

# Summary of Changes to the 2025/26 Collaborative Quality Improvement Plan Program

## 1. Alignment with Ontario Health Team Performance Framework

For 2025/26, the Collaborative Quality Improvement Plan (cQIP) “areas of focus” and priority indicators will shift to align with Ontario Health Team (OHT) clinical priorities and validated measures from the OHT Performance Framework (PFW). These clinical priorities were identified by the Ministry of Health as priority areas in which OHTs should collaborate with partners to improve care for patients. The validated indicators were selected by a panel of OHTs, patient advisors, and system experts via the OHT PFW Working Group during 2023/24.

While the shift to these clinical priorities from previous areas of focus is new, the measures for the 2025/26 program will be familiar and include all of last year’s (2024/25) cQIP indicators, along with several new validated measures from the OHT PFW.

As shown in Table 1, there are 2 clinical priority areas for 2025/26: Chronic Disease Prevention and Management, and Integrated Care-Transitions in Care. Note that teams implementing the Lower Limb Preservation Integrated Clinical Pathway, Home Care Leading Projects, or other initiatives specific to their local planning and needs may choose to reflect that work in their cQIP and use custom indicators. There will also continue to be space in the narrative section of the cQIP for teams to share efforts related to supporting unattached patients in primary care.

**Table 1: 2025/26 cQIP Indicator Matrix**

Clinical Priority	Chronic Disease Prevention and Management	Integrated Care-Transitions in Care
Description	Improve early detection, intervention, and outcomes for people with chronic diseases, like diabetes, and heart and lung illnesses	Improve transitions and access to integrated team-based care, including home and community care
Priority Indicators	<ul style="list-style-type: none"> <li>● Admissions per 100 HF patients*</li> <li>● Admissions per 100 COPD patients*</li> <li>● Number of hospitalizations for ambulatory care sensitive conditions*</li> </ul>	<ul style="list-style-type: none"> <li>● ALC (stratified by discharge destination)*,†</li> </ul>
Optional Indicators	<ul style="list-style-type: none"> <li>● Emergency department visits as first point of contact for mental health and addictions related care†</li> <li>● Percentage cancer screening participation*,†                             <ul style="list-style-type: none"> <li>○ Percentage of screen eligible people who are up to date with pap tests</li> <li>○ Percentage of screen eligible people who are up to date with mammograms</li> <li>○ Percentage of screen eligible people who are up to date with colorectal tests</li> </ul> </li> </ul>	—

Abbreviations: ALC, alternate level of care; COPD, chronic obstructive pulmonary disease; HF, heart failure.

\*OHT PFW validated measure.

†Included in 2024/25 cQIP indicators.

## 2. Team Participation

In 2024/25, I12 teams began the co-design and implementation of the Quarterly Performance Review (QPR) process associated with the OHT PFW. While improvement remains an ongoing expectation for all OHTs, to support the participation of I12 teams in the new QPR process, participation in cQIP will be optional for I12 OHTs in 2025/26 and will no longer be a mandatory requirement in I12 Transfer Payment Agreements (TPAs). I12 teams may continue to access quality improvement (QI) supports (e.g., Community of Practice, change packages, Data Dashboard) but may choose whether or not to submit planned improvements in the Navigator platform. Teams who wish to explore this option are encouraged to consider potential impacts on their team's improvement workflows (e.g., inability to integrate OHT QI data into the platform's PDF reports, Excel templates, or future years' progress reports; team data will no longer be accessible using Query QIPs functionality). I12 teams opting not to use the Navigator platform are encouraged to speak with their Regional OHT Lead about these impacts and potential workarounds. For more details about the Navigator platform, please review the [Navigator User Guide](#).

Currently, teams beyond the I12 will not be participating in the new QPR process; therefore, there will be no change to cQIP participation or TPA requirements for 2025/26. Future years' parameters for all teams will be determined and communicated at a later date.

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