

Quality Improvement Plan Program

Guidance Document 2024/25

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2024/25 Introduction

We recognize that it continues to be a challenging time for the health system. We continue to experience unprecedented challenges in health human resources, while striving to provide high-quality care and access to those who need it. We have taken these challenges into account when developing the Quality Improvement Plan (QIP) program for the upcoming year.

Priority issues and associated indicators were selected with Ontario Health, Ministry of Health, Ministry of Long-Term Care, and Service Accountability Agreement priorities in mind and with input from hospital, long-term care, and interprofessional primary care partners in our consultation process. Additionally, we considered the availability of administrative data and selected indicators for which most organizations would have performance data prepopulated in *QIP Navigator*.

Important changes to the 2024/25 QIP program are a shift from priority indicators to a focus on four priority issues – *Access and flow, Equity, Experience, and Safety* – and a suite of optional indicators associated with those priority issues. Focusing on system-level priority issues rather than priority indicators, supports health service organizations with more flexibility and options to align their quality improvement activities to high-priority areas where quality gaps exist. The optional indicators (which can be found in the *2024/25 Quality Improvement Plan Indicator Matrix* and *2024/25 Quality Improvement Plan Indicator Technical Specifications*) are a starting point – health service organizations may consider including these indicators but are not required to do so. As always, organizations may add custom indicators aimed at improving issues that are important to their communities within any priority issue.

Note about the alternate level of care (ALC) throughput ratio indicator

Alternate level of care (ALC) throughput ratio has been included, after discussions with regions that have identified it as a priority system-wide issue of access and flow. Its inclusion reinforces the importance of all sectors contributing to patients/clients/residents receiving care in the right place to reduce ALC. Although ALC throughput is measured at the hospital level, the work of primary care providers, and long-term care homes in providing care in the community contributes to better access to care and reduces avoidable emergency department visits and hospitalizations that could lead to people becoming designated as ALC in the first place.

Relationship between QIPs and Service Accountability Agreements

QIP program priorities align with those established in service accountability agreements (SAAs) and the two are complementary tools for accountability and quality improvement. SAAs establish the performance standard and set minimum expectations, and QIPs enable health service organizations to set stretch targets and test innovative changes while building a culture of continuous quality improvement. Where there are common indicators, the decision to include them for consideration in the QIP is to support alignment of system priorities, reduce indicator burden, and provide organizations with an opportunity to publicly share their quality improvement activities and targets through the QIP, as a complement to their ongoing work to fulfill performance expectations.

Purpose of This Guidance Document



This guide is for people who are involved in developing and submitting a quality improvement plan (QIP) for their health care organization. The guide is designed to describe 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 to use *QIP Navigator* (Ontario Health's QIP platform) to create and submit a QIP, and next steps – assessing and monitoring quality improvement. This guidance document will be most useful for new users of *QIP Navigator* or people who are looking to refamiliarize themselves with the QIP program.

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, and documented, and made available to the public annually by health care organizations in Ontario. The goal of the QIP program is to drive improvements across multiple sectors of the health care system that address province-wide priority issues – advancing equity, inclusion, and diversity and addressing racism – to achieve better outcomes for all people in Ontario through the cumulative efforts of every individual organization.

Key Terms

QIP Navigator is the web platform through which quality improvement planning information and documents are shared.

The phrase **people in Ontario** means patients/residents/families/caregivers. We may be characterized by one or more of these terms at some point in our lives; for simplicity, in this document, we use this phrase to encompass all.

QIP: A QIP (quality improvement plan) consists of three components: a workplan, a narrative, and a progress report. Each document reflects an integral part of the quality improvement planning process.

Priority issues are the four province-wide areas of focus – Access and flow, Equity, Experience, and Safety

Indicators are variables used by organizations to assess their performance and monitor their progress. Organizations can select from a suite of indicators defined by Ontario Health – these indicators characterize aspects of underlying issues that span all sectors of the health care system – or define and use custom indicators.

Sector: Quality improvement planning processes may vary for different types of organizations. For the purposes of the QIP program, Ontario Health includes three sectors: hospital, long-term care home, and interprofessional primary care.

Which Organizations Must Develop QIPs?

QIPs are submitted at the organizational level. Hospitals, long-term care homes, and most interprofessional primary care organizations are required to develop QIPs. The following organizations are required to develop a single QIP:

- Hospitals
 - Single-site hospital corporations governed by one Board of Directors
 - Hospital corporations governed by one Board of Directors approved to submit as a multisite submission
 - Multisector health service organizations governed by one single Board of Directors approved to submit as a multisector submission
- Each licensed long-term care home
- Each family health team, community health centre, nurse practitioner–led clinic, and Indigenous interprofessional primary care organization or aboriginal health access centre, regardless of the number of associated physician practices

QIP Requirements

Quality improvement plans are to be:

- Reviewed and approved by the health service organization’s Board of Directors
- Submitted to Ontario Health via the *QIP Navigator* platform by April 1 of each year

Hospitals have additional requirements to fulfil under the [Excellent Care for All Act, 2010](#):

- Hospitals must engage patients in the development of QIPs
- Hospitals must publicly post their QIPs
- Hospitals must consider aggregated critical incident data, patient surveys, and patient relations data as they develop their QIPs
- Executive compensation must be linked to the achievement of performance improvement targets outlined in the QIP

Quality Improvement Planning

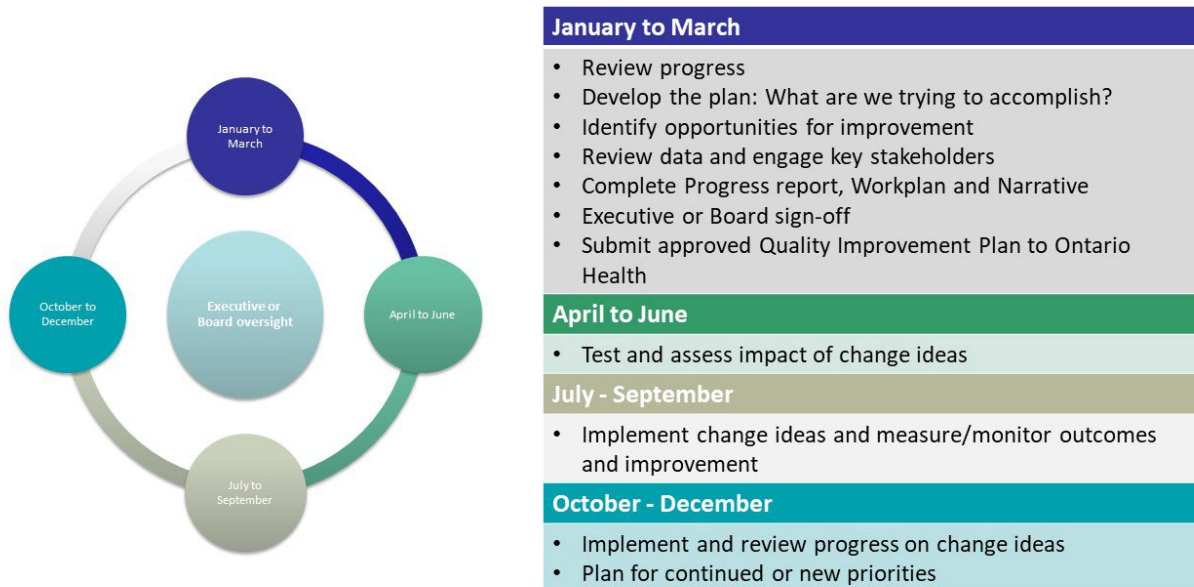
QIP Program Cycle

Overview



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

Figure 1. An Organization’s Typical QIP Development, Implementation, and Review Cycle



Note: QIP program—and *QIP Navigator*—related concepts, such as the **workplan**, **narrative**, and **change ideas**, will be discussed in later sections.

Resources and Tools

Planning Documents



The following QIP program documents should be reviewed each year to guide QIP development:

- Annual Memo: This document kicks off the annual QIP cycle and summarizes updates to the QIP program, highlighting the direction, goals, and new priorities found in the QIPs

- **Indicator Matrix:** This document presents the priority issues and associated indicators that organizations will be addressing in their QIPs in a visual format that can be easily shared with staff, board members, and people in Ontario
- **Narrative Questions:** This document summarizes your organization’s QIP and provides an opportunity to express to your community how your organization plans to improve the quality of care it provides. Each section has guiding questions or prompts to help set the stage to describe your organization’s quality initiatives.
- **Indicator Technical Specifications:** This document defines each indicator and how they are calculated. This document will be most useful to those directly involved in collecting and monitoring performance data.

Quorum



Information on the QIP indicators, as well as on how to conduct a quality improvement project, is available on [Quorum](#), Ontario Health’s online quality improvement community.

QIP Navigator



Visit [QIP Navigator](#) to access the most up-to-date information and documents. Any important communications regarding timelines or changes to the QIP program will also be posted there.

This document (*Quality Improvement Plan Program Guidance Document 2024/25*) and [QIP Navigator Resources](#) are meant to support QIP development and submission.

Developing a QIP

Tips

Tips to avoid common pitfalls encountered when developing QIPs:

- **Start early.** Begin development in the fall by reviewing the planning documents when they are released
- **Plan ahead** to present the completed draft of your organization’s QIP to the Board in February or early March for approval and sign-off. This is a crucial step to ensure the QIP is ready for submission by the deadline
- **The signed QIP should be publicly posted.** This is strongly encouraged for all sectors

Who To Engage in the QIP Development Process

It may be beneficial to create a QIP working group and set regular meetings over the year to develop the QIP and review progress. The working group should include people from groups described below.

Figure 2. QIP Working Group Members



Patients, Clients, Residents, and Their Families and Caregivers

Active engagement of the people in Ontario when developing and implementing a QIP is critical to ensure that targets and quality improvement activities that are meaningful to them are included. Consider engaging the community through patient, client, resident, and family councils; town halls; or focus groups.

Front-Line Staff

The people who are directly involved in the delivery of care most often have the best ideas on what is needed to achieve improvement. Their early involvement to identify and scope actions for improvement

are critical to the success of any quality improvement initiative. Consider forums and other ways to directly engage them on the priorities outlined for the QIP.

Board

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

Quality Committee

The quality committee is expected to report to the Board regarding QIP development and progress throughout the year. By signing the QIP, the chair of the quality committee certifies members' approval of the QIP. If your organization does not have a quality committee, consider putting one in place.

Leadership Team

Support and involvement from leadership is also critical to the success of the QIP; leadership should either 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 to develop the QIP. They have a role in empowering teams and front-line providers to identify ways to achieve improvement and actively implement changes to improve quality. 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. By signing the QIP, the chief executive officer, executive director, or administrative lead certifies approval of the QIP.

Clinical Leaders

The clinical leaders of an organization are critical to improvement efforts and developing a culture of quality within an organization. Clinical leaders, including the lead clinician, should be actively engaged in the development of the annual QIP and should aim to involve all clinicians and staff at the organization in QIP development and implementation. All those in leadership positions are accountable for implementing and supporting the QIP in their respective areas. An important element is to take opportunities to recognize team achievements and profile how activities outlined in the QIP are improving care at the organization.

Note about collaborative work and Ontario Health Teams

[Ontario Health Teams](#) continue to drive improvement of population health outcomes across the full continuum of care with an emphasis on equity-based and culturally appropriate approaches to improve patient outcomes and reduce health disparities. Organizations that submit a QIP may also consider highlighting collaborative work with other health service organizations or within their Ontario Health Team (for those who are part of an OHT), in the new narrative section **Population Health Approach**. Organizations may also consider including custom indicators in their workplan.

Using QIP Navigator

[QIP Navigator](#) is Ontario Health’s QIP platform. Organizations will conduct most QIP program–related activities through the platform. Information on how to access data and submit documents is available in the [QIP Navigator User Guide](#).



Look for this symbol in *QIP Navigator* to access additional resources and guidance through hover help.

- **Verify your organization’s username and password for QIP Navigator** once it opens. Each organization has only a single set of credentials (i.e., one username and one password)
- **Review current performance data in QIP Navigator when it becomes available.** Typically, around January or February of 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 the 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 the validation step is completed
- The signed QIP should be publicly posted. This is strongly encouraged for all sectors. QIP Navigator will ask for verification that a signed copy of the QIP exists

Components of the QIP



A QIP consists of three components: a progress report, a narrative, and a workplan. Together, these sections tell your communities your organization’s quality improvement story for the current year and plans for the year ahead. *QIP Navigator* includes prompts and hover help to guide you as you complete each of these components of your organization’s QIP.

You can also export a shareable copy of the progress report, narrative, and workplan. This enables you to share your draft with your organization’s working group.

Progress Report

What Is the Purpose of the Progress Report?

The purpose of the progress report is to highlight to your team and community how your organization’s improvement efforts have affected the care it provides. This component of the QIP requires you to reflect on your organization’s current performance compared with that of the previous year, as well as on the effectiveness of the change ideas from the previous QIP (i.e., whether they led to measurable improvement).

Your organization’s progress report links the previous year’s QIP with the next QIP and sets the stage for your organization’s ongoing efforts throughout the year. The progress report includes information about the previous year’s starting point and change ideas and provides an opportunity to comment on the change ideas selected, successes and challenges, and progress made toward targets. This information is

a great starting point for determining areas for improvement, targets, and change ideas to include in your organization’s QIP for the upcoming year.

What Information Needs to Be Included in the Progress Report?

Information that is **required** (Figure 3, outlined in blue):

- Current performance for indicators that are measured using self-reported data, such as survey data
- For each change idea, identify whether it was implemented or not
- Lessons learned: Describe the key learnings from your experience working on the change idea. Include advice you would give to others attempting a similar change idea (e.g., what made the change idea successful or what were the barriers that prevented successful implementation?)
- Comments: Use this section to outline any other challenges to meeting the targets or details your organization wants to share with others about this initiative
- Results: Upload any results (e.g., a graphic or run chart) to illustrate your organization’s progress on the indicator

Figure 3. Information Included in the QIP Progress Report

ID	INDICATOR (UNIT; POPULATION; PERIOD; DATA SOURCE)	ORG ID	PERFORMANCE STATED IN PREVIOUS QIP	PERFORMANCE TARGET AS STATED IN PREVIOUS QIP	CURRENT PERFORMANCE	COMMENTS	RESULTS	ACTIONS
CHANGE IDEAS FROM LAST YEAR'S QIP		WAS THIS CHANGE IDEA IMPLEMENTED AS INTENDED	PROCESS MEASURES FROM LAST YEAR'S QIP	LESSONS LEARNED: • WHAT WERE YOUR SUCCESSES AND/OR CHALLENGES?				

The following information will be automatically generated in *QIP Navigator* each year (Figure 3, outlined in red):

- The indicators, change ideas and process measures included in your organization’s QIP workplan from the previous year
- Performance as stated in your organization’s previous QIP
- The targets set in your organization’s previous QIP
- Your organization’s current performance for indicator data to which Ontario Health has access (e.g., through Canadian Institute for Health Information)

Narrative

What Is the Purpose of the Narrative?

The narrative section is an executive summary of your organization’s QIP. It provides an opportunity to describe the context in which your organization’s quality improvement activities take place and tell people in Ontario how your organization plans to improve the quality of care it provides.

How Do I Complete the Narrative in QIP Navigator?

To complete the narrative, you will be asked to answer narrative questions in *QIP Navigator* related to your organization's work on a few quality issues.

Tips

- Use the narrative as a platform to engage patients and residents in quality improvement planning discussions
- Review your organization's narrative with an equity lens and share your achievements and innovations in addressing the unique needs of the populations and people you serve
- Ensure that the narrative is concise and that it is easily understood by your staff and the public, resonates with them, and provides enough detail for them to understand the upcoming QIP

Workplan

What Is the Purpose of the Workplan?

The workplan is the forward-looking portion of the QIP that identifies the indicators, quality improvement targets, and specific actions (i.e., change ideas) that your organization is committing to for the upcoming year. Some improvements may require multiyear strategies to be successful, and setting graduated, multiyear targets and plans may be appropriate.

Organizations are strongly encouraged to identify external partnerships with other health service organizations and within their Ontario Health Teams (for those that are part of one) and include these collaborations in their QIPs.

Which Indicators Should Be Considered?

Optional Indicators

Each year, Ontario Health releases a list of indicators for each sector to consider including in their QIP. These indicators are carefully selected through consultation and input from partners and alignment with Ontario Health, Ministry of Health, and Ministry of Long-Term Care priorities. Collectively, these indicators will support a shared focus on key system priority issues to support quality of care in Ontario.

We encourage all organizations to choose from the suite of optional indicators, particularly organizations where there is unwarranted variation in performance.

Custom Indicators

Organizations may choose to include custom indicators (i.e., indicators that are not included in the suite of optional indicators provided by Ontario Health) in your organization's QIP that are aimed at improving issues that are important to your communities or that align with one of the four priority issues identified. We recommend that your organization include custom indicators when your organization or team shows very strong performance on all the optional indicators. We also encourage your organization to consider adding custom indicators that are focused on identifying and reducing the disparities in health access, experiences, and outcomes for racialized communities and high-priority populations. These populations include:

- People without access to healthcare benefits and those living on a low income

- Black, Indigenous, and other racialized populations
- Francophone populations
- People who identify as 2SLGBTQIA+
- People living with disabilities
- People living in remote areas
- People experiencing mental health and addiction conditions
- Older adults

What Needs to Be Included in the Workplan?

The workplan has been designed to align with the Model for Improvement,¹ with 3 fundamental questions driving the improvement process:

- **AIM:** What are we trying to accomplish?
- **MEASURE:** How do we know that a change is an improvement?
- **CHANGE:** What changes can we make that will result in the improvements we seek?

AIM: What are we trying to accomplish?

The aim describes the issue that is being addressed through the indicator (e.g., safe and effective care). Aims are outlined for each indicator in QIP Navigator.

MEASURE: How will we know that change is an improvement?

To know that a change you make is resulting in improved outcomes, you will have to measure your organization's progress and compare your organization's results against its baseline. Here is a description of what will be included in each step of this section.

¹Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. Improvement guide: a practical approach to enhancing organizational performance 2nd ed. Jossey-Bass Publishers; 2009.

Table 1. Workplan: Measure Fields

Field name	Description
Indicator	<p>Indicators are standardized, evidence-based measures of health care quality. Select the optional indicators and add custom indicators if applicable.</p> <p>(See Indicator Technical Specifications 2024/25 for information on how indicators are measured, including full definitions, reporting periods, recommended targets etc.)</p>
Current performance	<p>Include your organization’s current performance data or rate associated with the indicator.</p> <p>Where possible, current performance data will be uploaded to QIP Navigator by Ontario Health using validated data from the source identified in the indicator technical specification.</p>
Target	<p>Input the target your organization expects to meet or exceed for the coming year.</p> <p>Setting an aspirational target requires evaluation of your organization’s current performance on the indicator and current benchmarks (if they are available), as well as careful assessment of what is feasible given your local and broader health care environment. You are expected to set a target for each of your chosen indicators that will move your organization in the direction of improvement.</p> <p>Retrograde targets, a target in which the goal is set to perform worse than the current performance, should not be selected.</p> <p>For more information about setting QIP targets, see Approaches to Setting Targets for Quality Improvement Plans.</p>
Target justification	<p>Describe why your organization selected this quality improvement target(s) for the coming year. Explain if this target is based on meeting recommended benchmark performances, aligning with provincial performance, or related to evidence based best practice for this indicator.</p>
Executive compensation	<p>Mandatory for hospitals: QIP indicator targets associated with executive compensation plans. Hospitals must follow Ministry of Health instructions to comply with this requirement.</p>
External collaborators	<p>Include any external health service organization partner(s), and Ontario Health Team(s) that you are involved in work on this issue/indicator. Any collaborating partners named in QIP Navigator will be able to see that they are named via the downloadable Collaboration Report.</p>

CHANGE: What changes can we make that will result in improvements?

Each field in the change section has a **15-character minimum**, except for the Comments section.

Table 2. Workplan: Change fields

Field name	Description
<p>Planned improvement initiatives (change ideas)</p>	<p>Change ideas are specific, practical strategies that focus on improving aspects of a system, process, or behaviour. Change ideas can be tested and measured so that the results can be monitored.</p> <p>There are hover help symbols in navigator that will link you to best practice change ideas and resources.</p> <p>List one change idea per row (versus adding them as a group within a cell) so that your organization can determine the effectiveness of each change idea in supporting quality improvement goals. The change ideas included in this section of your Workplan will appear in next year's Progress Report so that you can report on the results of each.</p> <p>Include at least one corresponding process measure (how you will measure impact; see below) for each change idea.</p> <p>Review Quorum for information about change concepts and ideas and about using the Plan-Do-Study-Act cycle for testing change ideas. You could also search for how other organizations have approached change by using Query QIPs.</p> <p>Remember that other organizations (both in your sector and in other sectors) may be working to address the same quality issues through their QIPs. Collaborating with other organizations can often help you to achieve larger-scale improvement on these issues. Shared change ideas can be included here as well.</p>
<p>Methods (how you will implement your change idea)</p>	<p>Identify the processes and tools your organization will use to regularly monitor progress on your quality improvement activities and tests of change. Include details on how and by whom (e.g., which department or partner organization) data on change ideas will be collected, analyzed, reviewed, and shared. Describe any collaborations with other organizations and the roles that each will play here.</p>
<p>Process measures (how will you measure the success/progress of your methods)</p>	<p>Process measures should be carefully selected to directly gauge the impact of the change ideas on the process(es) needing improvement (e.g., Is the new process better? How do you know?). This information will help you determine if the change idea(s) should be adopted, adapted, or abandoned.</p> <p>Process measures must be quantifiable and reportable as rates, percentages, or numbers over specific timeframes.</p> <p>For example, for the indicator <i>medication reconciliation at discharge</i>, a process measure may be: “Number of medication reconciliation forms documented as complete in the hospital system before discharge from cardiology monthly.”</p> <p>Visit Quorum for more information about creating process measures and measurement plans.</p>

Field name	Description
<p>Target for process measure (how will you know you are successful)</p>	<p>List the numeric target related to the process measure you have chosen to measure your change idea. Because there is a minimum character limit, list your target in sentence form. Include the goal, the target number, the rate, and the time frame.</p> <p>For example, “We are aiming to increase/reduce _____ by _____%, from _____ to _____, by _____.”</p>
<p>Comments</p>	<p>Provide any additional comments about the quality improvement initiatives. These can include factors for success, partnerships, barriers, links to other programs, etc.</p>

Implementing the QIP Workplan



A QIP involves much more than simply developing and submitting the document to Ontario Health. Your organization must work throughout the year to implement the changes outlined in the plan to achieve improvement on the indicators.

Keep the People Who Helped to Develop the QIP Engaged in its Implementation

Review and share progress on your organization's QIP regularly with its internal and external partners and collaborators. Set aside time to review progress on your organization's QIP as a regular agenda item for meetings (e.g., Board meetings, Patient and Family Advisory Council meetings). Consider visual displays on your organization's progress on a website, or bulletin board. Celebrate your organization's successes and leave time to discuss next steps if there is no improvement. Include a leader and patient advisor on working meetings for your organization's quality improvement projects.

Use Quality Improvement Science

Use quality improvement science to guide your organization's improvement projects. There are many paths to follow, but the way the QIP is structured most closely reflects the [Model for Improvement](#). Quality improvement is continuous and not linear.

An introduction to quality improvement science is available on [Quorum](#).

Monitor Performance Frequently

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

It is critical to establish a schedule for regular reporting, communicate trends within your organization, and identify emerging performance issues early so that you can correct them in a timely manner.

Monitor performance on your organization's indicators regularly—not only annually as you work on your QIP progress report. This may mean setting up local data collection for the indicator using your organization's electronic medical record system and tracking other process measures by whatever means necessary. Monitoring your performance frequently will also help you plan and prepare for your organization's 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. QIPs are structured so that all organizations that submit QIPs will have the opportunity to work on the same priority issues, although organizations in different sectors will use different indicators. Collaborations can help all organizations achieve meaningful improvement.

You will have the opportunity to reflect on partnerships your organization is engaged in for different quality issues through the External Collaborators Report in QIP Navigator. This downloadable report

shows you the organizations you are partnering with on specific indicators or themes and identifies which organizations have tagged you in their QIPs as a partner/collaborator.

We encourage organizations to continue to identify ways to work with their system partners on their quality improvement goals.

Consult Additional Resources

Ontario Health Quality Improvement Specialists



The quality improvement specialists at Ontario Health can help you with any questions you have about your QIP, including:

- Providing advice about developing your QIP, including selecting change ideas, setting targets, etc.
- Providing technical support with your submission
- Suggesting more specific resources and supports
- Helping you to learn more about quality improvement initiatives and events happening in your area, and connecting you with others working on quality in your region

Reach a quality improvement specialist by email at QIP@ontariohealth.ca.

Quorum

Visit [Quorum](#) to learn about quality improvement

Quorum is Ontario Health's online health care quality improvement community. On Quorum, you can:

- Learn more about some of the indicators featured in this year's QIPs
- Read an introduction to quality improvement science and link to specific tools, resources, and guides
- Read [posts](#) about initiatives people have described in their QIPs
- Ask [questions](#) that will be answered by your peers or quality improvement specialists at Ontario Health
- Join the [Quality and Patient Safety Program CoP](#) to share your learning and keep up-to-date with quality improvement and patient safety here.
- Learn about other [Communities of Practice](#) hosted by Ontario Health

Previously Submitted QIPs

Download QIPs

The [Download QIPs](#) page in QIP Navigator allows you to download other organizations completed QIPs from previous years. You will need to login to access this function.

Query QIPs

The [Query QIPs](#) page in QIP Navigator allows you to search all submitted QIPs for any component of the QIP, indicator or keyword of interest. It is a great way to generate ideas and learn from other QIP submissions. You can filter results (example indicator, organization type, geography) and download in multiple formats.

Other Resources

[Engaging with Patients and Caregivers about Quality Improvement](#) is a guide created with patients and caregivers that supports them in the quality improvement process, making them active participants in improving the health care system. For more information about how to engage patients, clients, residents, and their families, click [here](#).

For guidance on quality committees, refer to the Ministry of Health's [website](#).