



**COLLABORATIVE QUALITY IMPROVEMENT PLAN
PROGRAM**

Guidance Document

2025/26

JANUARY 2025



**Ontario
Health**

Table of Contents

Purpose of This Document	3
The cQIP Program	3
<i>What Is a Collaborative Quality Improvement Plan?</i>	3
<i>New: Clinical Priorities and Validated Measures</i>	4
<i>cQIP Program Cycle</i>	4
Developing a cQIP	5
<i>Typical cQIP Cycle</i>	5
<i>Roles in the cQIP Development Process</i>	6
<i>cQIP Point of Contact</i>	6
<i>Who to Engage in the cQIP Development Process</i>	6
<i>cQIP Requirements</i>	7
<i>Resources and Tools</i>	7
<i>Planning Documents</i>	7
<i>OHT Data Dashboard cQIP Report</i>	7
<i>Change Packages</i>	8
<i>Quality Improvement Resources</i>	8
<i>Drop-in Sessions</i>	8
Submitting a cQIP.....	9
<i>Using QIP Navigator to Design and Submit a cQIP</i>	9
<i>Components of the cQIP</i>	9
Progress Report.....	9
Information Automatically Generated in QIP Navigator.....	9
Information That is Required for the Progress Report.....	10
Narrative	10
Workplan.....	10
Workplan: Entering Change Fields in QIP Navigator.....	12
Field: Planned Improvement Initiatives (Change Ideas).....	12
Field: Methods (How the OHT Will Implement the Change Idea).....	12
Field: Process Measures (How the OHT Will Measure the Success or Progress of its Methods).....	12
Field: Target for Process Measure (How the OHT Will Know It Is Successful).....	13
Field: Comments.....	13
<i>Submission</i>	13
<i>General Tips</i>	13
Implementing the cQIP Workplan.....	14
<i>Monitor Performance Frequently</i>	14
<i>Consult Additional Resources</i>	14
<i>cQIP Community of Practice</i>	14

Purpose of This Document



This guidance document is to support Ontario Health Teams (OHTs) to develop and submit a collaborative Quality Improvement Plan (cQIP). It includes an overview of the program design, guidance on the recommended process, a list of who should be consulted and involved, and the resources available to assist with submission, including tips for using the online platform

[QIP Navigator](#).

The cQIP Program

What Is a Collaborative Quality Improvement Plan?



A cQIP is an improvement plan that integrates population health management¹ principles and aligns with both provincial and local health system priorities and the Quintuple Aim (reducing costs, improving population health, patient experience, provider experience, equity), considering needs of populations most at risk. The cQIP is both a process and a plan that an OHT will work on throughout the year to apply an equity lens systematically to identify and bridge gaps in care using quality improvement, population health management, and change management principles.

The cQIP program is similar to, but distinct from, the Quality Improvement Plan (QIP) program. The cQIP program is designed to promote a culture of quality improvement by supporting partner organizations within an OHT in developing and monitoring common collaborative quality improvement activities to improve care in their community, whereas the QIP program focuses on sector-specific quality improvement.

cQIPs are intended to serve as a lever to improve performance.

Similar to the QIP program, the cQIP program centres province-wide improvement work on a core set of priorities and opportunities for impact that align to key roles within the health care system (e.g., primary care, acute care, long-term care, OHT).

¹Population health management is an iterative process that involves gathering data and insights from many traditional and nontraditional health partners about an entire defined population's health and social needs. These insights inform the co-design of proactive, integrated, person-centred, cost-effective, equitable, and efficient solutions, with the goal of improving the health of individuals. (Source: Rapid-Improvement Support and Exchange; Health System Performance Network. Overview of population-health management [Internet]. Hamilton (ON): The Exchange and the Network; 2012 [cited 2022 Nov]. Available from: <https://www.mcmasterforum.org/rise/access-resources/key-resources>)

New: Clinical Priorities and Validated Measures



For 2025/26, the cQIP's areas of focus will shift to the OHT clinical priorities and validated measures from the OHT Performance Framework.² These clinical priorities were identified by the Ministry of Health as areas in which OHTs, in collaboration with partners, are well positioned to improve care.

While a concerted focus on these clinical priorities within the cQIP is new for OHTs, many of the associated measures are familiar, as several were included in the cQIP in previous years (e.g., alternate level of care (ALC) rate). In addition to these validated measures, for continuity, some of the past cQIP indicators will also be included in the 2025/26 cQIP as optional (e.g., mental health and addictions).

The 2 clinical priorities and their associated validated measures are:

1. Chronic Disease Prevention and Management

- Indicators:
 - Admissions per 100 heart failure (HF) patients
 - Admissions per 100 chronic obstructive pulmonary disease (COPD) patients
 - Number of hospitalizations for ambulatory care sensitive conditions
 - Emergency department visits as first point of contact for mental health and addictions–related care
 - Percentage of screen-eligible people who are up to date with Pap tests
 - Percentage of screen-eligible people who are up to date with mammograms
 - Percentage of screen-eligible people who are up to date with colorectal tests

2. Integrated Care Delivery

- Indicator:
 - ALC (ALC days expressed as a percentage of all inpatient days in the same period)

cQIP Program Cycle



The cQIP program runs on an annual fiscal-year cycle (from April 1 to March 31 of the following year). Planning materials are released and updated each year to guide cQIP planning and development. cQIP submissions to QIP Navigator are due by April 1.

²Please see the Addendum to cQIP Guidance document for the cQIP indicator visual matrix, summary of changes, and details related to 2025/26 OHT participation.

Developing a cQIP

A cQIP is based on the Model for Improvement (see [Guide to the Science of Quality Improvement](#), p. 14) and consists of 3 components:

- A **Progress Report**, in which OHTs reflect on their change initiatives over the past year, including successes, challenges, and lessons learned
- A **Narrative**, in which OHTs can highlight the quality improvement work of which they are most proud. The Narrative is also the place to capture and analyze emerging quality issues
- A **Workplan**, in which OHTs set improvement targets for the quality indicators and describe their planned quality improvement initiatives to achieve these targets

Using these components, OHTs share their quality improvement story: the status of 2024/25 implementations and the plan for 2025/26.

Typical cQIP Cycle

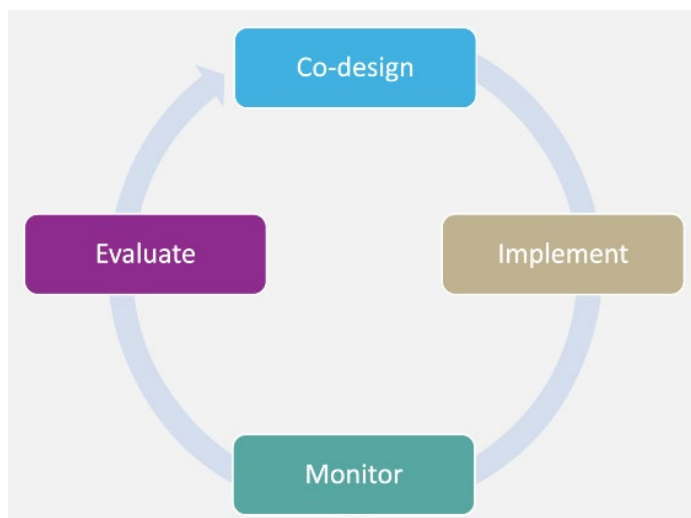


Figure 1: The Typical cQIP Cycle for an OHT

The typical cQIP cycle for an OHT (Fig. 1) consists of the following 4 stages:

1. Co-design

- Review progress on change ideas
- Develop the plan: What are we trying to accomplish?
- Identify opportunities for improvement
- Review data and engage key stakeholders in working group
- Complete Workplan and Narrative
- Approval of cQIP following collaborative decision-making arrangement
- Submit cQIP to Ontario Health by April 1

2. Implement

- Test and assess impact of change ideas

3. Monitor

- Implement change ideas and measure/monitor outcomes and improvement

4. Evaluate

- Implement and review progress on change ideas
- Review guidance materials for upcoming year
- Plan for continued or new priorities

Roles in the cQIP Development Process

cQIP Point of Contact

Each OHT is required to have a primary cQIP point of contact who is responsible for overseeing their OHT's cQIP. This process of submission is considered confirmation of the OHT's approval of the cQIP (in alignment with the OHT's collaborative decision-making arrangement) and acknowledgement of the OHT's ultimate accountability for the following:

- Developing, implementing, and monitoring the cQIP
- Target setting
- Executing quality improvement activities outlined in the cQIP
- Reviewing progress toward implementing the change ideas and achieving targets

Who to Engage in the cQIP Development Process

OHTs are encouraged to identify opportunities to engage with partners when developing cQIPs. The working group can include the following:

- Representatives from partner organizations within the OHT
- Representatives from partner organizations not currently partnered with the OHT but who may be able to contribute desired improvements (e.g., housing, public health, community paramedicine, other nongovernmental organizations)
- Representatives from the community served by the OHT, including patients, families, and care partners
- People with lived experience from equity-deserving communities: First Nations, Inuit, Métis, and Urban Indigenous populations; Francophone populations; Black and racialized populations; 2SLGBTQIA+ populations; and people with disabilities
- Frontline staff and people who are directly involved in the delivery of care

It may be beneficial to create or refresh a cQIP working group or an OHT quality committee and schedule regular meetings to develop and monitor the OHT's progress on the cQIP throughout the year.

It may also be helpful to review the OHT's collaborative decision-making arrangement to understand how the OHT has agreed to address quality monitoring and improvement and integrate the cQIP process into governance structures.

cQIP Requirements

cQIPs are to:

- Provide focus for improvement efforts, via the selection of a minimum of 1 clinical priority (and related indicator). Existing initiatives may be used within the cQIP (e.g., implementation of Integrated Clinical Pathways, Home Care Leading Projects)
- Apply a framework and data-driven approach to:
 - Identify an improvement target at the [OHT-attributed population level](#) (i.e., the networks of patients belonging to specific OHTs) for each indicator
 - Co-design and plan quality improvement initiative(s) the OHT will implement over the coming year to improve performance, using evidence-based change ideas and including process measures and specific, measurable, achievable, relevant, and time-bound (SMART) goals

Resources and Tools

Planning Documents

Ontario Health has developed resources to support the cQIP development process. These documents are available both in [QIP Navigator](#) and in the [cQIP Community of Practice](#) (see Attachments tab). In addition to this guidance document, the following resources are updated annually and should be reviewed by the OHT each year to guide cQIP development:

- *Collaborative Quality Improvement Plan Program: Narrative Questions* helps to summarize the OHT's cQIP and provides an opportunity to describe to the community the OHT's work on a few quality issues. Each section has guiding questions or prompts to help describe the OHT's quality initiatives.
- *Collaborative Quality Improvement Plan Program: Indicator Technical Specifications* presents detailed definitions of each indicator and how it will be measured. The cQIP team at Ontario Health is available throughout the year to answer questions and concerns related to using this information. For data questions, please email OHT Analytics Support at OHTAnalytics@OntarioHealth.ca. For general cQIP questions, please email QIP@OntarioHealth.ca.
- *Collaborative Quality Improvement Plan Program: Data Resource Guide* shares information on data sources available to OHTs and supports the exploration of potential data sources.

OHT Data Dashboard cQIP Report

This interactive report contains data pertaining to the cQIP quality indicators as well as data for some additional measures that provide further context on how the OHT is performing in each area of focus. To get access to the Data Dashboard, contact OHTAnalytics@OntarioHealth.ca.

Ontario Health may provide additional data related to the other clinical priorities that may be useful for context and planning purposes. Additional supporting measures may be available in the dashboard and also included as supplementary indicators in the Technical Specifications as a reference.

Change Packages

Evidence-based change concepts and change ideas are provided for each clinical priority. Change packages are available on the [OHT Resources page of QIP Navigator](#) and on the [cQIP Community of Practice](#). Visit the [OHT Shared Space](#) or the [cQIP Community of Practice](#) to access the most up-to-date resources.

Quality Improvement Resources

Anyone new to cQIP or interested in refreshing knowledge related to quality improvement can use Ontario Health's [Quality Improvement Tools & Resources](#) on Quorum. These resources cover the steps involved in a quality improvement project and include videos and downloadable guides to help along the way.

Rapid-Improvement Support and Exchange (RISE) provides [resources to support patient, family and caregiver engagement and partnership](#). Population health management coaches are also available to support OHTs with cQIPs, including how to leverage population health management principles in quality improvement.

Drop-in Sessions

The cQIP support team hosts informal weekly drop-in sessions to answer questions and offer advice on developing or working on the cQIP. Visit the [cQIP Community of Practice](#) or [QIP Navigator](#) for dates and details on how to register.

Submitting a cQIP

Using QIP Navigator to Design and Submit a cQIP

[QIP Navigator](#) is Ontario Health's convenient online platform to design, submit, and report progress annually on cQIPs. QIP Navigator is also the source for tools and resources to develop an annual cQIP and includes a searchable database of all previously submitted cQIPs ([Query QIPs](#)). Each OHT has only a single set of credentials (i.e., 1 username and 1 password) for the cQIP point of contact to access QIP Navigator. Updates to the cQIP point-of-contact information can be made in the profile section of QIP Navigator. To confirm the point-of-contact email associated with the account, contact the cQIP team at QIP@OntarioHealth.ca.

Components of the cQIP



A cQIP consists of 3 components: a Progress Report, a Narrative, and a Workplan. Each section reflects an integral part of the quality improvement planning process. Together, these sections tell communities the OHT's quality improvement story for the current year and plans for the year ahead.

Progress Report

The purpose of the Progress Report is to highlight how the OHT, with its partners, has improved care in the community through improvement efforts outlined in the cQIP. The Progress Report includes information about the previous year's performance, target set, change concepts selected, successes and challenges experienced, and progress made toward targets, including learnings about what worked and what did not. This information is a great starting point for determining opportunities for improvement, targets, and change concepts to include in the cQIP for the coming year.

Information Automatically Generated in QIP Navigator

The following information is automatically generated in the Progress Report section of QIP Navigator each year (Fig. 2, outlined in red):

- Indicators and change ideas included in the previous year's cQIP Workplan
- Performance as stated in the previous year's cQIP
- Process measures from the previous year's cQIP
- Targets set in the previous year's cQIP
- Current performance for cQIP priority indicators

ID	INDICATOR (UNIT; POPULATION; PERIOD; DATA SOURCE)	ORG ID	PERFORMANCE STATED IN PREVIOUS QIP	PERFORMANCE TARGET AS STATED IN PREVIOUS QIP	CURRENT PERFORMANCE	COMMENTS	RESULTS	ACTIONS
CHANGE IDEAS FROM LAST YEAR'S QIP		WAS THIS CHANGE IDEA IMPLEMENTED AS INTENDED	PROCESS MEASURES FROM LAST YEAR'S QIP	LESSONS LEARNED: • WHAT WERE YOUR SUCCESSES AND/OR CHALLENGES?				

Figure 2: Information to Include in cQIP Progress Report

Information That is Required for the Progress Report

OHTs must input the following information (Fig. 2, outlined in blue):

- Current performance for indicators that are measured using self-reported data, such as custom indicators
- Whether each change idea was implemented or not
- Lessons learned: Describe the key learnings from working on the improvement initiative. Include advice for other OHTs attempting a similar initiative (e.g., What made the change idea successful, or what were the barriers that prevented successful implementation?)
- The following topics (incorporate this information into the cQIP):
 - What are the root causes of current performance?
 - Were the proposed change concepts adopted, amended, or abandoned? Why or why not?
 - If implemented, have the changes helped the OHT meet or exceed the target set? What change concepts were the most successful?
 - If not implemented, what challenges were experienced and what was learned?
 - How will the OHT leverage the learnings from quality improvement activities and further improve on this indicator with the next cQIP?
- Comments: Outline any challenges to meeting the targets set or other details to share about this initiative
- Results: Upload any results (e.g., a graphic or run chart) to illustrate progress on the indicator

Narrative

The Narrative is an opportunity to describe the context in which the OHT's quality improvement activities take place and to share plans to improve the quality of care provided. It sets the stage for the key quality initiatives that will be outlined in the Workplan but should be brief and easy to understand. QIP Navigator prompts OHTs with questions related to a few quality issues.

Workplan

The Workplan is the forward-looking portion of the cQIP that identifies indicators, quality improvement targets, and planned improvement initiatives or change ideas that the OHT will commit to for the coming year. Some improvements may require multiyear strategies to be successful, and setting graduated,

multiyear targets and plans may be appropriate. OHTs are strongly encouraged to identify their partnerships with health service or other nonmedical organizations and include these collaborations in their cQIP.

For each area of focus in the Workplan, OHTs need to identify the following:

- Measure – How will we know that change is an improvement?
- Change – What changes can we make that will result in improvements?

To know that a change is resulting in improved outcomes, it is essential to measure progress and compare results against a baseline. Current performance data are either prepopulated or self-populated in QIP Navigator. Table 1 provides a description of what is included in each step of the Workplan.

Table 1: Workplan – Measure Fields in QIP Navigator

Field name	Description
Measure/indicator	Indicators are measures of specific data points that can be monitored over time. They enable teams to identify areas that need to be addressed and to support shared quality improvement objectives.
Type	<p><i>Priority indicators</i> – Within the 2 clinical priority areas, there are 4 associated priority indicators.</p> <p><i>Optional indicators</i> – There are also 4 associated optional measures for selection.</p> <p><i>Custom indicators</i> – Custom indicators may be included under a clinical priority area, in which case the following fields are required: <i>area of focus, indicator name, unit of measure, time period, data source, and target population.</i></p>
Unit/population	Describe the priority populations for this indicator and/or subpopulations that may be at risk.
Current performance	This field is the current performance for the indicator. Current performance data are prepopulated for OHTs in QIP Navigator by Ontario Health for the priority indicators and optional indicators using validated data from the source identified in the indicator technical specification. For custom indicators, OHTs need to enter their own local data.
Target performance	<p>This field represents the target that OHTs have set for the indicator. Input the target the OHT expects to meet or exceed. Setting an aspirational target requires evaluation of the OHT’s current performance on the indicator and careful assessment of what is feasible given the local and broader health care environment.</p> <p>Note: When setting targets, OHTs are expected to aim for high-quality care (aspirational) balanced with what can be done (achievable).</p> <p>Retrograde targets, targets in which the goal is set to perform worse than the current performance, should not be selected.</p>
Target justification	Describe why the OHT selected this quality improvement target(s) for the coming year.


Field name	Description
External collaborators	Include all partner(s) that are involved in working on this issue or indicator. A collaborator report can be exported once completed.

Workplan: Entering Change Fields in QIP Navigator

Except for the Comments section, each field in the Change section has a 15-character minimum.

Field: Planned Improvement Initiatives (Change Ideas)

Making changes that result in measurable improvement is the goal of the cQIP. Given the scale and scope of OHTs, focusing on improvement initiatives is critical. A [change concept](#) is a “general notion or approach to change” that prompts specific ideas for changes that lead to improvement. Change ideas, on the other hand, are specific, practical strategies that focus on improving aspects of a system, process, or behaviour. Change ideas, also known as improvement initiatives, can be tested and measured so that the results can be monitored.



Look for the “hover help” icon in QIP Navigator to access resources and guidance.

- List 1 change idea per row (rather than adding them as a group within a single cell) to determine the effectiveness of each change idea in supporting quality improvement goals. **The change ideas included in this section of the Workplan will appear in next year’s Progress Report so results can be reported for each.**
- Include at least 1 corresponding process measure (how you will measure impact; see *Field: Process Measures* section below) for each change idea.
- Review QIP Navigator [OHT Resources](#) or the [cQIP Community of Practice](#) for information about [change concepts and ideas](#) and about using the [Plan-Do-Study-Act \(PDSA\) cycle](#) for testing change ideas.

Field: Methods (How the OHT Will Implement the Change Idea)

- Identify the processes and tools the OHT will use to regularly monitor progress on quality improvement activities and tests of change. Include details on how and by whom data on change ideas will be collected, analyzed, reviewed, and shared. Describe any collaborations with partners and the roles that each will play here.

Field: Process Measures (How the OHT Will Measure the Success or Progress of its Methods)

- 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 is this known?). This information will help to determine if the change idea(s) should be adopted, adapted, or abandoned.
- Process measures must be quantifiable and reportable as rates, percentages, or numbers over specific time frames. Visit Quorum for more information about creating [process measures and measurement plans](#).

Field: Target for Process Measure (How the OHT Will Know It Is Successful)

- List the numeric target related to the process measure chosen to measure a change idea. Because there is a minimum character limit, list the target in sentence form. Include the goal, the target number, the rate, and the time frame.
 - For example, “We aim to increase/reduce [x] by [y]%, from [a] to [b], by [c].”

Field: Comments

- Provide any additional comments about the quality improvement initiatives. These can include factors for success, partnerships, barriers, and links to other programs.

Submission

Once a cQIP is complete and approved by the OHT, the cQIP point of contact is responsible for submitting the cQIP using [QIP Navigator](#).

General Tips

- Engage partners and start as soon as possible. Begin developing the cQIP by reviewing the resources listed above when released.
- When accessing QIP Navigator, download drafts and share with OHT partners to encourage input.
- Review current performance data for the OHT. Current performance data are prepopulated in the cQIP for the priority indicators. Use the current performance data for the OHT to set a target for improvement for at least 1 indicator. Targets are to be set and agreed to by the OHT. Ontario Health provides interactive performance data and analytics for the quality indicators in the cQIP Report on the [OHT Data Dashboard](#) for further insights and ongoing performance monitoring. To request access to this report, contact OHTanalytics@OntarioHealth.ca.
- Plan ahead to present the completed draft of the cQIP to OHT partners to endorse and approve.
- Contact [RISE](#) population health management coaches who are available to help connect cQIP work to priority population work.
- Ensure that the cQIP is complete and submitted in QIP Navigator by April 1, 2025.

Implementing the cQIP Workplan



A cQIP involves much more than simply developing and submitting a document to Ontario Health. The changes outlined in the plan are meant to guide the team's work throughout the year and should be reviewed monthly to ensure collaborative progress. The cQIP is a roadmap to improvement and reaching shared goals.

Monitor Performance Frequently

A central tenet of quality improvement is monitoring progress and understanding whether the changes being made are resulting in improvement. It is critical to establish a schedule for regular data review and reporting, communicate trends within the OHT, and identify emerging performance issues early so they can be resolved in a timely manner.

It can be helpful to reserve time to review cQIP progress as a regular agenda item in meetings with active members. Celebrate successes, and leave time to study areas where improvement is not occurring and plan next steps.

Consult Additional Resources



Teams are encouraged to submit all questions to the [cQIP Community of Practice](#) so that the larger group can benefit from the questions, answers, and surrounding discussion. The Community of Practice is supported by quality improvement specialists at Ontario Health, who can be contacted by email at QIP@OntarioHealth.ca. Alternatively, reach out to the Ontario Health Regional System Strategy Planning Design and Implementation (SSPDI) contact.

cQIP Community of Practice

OHT cQIP points of contact are encouraged to join the [cQIP Community of Practice](#), available through the [OHT Shared Space](#), which offers support for the successful development and implementation of the cQIP. In this group, members can:

- Get questions answered in a space dedicated to quality improvement for OHTs
- Access specific resources and supports to assist with submission
- Get notified of any upcoming cQIP events, Community of Practice meetings, or educational opportunities
- Share local best or leading practices and adapt resources to advance quality plans
- Identify emerging opportunities and address common barriers to cross-OHT collaboration
- Learn more about some of the indicators featured in this year's cQIP program

To join the cQIP Community of Practice:

1. Visit the [OHT Shared Space](#) and click the "Sign Up" button to create an account.
2. Visit the [cQIP Community of Practice](#) and click the "Join Group" button. Users will receive an email notification confirming acceptance into the group.

3. Click the “Subscribe to Updates” button once accepted to receive an email notification when there is new activity, such as upcoming webinars and posted resources.

ISBN 978-1-4868-8624-1 (PDF)

© King’s Printer for Ontario, 2025

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

Document disponible en français en contactant info@ontariohealth.ca