QUALITY IMPROVEMENT PLAN PROGRAM

Quality Improvement Plan Guidance Document

2027/28

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Ontario Health

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Purpose of This Guidance Document

This guide is for people involved in developing and submitting a quality improvement plan (QIP) for their health care organization. The guide describes the QIP program, how to develop and implement quality improvement planning (e.g., who should be consulted and what resources are available to help), how QIP Navigator (Ontario Health's QIP platform) is used in the process of creating and submitting a QIP, and next steps: assessing and monitoring quality improvement. This guidance document will be most useful for people who are new to the process of QIP planning and submission and those looking to refamiliarize themselves with the QIP program.

Key Terms

The following key terms are used throughout this document:

- ***People in Ontario*** refers to patients, residents, families, and care partners who live in Ontario.
- A ***care partner*** is a person identified by a patient or resident who provides physical, psychological, or emotional support to help improve the patient or resident's well-being. This person can be a family member, close friend, or other individual identified by the patient or resident.
- A ***quality improvement plan (QIP)*** consists of 3 components: a workplan, a narrative, and a progress report. Each document reflects an integral part of the quality improvement planning process.
- ***Priority issues*** are themes that describe province-wide areas of focus.
- ***Indicators*** are measures used by health care organizations to assess performance and monitor progress.
- The ***QIP Indicator Matrix*** lists the priority and optional indicators by sector (hospital, interprofessional primary care, and long-term care); indicators are prepopulated with administrative data where possible.
- ***QIP Navigator*** is the web platform through which quality improvement planning information and documents are shared and submitted. Important communications regarding timelines or changes to the QIP program are also posted there.

The QIP Program

What Is a Quality Improvement Plan?

A QIP is a set of commitments to improve specific quality issues made by a health care organization to its community. A QIP is developed, documented, and made available to the public annually by health care organizations in Ontario.

Program Goal and Priorities

The goal of the QIP program is to drive quality improvements that address province-wide priorities – addressing racism and advancing equity, inclusion, and diversity – across the health care system to achieve better outcomes for all people in Ontario through cumulative efforts.

Which Organizations Must Develop QIPs?

QIPs are submitted at the organizational level. Health care organizations in the hospital, long-term care, and interprofessional primary care sectors are required to develop a single QIP each year. This includes:

- Hospitals, including:
  - Single-site corporations governed by a single board of directors
  - Multisite corporations governed by a single board of directors and approved to submit a single multisite submission
- Licensed long-term care homes
- Family health teams, community health centres, nurse practitioner–led clinics, Indigenous primary health care organizations, regardless of the number of associated clinician practices
- Multisector health service organizations governed by a single board of directors and approved to submit a single multisector submission

QIP Requirements

QIPs must be:

- Reviewed and approved by the health care organization's board of directors
- Submitted to Ontario Health via QIP Navigator by April 1 of each year

Under the Excellent Care for All Act, 2010, *hospitals* must also:

- Engage patients in the development of their QIPs
- Post their QIPs publicly
- Consider aggregated critical incident, patient survey, and patient relations data as they develop their QIPs
- Link executive compensation to the achievement of performance improvement targets outlined in their QIPs

> **TIP**
>
> Although only hospitals are required to post their QIPs publicly, we strongly encourage all organizations to publicly post signed copies of their QIPs to demonstrate their strong public commitment to quality improvement.

Quality Improvement Planning

The QIP Program Cycle

Overview

The QIP program runs on an annual cycle. Program materials are released and updated each fall and should be reviewed each year to guide QIP development. The deadline for QIP submission is **April 1** (i.e., QIP documents must be submitted via QIP Navigator by this date).

The QIP Development, Implementation, and Review Process

An organization's typical yearly QIP development, implementation, and review process involves the following:

- **January to March:**
  - Review progress from the previous year's plan
  - Develop the upcoming year's plan, i.e., ask, "What are we trying to accomplish?"
  - Identify opportunities for quality improvement
  - Review data and engage key stakeholders
  - Complete the progress report, narrative, and workplan
  - Obtain executive or board sign-off on the QIP
  - Submit the approved QIP to Ontario Health by April 1
- **April to June:**
  - Test and assess the impact of change ideas on a small scale
- **July to September:**
  - Implement change ideas more broadly across the organization
  - Measure or monitor outcomes and improvement
- **October to December:**
  - Implement and review progress on change ideas
  - Plan for continued or new priorities

> **TIP**
>
> Start early! Begin the development process in the fall by reviewing the program documents when they are released.

Resources and Tools

Program Documents

The following QIP program documents (found on the QIP Navigator home page) should be reviewed each year to guide QIP development:

- **QIP Annual Program Memo:** This document kicks off the annual QIP cycle, summarizing updates to the QIP program and highlighting the direction, goals, and new priorities of the upcoming QIP cycle.
- **QIP Indicator Matrix:** This document presents priority issues and associated indicators in a visual format that can be easily shared with staff, board members, and people in Ontario.
- **QIP Narrative Questions:** This document summarizes what should be included in your organization's QIP narrative. Each section has guiding questions or prompts to help you describe your organization's quality improvement initiatives.
- **QIP Indicator Technical Specifications:** This document defines all priority and optional indicators and describes how they are calculated. This document is most useful to those directly involved in collecting and monitoring performance data.

Quorum and QIP Navigator

Quorum, Ontario Health's online quality improvement community, provides opportunities to collaborate with others working to improve health care quality, stay informed about the latest quality improvement news, and learn from completed quality improvement projects.

QIP Navigator provides tools and resources to support QIP planning and development.

Developing a QIP

Who Is Involved in Developing a QIP?

The QIP process begins with an organization assessing its current state and identifying areas for quality improvement. It is essential to engage with people who are directly involved in both the receipt and delivery of care and to learn about their experiences, what is important to them, and what they would want or need if processes were improved. This engagement can be done with various methods and should represent the diversity of your local population.

Patients, Clients, Residents, Families, and Care Partners

Actively engaging people in Ontario when developing and implementing a QIP is critical to ensuring that the QIP includes quality improvement initiatives and targets that are meaningful to them. Consider engaging the community through patient, client, resident, and family councils; town halls; or focus groups.

Frontline Care Providers

The people directly involved in the delivery of care most often know best what is needed to achieve improvement. Their early involvement in identifying and defining the scope of actions for improvement is critical to the success of any quality improvement initiative. Consider using forums to engage frontline care providers in determining QIP priorities.

Board of Directors

The board of directors is accountable for organizational governance and should be engaged in overseeing the development, review, and approval of an organization's annual QIP. By signing the QIP, the board chair certifies member approval of the QIP and acknowledges the board's ultimate accountability for and high-level oversight of the development, implementation, and monitoring of the QIP, as well as quality improvement activities and targets outlined in the QIP.

TIP

Plan to present a draft of your QIP submission to your organization's board in February or early March for approval and sign-off. This helps ensure that your QIP will be ready for the April 1 submission deadline.

Quality Committee

The quality committee is expected to report to the board on QIP development and progress throughout the year. By signing the QIP, the quality committee chair certifies member approval of the QIP.

TIP

If your organization does not have a quality committee, consider establishing one. (Please note that a quality committee is required for hospitals per the *Excellent Care for All Act*). A quality committee provides dedicated oversight to ensure your organization's services and clinical outcomes meet the highest standards. It brings together diverse perspectives to identify priorities and prevent risks, review performance data, and select meaningful indicators. This collaborative approach helps strengthen the QIP and fosters a culture of continuous improvement.

Leadership Team

Leadership support and involvement are critical for any improvement efforts; leadership should be represented in the QIP working group or kept closely involved. The leadership team, which could include the chief executive officer, executive director, or administrative lead, works collaboratively with the board, quality committee, and staff team to develop the QIP. Leaders have a role in empowering teams and frontline care providers to identify ways to achieve improvement and implement change ideas.

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. The chief executive officer, executive director, or administrative lead certifies approval of the QIP by signing it.

Clinical Leaders

Clinical leaders are critical to the success of improvement efforts and developing a culture of quality in an organization. Clinical leaders, including the lead clinician, should be actively engaged in the development of their organization's annual QIP, and they should aim to involve all of an organization's clinicians and staff in QIP development and implementation. All those in leadership positions are accountable for implementing and supporting the organization's QIP in their respective areas. It is also important for leaders to take opportunities to recognize team achievements and share how QIP initiatives are improving care at the organization.

Ontario Health Regions

The Ontario Health regions are the coordinating teams for the health care system at the local level. Organizations are encouraged to engage with their regions to identify regional quality priorities.

QIP Working Group

It may be beneficial to create a QIP working group and set regular meetings over the year to review progress. Leadership should be represented in the QIP working group or kept closely involved. The working group may also include relevant people from the groups described above.

Submitting a QIP

Using QIP Navigator

QIP Navigator is an Ontario Health web platform through which quality improvement planning information and documents are shared and submitted. Organizations conduct most QIP program–related activities through the platform. The QIP Navigator User Guide provides information about how to access data and submit documents.



Look for the question mark symbol in QIP Navigator to access resources and guidance through hover help.

TIPS

- Verify your organization's username and password for QIP Navigator once it opens. Each organization has only a single set of credentials (i.e., 1 username and 1 password).
- Review current performance data in QIP Navigator when they become available. Typically, in January or February each year, Ontario Health uploads current performance data for indicators for which data are available (e.g., through the Canadian Institute for Health Information).
- Ensure that your QIP is complete before attempting to submit it, and then use the "Validate" function in QIP Navigator. This function will flag any fields that still need to be completed. It is not possible to submit a QIP until validation is completed.

QIP Components

A QIP has 3 components: a *progress report*, a *narrative*, and a *workplan*. Together, these components describe an organization's quality improvement plans for the year ahead. QIP Navigator includes prompts and hover help guidance to complete each component.

> **TIP**
>
> You can export copies of the progress report, narrative, and workplan to share with your QIP working group.

The Progress Report

What Is the Purpose of the Progress Report?

The *progress report* highlights how an organization's improvement efforts have affected the care it provides. This component of the QIP requires reflection on current performance compared with that of the previous year, as well as on the effectiveness of the change ideas from the previous year's QIP (i.e., whether they led to measurable improvement). This information is a great starting point for determining areas for improvement, change ideas, and targets to include in a QIP for the upcoming year.

What Information Must Be Included in the Progress Report?

The following information must be included in the progress report, and it must be entered manually (Figure 1):

- Current performance on indicators measured using self-reported data (e.g., survey data)
- For each change idea:
  - Identify whether the change idea was implemented, is in progress, or was not implemented.
  - **Lessons learned:** Describe the key learnings from the team's experience working on the change idea. Include advice for other organizations attempting a similar change idea (e.g., What made the change idea successful? What barriers prevented successful implementation?).
  - **Comments:** Use this section to outline any other challenges to meeting targets, add details you want to share with others, or provide additional information regarding any other field entries. *(This section is mandatory if your organization has not met the target set out in the previous year's QIP.)*
  - **Results:** Upload results (e.g., graphic, run chart) to illustrate your organization's progress on the indicator.

The following information is automatically generated in QIP Navigator each year (Figure 1):

- The change ideas, indicators, and process measures included in your QIP workplan from the previous year
- Indicator type (priority, optional, or custom)
- For matrix indicators:
  - The direction of change that indicates improvement
  - The percentage improvement, that is, the change between *current performance as stated in previous QIP* and *current performance* (Figure 2)
- Performance as stated in your previous QIP
- The indicator targets set in your previous QIP
- Current performance for indicator data to which Ontario Health has access (e.g., through the Canadian Institute for Health Information)



Figure 1: Information Included in the QIP Progress Report

Information automatically generated from the previous year's QIP is outlined in red. Information that must be entered manually is outlined in blue.



Figure 2: Percentage Improvement Information Included in the QIP Progress Report

The value for the percentage improvement field is automatically generated for each matrix indicator once data for current performance are populated.

TIP

Hospitals, please see Sharing Progress on Process Measures in Hospital QIPs for information about changes to the progress report section of QIP Navigator.

The Narrative

What Is the Purpose of the Narrative?

The *narrative* provides an executive summary of an organization's QIP. It describes the context in which quality improvement activities take place and lets people in Ontario know how the organization plans to improve the quality of the care it provides.

How Do I Complete the Narrative in QIP Navigator?

The narrative section of QIP Navigator consists of free-text responses to questions and prompts related to your organization's quality improvement initiatives.

For further details on the 2027/28 QIP narrative, see QIP Narrative Questions.

TIPS

- Use the narrative to engage patients and residents in quality improvement planning discussions.
- Apply an equity lens when completing the narrative.
- Use the narrative to share your organization's achievements and innovations in addressing the unique needs of the populations and people it serves.
- Ensure that the narrative is concise, can be understood easily, resonates with people in Ontario, and provides enough detail for readers to understand the purpose of your QIP.

The Workplan

What Is the Purpose of the Workplan?

The *workplan* is the forward-looking portion of the QIP that identifies the indicators and *targets* for each indicator, as well as the actions – that is, the change ideas – it is committing to undertake during the upcoming year to achieve its quality improvement goals. Where improvements may require multiyear strategies to be successful, setting graduated, multiyear targets and plans may be appropriate.

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.

What Types of Indicators Are Included in a QIP?

Priority Indicators

Some indicators have been defined as a priority for a specific sector based on consultations among the Ministry of Health, the Ministry of Long-Term Care, and Ontario Health. For priority indicators, organizations should compare their current performance to provincial benchmarks and regional targets (most 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 workplans. If an organization opts not to include a priority indicator in their workplan, they must explain why (Figure 3).

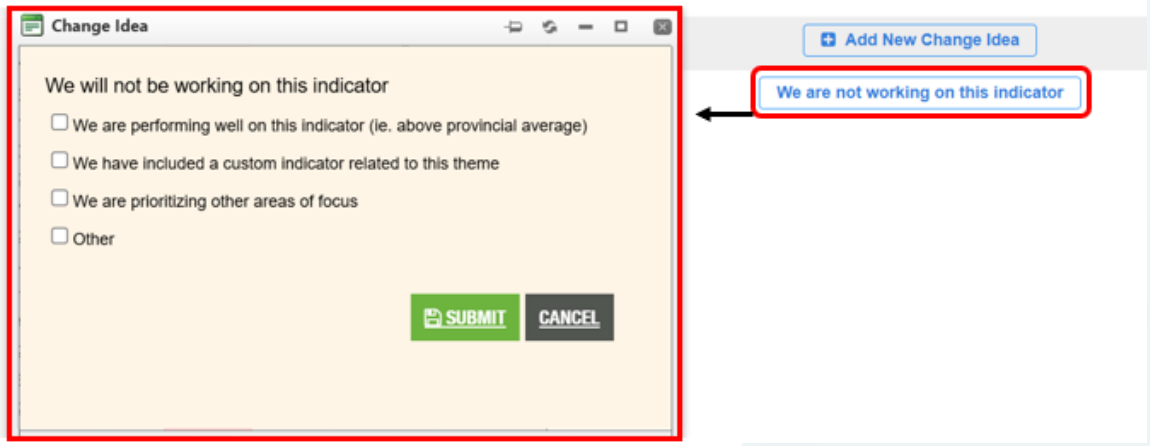


Figure 3: Explaining Why a Priority Indicator Is Not Being Included

When an organization chooses not to include a priority indicator in their QIP, they must specify why via a QIP Navigator pop-up window.

Optional Indicators

Each year, Ontario Health releases a list of optional indicators for each sector that organizations should consider including in their QIPs. These indicators are carefully selected through consultation and with input from Ontario Health Teams, clinical leads, associations, and health service providers to be aligned with Ministry of Health, Ministry of Long-Term Care, and Ontario Health priorities. Collectively, these indicators support a shared focus on priority issues for Ontario's health care system.

We encourage all organizations to choose from the optional indicators included in the QIP Indicator Matrix before adding custom indicators, particularly where current performance for an indicator shows opportunity for improvement (e.g., to meet the provincial average or a regional benchmark).

Custom Indicators

Organizations may choose to include custom indicators (i.e., indicators not included in the QIP Indicator Matrix) aimed at improving issues that are important to the communities they serve or that align with 1 of the 4 priority issues. We recommend including custom indicators only when an organization shows strong performance across all optional indicators.

Further, we recommend choosing equity-focused custom indicators, that is, those focused on identifying and reducing disparities in health access, experiences, and outcomes for racialized communities and high-priority populations. High-priority populations include:

- People without access to health care benefits and those living on a low income
- Black, Indigenous, and other racialized populations
- Francophone populations
- People who identify as 2SLGBTQIA+
- People with disabilities
- People living in remote areas
- People experiencing mental health and addiction conditions
- Older adults

What Must Be Included in the Workplan?

In alignment with the Model for Improvement,[1] the workplan consists of 3 sections, each asking a fundamental question to drive the improvement process forward.

Aim: What Are We Trying to Accomplish?

The aim describes the issue being addressed by an indicator (e.g., safe and effective care) and aligns with 1 of the QIP's broader priority issues: access and flow, equity, experience, and safety. Aims are outlined for each indicator in QIP Navigator.

Measure: How Will We Know That Change Is an Improvement?

Indicators are used as proxies to understand whether a change is resulting in improved outcomes. Progress must be measured and compared to a baseline (i.e., your organization's current performance on an indicator, as captured in QIP Navigator or via internal data sources). Setting a target requires an evaluation of your organization's current performance on the indicator and current provincial or regional benchmarks (if available), as well as a careful assessment of how much improvement in the outcome may be feasible given internal capacity, resource availability, and the broader system context in which your organization operates.

The following fields must be completed for each indicator in the "Measure" section of the QIP workplan:

- **Indicator:** Select a priority or optional indicator, or add a custom indicator, if applicable.
  - For more information, see QIP Indicator Technical Specifications.
- **Current performance:** Include your organization's current performance data for each indicator.
  - Where possible, current performance data will be prepopulated in QIP Navigator by Ontario Health using validated data from the sources specified in the QIP Indicator Technical Specifications.
- **Target:** Enter the target you expect to meet or exceed for each indicator in the coming year. Retrograde targets, for which the goal is to perform worse than current performance, should not be entered.
  - For more information, see Target Setting.
- **Target justification:** Explain why your organization selected each target value. State whether the target is to meet a recommended benchmark, the provincial average, or an evidence-based best practice.
- **External collaborators:** List any external health service organization partners or Ontario Health Teams that your organization is planning to work with on the indicator.

Other Information Requested in the Workplan – for Hospitals Only

For hospitals only, the following fields must also be completed for each indicator in the "Measure" section:

- **Is this indicator linked to executive compensation?**
  - State whether the indicator is linked to executive compensation. (For more information, see Performance-Based Compensation Linked to Quality Improvement Plans.)
- **Is this indicator related to a Pay-for-Results Action Plan?**
  - State whether the indicator is part of your organization's Pay-for-Results Action Plan.
- **Is this indicator related to Emergency Department Return Visit Quality Program (EDRVQP) audits?**
  - State whether the indicator is connected to your organization's EDRVQP plan.

Change: What Changes Can We Make That Will Result in Improvements?

Typically, it takes many change ideas to influence an outcome, and many kinds of change can lead to improvement. A change idea is a specific, practical strategy to improve a particular aspect of a system, process, or behaviour. Change ideas can come from research, best practices, or work done by other organizations.

The following fields must be completed for each change idea in the "Change" section of the QIP workplan:

- **Planned improvement initiative: the change idea**
  - Describe the change idea: the specific, practical strategy you will use to improve a particular aspect of a system, process, or behaviour. Each change idea should be testable and measurable so that the results can be monitored.
  - The change ideas you include will appear in next year's progress report so that your organization can report on the results of each.
  - Examples: "Screen all new residents to identify those at risk for falls and their fall risk factors," "Identify appropriate fall prevention interventions for all new residents."
- **Methods: how the change idea will be implemented**
  - Identify the key processes involved in each change idea, and specify any tools you will use to implement each change idea.
  - Describe how each change idea will be implemented and by whom (e.g., which department or partner organization).
  - State when each change idea is expected to be implemented.
- **Process measures: how implementation will be measured**
  - Describe how you will evaluate the implementation of each change idea by defining its *process measures* (i.e., how the key processes of each change idea will be quantified).
  - Process measures are typically rates (e.g., proportions, percentages, counts over specific time frames).
  - Examples: "Percentage of new residents with fall risk assessments completed within 1 week of admission," "Percentage of new residents with interventions for identified risks put in place and documented within 14 days of admission"
- **Target for process measure: how successful implementation is defined**
  - Provide a specific, measurable, achievable, realistic, and time-sensitive (SMART) target for the process involved in each change idea.
  - Examples: "80% of new residents will have a fall risk assessment completed in their first week of residence," "100% of new residents will have a fall prevention checklist completed in their first 14 days of residence."

- **Comments**
  - Use this section to provide any additional information you would like to add about the change idea (e.g., factors for success, partnerships, linkages to other programs).
  - If you elect not to include a priority indicator, you must document the reason here (e.g., because performance already meets or exceeds the provincial benchmark).
  - Long-term care homes can also use this field to provide additional information for a continuous quality improvement initiative report submission (see QIP Navigator Frequently Asked Questions: Long-Term Care).

Implementing the QIP Workplan

A QIP involves much more than simply developing and submitting the document to Ontario Health. Organizations must work throughout the year to implement the change ideas outlined in their QIPs and achieve improvement on their indicators.

Maintain Engagement

It is important to keep the people involved in developing your QIP engaged with QIP implementation. QIP progress should be regularly shared with and reviewed by your organization's internal and external partners and collaborators:

- Set aside time to review QIP progress 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 there has not yet been improvement.
- Consider sharing your organization's progress visually on a website or bulletin board.
- Include a leader and patient advisor in working meetings for your organization's quality improvement projects.

> **TIP**
>
> For more information about engaging patients, clients, residents, and families, please see Engaging with Patients and Caregivers About Quality Improvement.

Use Quality Improvement Science Methods

Quality improvement is a continuous – but not linear – process. Although various quality improvement science methods exist, the format of the QIP program most closely aligns with the Model for Improvement.[1]

For those looking for more information, Ontario Health's Quality Improvement web page provides an introduction to quality improvement science.

Monitor Performance Frequently

A central tenet of quality improvement is monitoring performance to track whether changes are resulting in improvement:

- Monitor indicator performance regularly – not only annually – while working on the progress report. This may mean setting up local data collection for an indicator using your organization's electronic medical record system and tracking other process measures.
- Establish a schedule to regularly report progress and communicate trends to the rest of your organization. This will help to identify emerging performance issues early so that your team can work to correct them in a timely manner. Monitoring your organization's performance frequently will also help your team plan and prepare for subsequent QIPs.

Develop Partnerships for Improvement

One of the goals of the QIP program is to bring organizations together to drive improvements for health system priority issues. The QIP program is structured so that all organizations that submit QIPs have the opportunity to work on the same priority issues, although organizations in different sectors will use different indicators.

Collaborating with other organizations addressing similar quality issues can often help you achieve larger-scale improvements. We encourage you to identify external collaborations with other organizations or within your Ontario Health Team (if you are part of one) and include these collaborations in your QIP.

External Collaborators Report

Download an External Collaborators Report from QIP Navigator to review the partnerships your organization is engaged in for various quality initiatives. This report lists the organizations with which your organization is partnering on specific indicators or themes and identifies which organizations have tagged your organization in their QIPs as a partner or collaborator.

Consult Additional Resources

Ontario Health Quality Improvement Specialists

Ontario Health's quality improvement specialists can help you by:

- Providing guidance on developing a QIP (e.g., selecting change ideas, setting targets)
- Providing technical support for QIP submissions
- Suggesting more specific resources and supports
- Telling you about quality improvement initiatives and events happening in your area
- Connecting you with others in your region working on similar quality topics

> **TIP**
>
> Contact a quality improvement specialist by email at QIP@OntarioHealth.ca.

Quorum

Visit Quorum to:

- Read posts about ongoing QIP initiatives underway on the Bulletin Board
- Join the Quality and Patient Safety Program community of practice to share your learning and keep up to date on patient safety work happening in the province
- Learn about other communities of practice hosted by Ontario Health

Ontario Health Website

Visit Ontario Health's Quality Improvement web page to:

- Learn more about some of the indicators featured in this year's QIPs
- Read an introduction to quality improvement science and access link to helpful tools, resources, and guides

Previously Submitted QIPs

In QIP Navigator, the following pages can be used to obtain useful information for developing or implementing your QIP:

- Download QIPs allows you to download other organizations' completed QIPs from previous years. You will need to log in to access this function.
- Query QIPs allows you to search all submitted QIPs for a QIP component, indicator, or keyword of interest. It is a great way to generate ideas and learn from other QIP submissions. You can filter results (e.g., by indicator, organization type, or geography) and download results in multiple formats (e.g., Word, Excel, PowerPoint, PDF).

Reference

(1) Institute for Healthcare Improvement. Model for improvement [Internet]. Boston: The Institute; n.d. [cited 2026 Jul 10]. Available from: ihi.org/library/model-for-improvement

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