# Developing a Custom Indicator for Your Quality Improvement Plan

## Purpose of This Tool

While the QIP team encourages organizations to select indicators from the Indicator Matrix (see the QIP Navigator home page), there are many situations where an organization's improvement priority is not captured by an existing indicator. In these circumstances, organizations are encouraged to develop a custom indicator that reflects their improvement goals.

A strong custom indicator:

- Is relevant to patients, residents, care partners, staff, or the organization
- Is outcome or impact driven and directly related to the improvement work being undertaken
- Is measurable using available and reliable data
- Supports meaningful quality improvement and decision-making
- Clearly demonstrates whether performance is improving (i.e., it answers the question, "How will we know whether improvement has occurred?")

## Before Getting Started

Before starting work on a custom indicator, consider the following:

### Suggested Practices

- Ensure that the indicator measures an important issue related to process, outcome, experience, access, safety, or equity
- Ensure the indicator reflects the quality improvement work undertaken or planned
- Ensure the indicator can be tracked over time
- Use data that are already available or that can be collected consistently
- Define exactly what is being measured and the population included
- Develop a clear numerator and denominator where applicable
- Define the direction for improvement (i.e., whether an increase or decrease is preferred)
- Ensure that you have baseline data to compare the upcoming work and data with (e.g., past year, past quarter)

### Things to Avoid

- Indicators that cannot be measured reliably
- Indicators without a clearly defined population
- Indicators that rely on data that are not routinely available
- Vague measures such as "improved communication," "better patient care," or "falls"
- Indicators that duplicate an existing QIP indicator without adding value
- Indicator with no direction for improvement such as "falls"
- Defining the baseline time frame as a future time period

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# Custom Indicator Builder

Use the following steps to create your custom indicator. Each step includes examples to guide your decision-making; however, the examples provided are not meant to be an exhaustive list. Feel free to use the language that best meets your needs.

Note: Depending on your reporting needs, you may need to use a shorter or longer version of the indicator name. For example, for internal reporting, you may wish to use a longer name including all elements and time frames, but in QIP Navigator or QIP Navigator exports, a shorter version may be more appropriate.

A strong custom indicator can be framed as follows:

**[Measure type]** of **[population]** who/that experience/receive **[service/process/outcome/experience]** during **[time frame]**

## Step 1: Measure Type

**What type of measure are you reporting?**

- Percentage
- Rate
- Number
- Time
- Count
- Average
- Median
- Proportion

## Step 2: Population

**Who or what is being measured?**

- Patients
- Residents
- Care partners
- Staff
- Referrals
- Emergency department visits
- Surgical patients
- Discharged patients
- Primary care patients

## Step 3: Service, Process, Outcome, or Experience

**What service, process, outcome, or experience are you interested in?**

- Experiences of racism or oppression
- Received an initial assessment in the emergency department
- Received a follow-up appointment
- Completed medication reconciliation
- Attended a postoperative assessment
- Received discharge education
- Participated in a care conference
- Reported being involved in care decisions
- Had a documented care plan
- Received culturally appropriate care

## Step 4: Time Frame

**When should the service, process, outcome, or experience occur?**

- Within 24 hours
- Within 48 hours
- Within 7 days
- Within 30 days
- During admission
- During the reporting period
- Prior to discharge
- Annually

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.

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