QUALITY IMPROVEMENT PLAN PROGRAM

Quality Improvement Plan Narrative Questions

2027/28

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Ontario Health

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Introduction

Quality Improvement Plan (QIP) narrative questions enable organizations to provide context for their quality improvement work. In each section, organizations are encouraged to share details that they believe people in Ontario would like to know about.

Fields Applicable to All Sectors

Overview

In this section, you may wish to include a description of how your organization is working to improve care or an achievement that your organization is proud of. This opening paragraph sets the context for what your organization will be working toward through QIP activities.

Note: The recommended length for this and all other narrative fields is 250 words.

Access and Flow

Ensuring good access and flow means that the right care is received in the right place at the right time across the health care system. Health service organizations are being asked to focus on initiatives that support access and flow, such as those that help people remain in the community as long as possible and avoid unnecessary hospitalizations and emergency department (ED) visits and those that ensure timely access to primary care clinicians.

In this section, describe improvement work that your organization has accomplished or planned to ensure people across Ontario receive the right care in the right place at the right time.

RESOURCES

The Alternate Level of Care Leading Practices Guide describes evidence-based leading practices for the care and proactive management of hospitalized older adults at risk of delayed transition to an appropriate setting that can be implemented in ED, acute care, and post–acute care settings.

Ontario Health's Transitions Between Hospital and Home quality standard describes practices that should take place and services that should be offered when providing high-quality care for people of all ages transitioning home after a hospital stay.

Home First Guiding Principles describe patient-centred care and support considerations and collaborative discharge planning to ensure that all services and supports in the community are explored before long-term care referral is considered.

Equity, French Language Services, and Indigenous Health

Ontario Health is committed to driving improved and equitable access, experiences, and outcomes to reduce health inequities and advance Indigenous health across the province. Advancing health equity and Indigenous health for communities in Ontario requires strategic and sustained efforts. This includes ensuring equitable access to French-language services in accordance with the French Language Services Act while actively engaging Francophone communities to better understand and address their needs, enhance patient experiences, and improve health outcomes.

In this section, please share work that your organization has accomplished or planned to improve equity and Indigenous health (e.g., implementing an Equity, Inclusion, Diversity, and Anti-Racism workplan or a First Nations, Inuit, Métis, and Urban Indigenous health workplan; actions to offer and deliver French-language services, which may be based on Service Accountability Agreement obligations).

RESOURCES

Ontario Health's First Nations, Inuit, Métis and Urban Indigenous Health Framework outlines our commitment to First Nations, Inuit, Métis and urban Indigenous partners. It can be used as a starting point for discussions with partners to develop a First Nations, Inuit, Métis and urban Indigenous health plan.

QIP health equity resources can be used to support equity, inclusion, diversity, and anti-racism improvement planning or education and training.

eQuity Link is an online platform that supports the implementation of French-language health services.

For French-language services training targeted to health service providers, see the Active Offer of French Language Health Services training and the Cultural and Linguistic Sensitive Care Learning Program.

Palliative Care

In this section, describe how your organization is advancing the delivery of coordinated, high-quality palliative care to improve quality of life for patients with life-limiting illnesses and their families and care partners across the illness trajectory, including end-of-life care. In your response, consider how your organization is strengthening access to palliative care in appropriate settings and supporting care closer to home where possible.

Please provide 3 specific examples of activities in your organization that demonstrate a commitment to advancing this objective. Describe how these activities achieve the standard of care set out in Ontario Health's Palliative Care quality standard or in the Palliative Care Health Services Delivery Framework. If applicable, describe how data, performance measures, or patient and care partner feedback are used to monitor progress, inform planning, and support continuous quality improvement.

RESOURCES

The Palliative Care Health Services Delivery Framework is composed of three models of care, supported by the Palliative Care Competency Framework and Tools to Support Earlier Identification for Palliative Care.

Used together, these resources complement the Palliative Care: Care for Adults With a Serious Illness quality standard.

Themes and Corresponding Considerations

- Timely identification and integration of palliative care across the illness trajectory
- Improving access to care closer to home, including effective transitions across settings and sectors
- Patient, family, and care partner involvement in care planning and shared decision-making
- Shared documentation and communication to support continuity and coordinated care
- Support for family and care partners, including education, psychosocial supports, and grief and bereavement care
- Building clinical capacity, skills, and expertise to deliver high-quality palliative approaches to care
- Reducing avoidable hospital use or transfers, where appropriate, through integrated care planning and service coordination
- Culturally appropriate and culturally safer care, including engagement with Indigenous and equity-deserving communities
- Use of data, indicators, or experience feedback to assess performance, identify gaps, and guide improvement efforts

Patient, Client, and Resident Experience

Hospitals

In this section, share how your organization plans to incorporate information from experience surveys (or other feedback received about care experiences) into quality improvement activities.



If your organization has an ED, include 1 initiative, implemented or planned, based on results from the Ontario ED Patient Experience of Care Survey, required by the Pay-for-Results program.

Interprofessional Primary Care and Long-Term Care

In this section, share how your organization plans to incorporate information from experience surveys (or other feedback received about care experiences) into quality improvement activities.

Provider Experience

Many organizations are implementing innovative practices to improve recruitment and retention (e.g., through incentive-based programs for nurses and personal support workers), workplace culture, and staff experiences.

In this section, describe practices or initiatives your organization has planned to improve recruitment, retention, workplace culture, or staff experience.

RESOURCES

For information about programs funded by the Ministries of Health and Long-Term Care and administered and supported by Ontario Health, see Health Human Resources Recruitment and Retention Programs.

Safety

Hospitals

Describe an initiative implemented in your organization that demonstrates how a culture of patient safety and innovative improvement processes were used to reduce patient harm related to preventable never events. Provide 1 specific example (e.g., pressure injuries, medication safety, retained surgical items), and describe how just culture, leadership, staff engagement, and/or co-design with patients and families contributed to the outcomes achieved. Include how learnings from the initiative were measured, sustained, and spread across the organization.

RESOURCES

Learn about foundational concepts of safety culture and improvement science from the Institute for Healthcare Improvement.

Review Healthcare Excellence Canada's Rethinking Patient Safety discussion guide, designed to help patients, health care providers, and leaders reframe patient safety improvement by shifting focus from identifying past harm to proactive efforts and real-time safety monitoring.

Visit the Quality and Patient Safety community of practice on Quorum to learn about quality improvement strategies, exchange patient safety insights with peers, and access guidance materials for the Never Event Hospital Reporting Initiative (registration required).

Review Ontario Health's Never Events Prevention Placemats on various topics such as pressure injuries, surgery, and medication safety.

Interprofessional Primary Care and Long-Term Care

Describe an initiative implemented in your organization that demonstrates how a culture of patient safety and innovative improvement processes were used to reduce patient harm. Provide 1 specific example from one of these areas, and describe how just culture, leadership, staff engagement, and/or co-design with patients and families contributed to the outcomes achieved, including how learning was measured, sustained, or spread across the organization.

RESOURCES

Learn about foundational concepts of safety culture and improvement science from the Institute for Healthcare Improvement.

Review Healthcare Excellence Canada's Rethinking Patient Safety discussion guide, designed to help patients, health care providers, and leaders reframe patient safety improvement by shifting focus from identifying past harm to proactive efforts and real-time safety monitoring.

Review Healthcare Excellence Canada's Patient Safety and Incident Management Toolkit, a collection of practical tools to guide responses to patient safety incidents.

Access quality improvement tools and resources in the Primary Care Quality Improvement Hub (registration required).

Contact Information/Designated Lead

We encourage organizations to support a culture of transparency and shared learning. If you are open to having a member of the public or another organization contact you to learn more about the activities described in your organization's QIP, please include your name and contact information. Please note that this is optional and that anything included in this field will be posted publicly along with the QIP.

Long-Term Care

Providing the name and position of the designated lead is mandatory for long-term care homes as it fulfills O. Reg. 246/22, s. 168 (2)1.

Other

Use this field to add anything else you would like to share with people in Ontario about your organization's quality improvement approach or activities that has not already been mentioned.

Sign-Off

It is recommended that the following individuals review, approve, and sign off on your organization's QIP, where possible:

- Board chair
- Quality committee chair
- Chief executive officer
- Emergency Department Return Visit Quality Program lead

The signatures obtained on the QIP Navigator sign-off page and/or narrative report are for organizational purposes and are not required to be submitted to Ontario Health. Sign-off for Ontario Health purposes is considered complete once names are entered via the pop-up window when you submit your QIP through QIP Navigator.

Hospital-Specific Fields

The fields described here are to be completed only by hospitals.

Quality Improvement and the Emergency Department Return Visit Quality Program: Narrative and Audit File Submission

This section, including the upload of a completed audit Excel file for each ED site, is mandatory for all organizations with 1 or more EDs participating in the Pay-for-Results Program. If your site does not have an ED, enter "not applicable" in the text field to ensure your QIP passes validation when submitted.

Each site participating in the Emergency Department Return Visit Quality Program (EDRVQP) should answer *either* the large-volume (> 30,000 annual ED visits) or small-volume (< 30,000 annual ED visits) site questions.

For Large-Volume Sites (EDs With More Than 30,000 Annual Visits)

- Provide a status update for 1 or 2 of your hospital site's quality improvement priorities from the preceding year's EDRVQP audit. Include results and data where possible.
- Share some of the quality issues identified during this year's audit. Describe quality improvement initiatives that are being planned or worked on to address these issues.
- Describe any quality improvement initiatives being planned or underway in your ED related to the following Ontario Health priorities: access and flow, delirium, hip fracture, sickle cell disease, or sepsis.

For Small-Volume Sites (EDs With Fewer Than 30,000 Annual Visits)

- Describe your team's experience conducting ED return visit audits and implementing quality improvement initiatives. What worked well? What challenges did you experience?
- Describe the quality issues identified during this year's audit. Describe quality improvement initiatives that are being planned or worked onto address these issues.
- Describe how Pay-for-Results indicators and themes (e.g., access and flow) influence your organization's EDRVQP priorities and vice versa.

RESOURCES

For more information about QIPs and EDRVQP, see EDRVQP and QIP Program Integration and the EDRVQP web page.

Sepsis Attestation

Completion of this field indicates your hospital's official attestation to the implementation of early identification and response processes for sepsis in *all* inpatient units (i.e., adult, pediatric, and obstetric) and ED settings, as outlined in the clinical memorandum of April 20, 2026.

For Emergency Departments

In your response, attest that your hospital has met the minimum requirements as outlined in the ED Sepsis Clinical Framework.

1) For each of the following core framework components, indicate whether implementation is fully operational, partially implemented, or not implemented. If any component is not fully operational, provide additional details regarding the current status and planned next steps:

   - Screen for sepsis at triage
   - Identify patients with suspected sepsis
   - Initiate an ED adult or pediatric sepsis clinical care pathway
   - Initiate treatment, ongoing reassessment, and consultation

2) Has your hospital implemented an adult ED sepsis medical directive? Yes/No. If no, please explain.

For Inpatient Units

3) For each of the following items (applicable to every inpatient unit for adult, pediatric, and obstetric populations, as appropriate), indicate whether implementation is fully implemented, partially implemented, or not implemented. If not fully operational, provide additional details regarding the current status and planned next steps:

   - Screening for sepsis or early warning system
   - Escalation pathways for urgent response

RESOURCES

Review the clinical memorandum and clinical recommendations guiding Ontario Health's sepsis quality improvement approach.

All hospitals can access the sepsis eReport, which offers comprehensive sepsis data to facilitate quality improvement initiatives (ONE ID account required).

Access recommended tools and resources and connect with peers working to improve sepsis care across Ontario through the Ontario Sepsis Quality Improvement community of practice on Quorum (registration required).

Executive Compensation

Under the Excellent Care for All Act, 2010, organizations are required to ensure that the payment of performance-based compensation is tied to the achievement of the quality improvement targets set out in their annual QIPs and that this information is made available to the public.

In this section, describe which positions are defined as *executive* at your organization and what percentage of at-risk compensation is linked to achieving the organization's QIP targets. Table 1 provides an example.

Table 1: Example QIP Target–Based Executive Compensation

Executive team member	Compensation
President or chief executive officer	5% of annual base salary linked to achieving QIP targets
Chief nursing officer	5% of annual base salary linked to achieving QIP targets
Clinical vice-presidents	5% of annual base salary linked to achieving QIP targets
Chief of staff	4% of annual base salary linked to achieving QIP targets
Physician-in-chief	3% of annual base salary linked to achieving QIP targets

The table lists positions are defined as executive (column 1) and how much of each position's compensation is tied to achieving the organization's QIP targets (column 2).

Next, state which of the organization's QIP indicators are included in the executive compensation QIP targets. Explain how targets are weighted, for example, by providing an explanatory paragraph. Table 2 provides an example. Please note that this information should match the information given in your organization's QIP workplan.

Table 2: Example QIP Indicator Targets to Be Achieved for 100% Payout

- Reduce 90th percentile ambulance offload time to 30 minutes
- Decrease the percentage of patients who visited the ED and left without being seen by a physician to 4%
- Increase the positive response rate to our custom indicator question ("Were you involved as much as you wanted to be in decisions about your or your family member's care and treatment?") to 85%
- Increase the percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education to 80%
- Reduce the rate of delirium onset during hospitalization to 1%
- Reduce the rate of workplace violence incidents resulting in lost-time injury to 2%

Terms

Target achievement will be equally weighted for each indicator listed above; therefore, partial achievement of targets would result in partial payout (i.e., 1 target achieved = 16.7% payout, 2 targets achieved = 33.3%, 3 targets achieved = 50.0%, 4 targets achieved = 66.7%, 5 targets achieved = 83.3%); achievement of all 6 targets would result in 100% payout.

RESOURCES

For detailed guidance on defining executive compensation in relation to achieving QIP targets, see Performance-Based Compensation Linked to Quality Improvement Plans. This document also provides examples based on best practices in the field.

Long-Term Care–Specific Fields

The fields described here are to be completed only by long-term care homes.

These sections enable long-term care homes to submit their quality improvement information in one place, the QIP Narrative, which supports the quality reporting requirements of both Ontario Health's Long-Term Care Home Service Accountability Agreements and section 168 of Ontario Regulation 246/22 under the *Fixing Long-Term Care Act, 2021*. Once a long-term care home submits its QIP, QIP Navigator provides a single harmonized, downloadable report to support the home's regulatory reporting obligations. Each home must ensure that the report contains all the information required under subsection 168 (2) of Ontario Regulation 246/22, is published on the home's website no later than 3 months after the end of the fiscal year, 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. For more information, see section 168 of Ontario Regulation 246/22 under the *Fixing Long-Term Care Act, 2021*.

Priority Areas and Objectives

(O. Reg. 246/22, s. 168 [2]2)

Describe your home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for the next fiscal year.

Identification Process for Priority Areas

(O. Reg. 246/22, s. 168 [2]3)

Describe the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.

Monitor and Measure Progress, Identify and Implement Adjustments

(O. Reg. 246/22, s. 168 [2]4)

Describe the process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.

Resident and Family/Caregiver Experience Survey

(O. Reg. 246/22, s. 168 [2]5)

1) Provide the date the Resident and Family/Caregiver Experience Survey was conducted during the fiscal year.
2) Summarize the results of the survey taken during the fiscal year.
3) Describe how and when the survey results were communicated to residents, families, residents' council, family council, and staff.

Quality Improvement Activities, Results, and Engagement

(O. Reg. 246/22, s. 168 [2]6)

1) Describe the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act (Resident and Family/Caregiver Experience Survey), the dates the actions were implemented and the outcomes of the actions.
2) Describe any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions.
3) Describe the role of the Residents' Council and Family Council, if any, in actions taken under questions 1 and 2 of this section.
4) Describe the role of the continuous quality improvement committee in actions taken under questions 1 and 2 of this section.
5) Describe how the actions taken under questions 1 and 2 of this section were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home and provide the dates of such.

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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