focuses the improvement work of all OHTs on a core set of priorities.

Note: cQIP resources can be accessed [here](#).

Requirements for submitting a QIP



Quality Improvement Plans are to be:

- Reviewed and approved by the organization's Board
- Submitted to Ontario Health via QIP Navigator by April 1 of each year (***because in 2022/23 submission is voluntary, QIP Navigator will be open until June 30 for those organizations that choose to submit a QIP to Ontario Health***)
- Publicly posted by Ontario Health

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 QIPs
- Hospitals must publicly post their QIPs
- Hospitals must consider aggregated critical incidents data, patient surveys, and patient relations data as they develop their QIPs
- Executive compensation is linked to the achievement of performance improvement targets outlined in the QIP

Since 2020, hospitals are no longer required to submit a QIP to Ontario Health. We welcome your submissions and will continue to analyze and share results for learning and planning with government, regions, and the public. To fulfil your legislative obligations, we recommend that you develop and post

your QIP on your website. Public hospitals are required under subsection 8(1) of the *Excellent Care for All Act, 2010* to make their annual QIPs available to the public. We continue to encourage your organization’s local quality improvement work.

Developing and submitting a QIP



Visit the QIP website to access the most up-to-date versions of important documents that will help you with the QIP development and submission. Any important communications regarding timelines or changes to the QIP program will also be posted there. Note: The submission date for the QIPs is usually April 1 (see Figure 1, right, which outlines a normal QIP cycle). Because QIP submission is voluntary for the 2022/23 fiscal year, there will be flexibility with timing of submissions and QIP Navigator will be kept open until June 30.

The following documents (available [here](#), under “Annual Planning Materials”) are released or updated annually and should be reviewed by all users each year to guide QIP development.

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



- **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 priority areas of focus 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

This QIP Guidance Document and QIP Navigator resources are meant to support QIP development and submission. They should be reviewed by all users who are new to working on the QIPs and can be referenced by anyone to answer questions that might arise.

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

Using QIP Navigator to develop a QIP

Organizations submit their QIPs through Ontario Health's [QIP Navigator](#). Information and resources on how to develop and submit your QIP through this online platform will be made available.

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
- **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@ontariohealth.ca
- **Review current performance data in QIP Navigator when it becomes available.** In January and February of each year, Ontario Health uploads current performance data for indicators for which data are available (e.g., through the Canadian Institute for Health Information). Reconcile any discrepancies in your QIP, and use this current performance data to set targets for improvement
- **Plan ahead** to present the completed draft of your QIP to the Board in February or early March for approval and sign-off
- **Your signed QIP should be publicly posted.** This is strongly encouraged for all sectors. While it is not necessary to provide Ontario Health with a signed copy of your QIP, QIP Navigator will ask you to verify that a signed copy of your QIP exists and will be made publicly available
- **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. This 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 process

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 either be represented in the QIP working group or kept closely involved.

Groups should be engaged as described below.

Patients, clients, residents, and their families

Active engagement of patients and residents in developing and implementing your QIP is critical to ensure the QIP includes targets and quality improvement activities that are meaningful to them. Consider engaging your community through established formats, such as patient, client, resident, and family councils; town halls; or focus groups. In 2016, Health Quality Ontario (now part of Ontario Health) published a [guide](#) to engaging with patients and caregivers about quality improvement. For more information about how to engage patients, clients, 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.

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 of Health'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 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 Progress Report, where organizations reflect on their performance over the past year, including successes and challenges (Note: In the 2022/23 QIP, there will be no progress report because the 2021/22 QIPs were paused); 2) A Narrative, where organizations provide context on their quality improvement work; and 3) A Workplan, where

organizations set improvement targets on indicators reflecting the key quality issues and describes their planned actions 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. You can also export a shareable copy of the Progress Report (not applicable in 2022/23), Narrative, and Workplan. This enables you to share your draft QIP with your stakeholders. An overview of the process for each section is presented below.

Completing the Progress Report

For 2022/23, there will not be a Progress Report in the QIP. This is because the QIP program was on pause during the height of the COVID-19 pandemic; as the program resumes, a Progress Report will be expected in future years. Guidance will be provided at that time.

Completing 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 should 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 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 QIPs. Some areas may require multiyear strategies to be successful, and setting graduated, multiyear targets may be appropriate.

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

Priority indicators

Each year, Ontario Health releases a list of priority indicators for each sector. These priority indicators are carefully selected through consultation with multiple stakeholders and are consistent with the priorities of the Ministry of Health and the Ministry of Long-Term Care and Ontario Health. Collectively, these indicators will support a shared focus on key quality issues across all organizations and sectors. This year, health system recovery after COVID-19 is a primary focus.

We strongly encourage all organizations to include these priority indicators in your QIPs. If your organization elects not to include a priority indicator in the QIP (e.g., 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 will have the opportunity to include custom indicators (i.e., indicators that are not included in the list provided by Ontario Health) 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.

What needs to be included in the Workplan?

The Workplan has been designed to align with the Model for Improvement,² 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?

²Langley 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.

- **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 (e.g., effective transitions).

Aims are outlined for each indicator in QIP Navigator.

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

To know that a change you make is resulting in improved outcomes, you will have to measure your progress and compare your results against your baseline. Current performance data is either self-populated or pre-populated in QIP Navigator. Here is a description of what will be included in each step of this section.

Step	Description
Indicator	<p>Indicators are standardized, evidence-based measures of health care quality. Choose from a list of recommended priority indicators and add custom indicators if applicable.</p> <p>(See the QIP Indicator Technical Specifications for information on how these indicators are measured, including full definitions, reporting periods, etc.)</p>
Current performance	<p>Include 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 Ontario Health using validated data from the source identified in the indicator technical specification.</p>
Target	<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 Appendix A: Approaches to Setting Targets for Quality Improvement Plans.</p>

Target justification	Describe why your organization selected this quality improvement target(s) for the coming year.
Executive compensation	QIP indicator targets may be associated with executive compensation plans. Hospitals must follow ministry of health instructions to comply with this requirement.
Collaboration status	Let us know if you are involved in a collaboration with external partner(s) to work on this issue/indicator.

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

Each field in the change section has a 15-character minimum, except for the Comments section.

Field	Description
Planned improvement initiatives (change ideas)	<p>Change ideas are specific, practical strategies that focus on improving aspects of a system, process, or behaviour. Change ideas can be tested and measured so that the results can be monitored.</p> <p>List one change idea per row (versus adding them as a group within a cell) so that your organization can determine the effectiveness of each change idea in supporting quality improvement goals.</p> <p>Include at least one corresponding process measure (how you will measure impact; see below) for each change idea.</p> <p>Review Quorum for information about change concepts and ideas and about using the Plan-Do-Study-Act cycle for testing change ideas. You could also look at how other organizations have approached change by viewing publicly available QIPs.</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. Shared change ideas can be included here as well.</p>
Methods	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 on 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.
Process measures	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, adapted, or abandoned.

	<p>Process measures must be quantifiable and reportable as rates, percentages, or numbers over specific time frames.</p> <p>For example, for the indicator <i>medication reconciliation at discharge</i>, a process measure may be: “Number of medication reconciliation forms documented as complete in the hospital system before discharge from cardiology.”</p> <p>Visit Quorum for more information about creating process measures and measurement plans.</p>
Target for process measure	<p>List the numeric target related to the process measure you have chosen to measure your change idea. Because there is a minimum character limit, list your target in sentence form. Include the goal, the target number, the rate, and the time frame.</p> <p>For example, “We are aiming to increase/reduce _____ by _____%, from _____ to _____, by _____.”</p>
Comments	<p>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 for why your organization is choosing not to include a recommended priority indicator.</p>

Implementing the QIP Workplan over the year



A QIP involves much more than simply developing and submitting the document to Ontario Health. You must work throughout the year to implement the changes outlined in your plan to achieve improvement on the indicators you have 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](#). Quality improvement is continuous and not linear.

An introduction to quality improvement science is available on [Quorum](#), Ontario’s online community dedicated to health care quality improvement.

Monitor performance frequently

A central tenet of quality 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.

Monitor performance on your indicators 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. Quality Improvement Plans 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 on partnerships you are engaged in for 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.

Supports for QIP development and implementation



Reach a quality improvement specialist at Ontario Health

The quality improvement specialists at Ontario Health 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
- Suggesting more specific resources and supports

- Helping you to learn more about quality improvement initiatives and events happening in your area, and connecting you with others working on quality in your region

Reach a quality improvement specialist by mail at QIP@ontariohealth.ca.

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 link 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 Ontario Health

Review previously submitted QIPs

Download QIPs

The [Download QIPs](#) page in QIP Navigator allows you to download other organizations' completed QIPs from previous years.

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.

Note: Quality Improvement Plans for 2020/21 and 2021/22 are not available to download or query.