Ontario Health

QUALITY IMPROVEMENT PLAN PROGRAM

Annual Program Memo 2027/28

November 10, 2026

To: CEOs, executive directors, and quality improvement leads in hospitals, long-term care homes, and interprofessional primary care organizations

From: Dr. David Kaplan, Vice-President, Quality, Acute and Hospital-Based Care (Ontario Health)

CC: Yolande Davidson, Director, Ontario Health Oversight Branch (Ministry of Health); Emily Cohen-Henry, Director, System Planning and Partnerships Branch (Ministry of Long-Term Care); Vicky Simanovski, Chief Regional Officer, Toronto and East Regions; Brian Ktytor, Chief Regional Officer, North West and North East Regions; Nicole Robinson, Chief Regional Officer, Central and West Regions; Dr. Chris Simpson, Executive Vice-President and Chief Medical Executive

Re: 2027/28 Quality Improvement Plan program priorities

Dear colleagues,

I am pleased to announce the launch of the 2027/28 Quality Improvement Plan (QIP) program cycle for the more than 1,000 organizations from the hospital, long-term care, and interprofessional primary care sectors.

The QIP program helps drive Ontario health care system quality improvement, and it is the cumulative efforts of individual organizations in each sector, addressing province-wide priorities, that lead to better outcomes for people receiving care. So, thank you for your dedication and commitment to quality improvement and the delivery of high-quality care for the people of Ontario. We are pleased to work with you again this year!

In planning the 2027/28 QIP program, we took Ontario Health, Ministry of Health, and Ministry of Long-Term Care health care system priorities, as well as feedback from internal and external partners, into consideration during our consultation process:

- **Priority issues:** The QIP program will continue to focus on 4 priority issues: access and flow, equity, experience, and safety.
- **Indicators from the previous cycle:** Since more than 1 year is often needed to see the full impact of improvements, most QIP indicators from 2026/27 remain or have only minor

revisions. This will allow organizations to continue to concentrate on ongoing improvement in those areas and to measure progress over time in a consistent manner. Organizations will note minor changes to the titles of some indicators for the primary care sector. These changes were made to increase alignment with other provincial programs. Please note that these changes affect only the title of the indicator; indicator descriptions and calculation methods remain unchanged from 2026/27.

- **New indicator:** Hospitals will notice the addition of 1 optional indicator in the Safety priority issue: *Rate of hospital-acquired pressure injuries (stage 3, stage 4, and unstageable)*, expanding the QIP's focus to align with never events reporting.
- **Priority indicators:** For *priority indicators* (see appendix), organizations should compare their current performance to provincial benchmarks and regional targets (many indicators in the QIP workplan will have prepopulated data). We strongly encourage all organizations – in particular, those with current performance below provincial benchmarks and those that did not achieve the previous year's targets – to include priority indicators in their QIP workplan.
- **Guidance on sepsis attestation:** In alignment with the clinical memorandum released by Ontario Health in April 2026, a new mandatory field titled "Sepsis" has been added to the narrative of hospital QIPs. Completion of this field serves as a hospital's official attestation to its commitment to integrate early sepsis identification in all inpatient and emergency department settings by March 31, 2027.
- **Integrated QIP and CQII reporting for long-term care homes:** In consultation with the Ministry of Long-Term Care, the QIP narrative has been updated to incorporate Continuous Quality Improvement Initiative (CQII) requirements, further streamlining quality reporting processes for long-term care homes and supporting compliance with section 168 of Ontario Regulation 246/22. See the appendix for further details.

As always, we encourage organizations to post their QIPs on their websites, and we look forward to receiving all 2027/28 QIPs by April 1, 2027.

Regards,



David M. Kaplan MD, MSc, CCFP, FCFP
Vice-President, Quality
Ontario Health



Please register for the 2027/28 QIP launch webinar on November 10, 2026.

QIP submissions are due by April 1, 2027.

Please email QIP@OntarioHealth.ca if you have any questions.

Appendix

Priority Indicators for 2027/28

For Hospitals

To continue to support a focus on quality improvement initiatives that improve access to care and patient flow in emergency departments (EDs), the 5 Access and Flow priority indicators remain prioritized:

- 90th percentile ambulance offload time
- 90th percentile ED length of stay (non-admitted, high-acuity patients)
- 90th percentile ED length of stay (non-admitted, low-acuity patients)
- 90th percentile time to physician initial assessment
- Daily average number of patients waiting for an inpatient bed at 8 a.m.

For Interprofessional Primary Care

To continue to support a focus on quality improvement initiatives that improve access to comprehensive team-based primary health care for more of the population, the Access and Flow priority indicators measuring newly attached patients and timely access to care remain prioritized:

- Number of newly attached patients/clients
  - Note: While the name of this indicator has changed slightly to align with terminology used throughout the province, the methodology and technical specifications remain unchanged from 2026/27.
- Patient/client perception of timely access to care

To support continued efforts to reduce administrative burden and improve patient safety, and in alignment with the goals of the “Axe the Fax” and “Patients Before Paperwork” campaigns, an additional Safety priority indicator has been added to the fax volume indicator:

- Number of faxes sent per 1,000 attached patients/clients
- Percentage of clinicians in the primary care practice using eReferral

For Long-Term Care Homes

To continue to support a focus on quality improvement efforts that aim to ensure that older adults receive timely access to services and the right care in the right place, the following Access and Flow indicator remains prioritized:

- Rate of potentially avoidable ED visits for long-term care residents

Additional Information for Multisector Organizations

As stated in the Multisector QIP Guidance Document, multisector organizations should include input, context, and indicators in their QIPs, aiming for shared targets and change ideas from each sector where possible. Multisector organizations that have opted not to include priority indicators in their QIPs must document the reasons.

Additional Information for Long-Term Care Homes

Long-term care homes can now submit their QIPs and CQII reports in one place. The integrated submission of both the QIP and CQII report through the QIP Narrative supports quality reporting requirements for both the Ontario Health LSAA and section 168 of Ontario Regulation 246/22 under the *Fixing Long-Term Care Act, 2021*. The integrated submission produces a single harmonized report that can be downloaded and used to support a home's regulatory reporting obligations. Each home must ensure that the report contains all information required under subsection 168(2), is published on the home's website no later than 3 months after the end of the fiscal year under subsection 168(1) and is provided to the residents' council and family council, if any. The report may also be shared with the home's continuous quality improvement committee, residents, staff and families.

Clarification on the Use of the Word *Target* in QIPs

In a QIP, a target is a quality improvement goal that an organization strives to meet. Unlike accountability targets, which may be tied to performance expectations, QIP targets are intended to guide improvement efforts and support learning over time. They provide a clear aim for change but are not used for performance management or accountability. Instead, they are meant to stretch organizations toward goals they aspire to achieve and exceed through continuous improvement.

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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