



**QUALITY IMPROVEMENT PLAN PROGRAM**

# **QIP Narrative Questions 2025/26**

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.

## **Table of Contents**

Overview .....	2
Access and Flow .....	2
Equity and Indigenous Health .....	2
Patient/Client/Resident Experience.....	3
Provider Experience .....	3
Safety.....	3
New – Palliative Care (All Sectors) .....	3
Population Health Management.....	4
Administrative Burden (Interprofessional Primary Care Sector Only).....	5
New – Quality Improvement and Emergency Department Return Visit Quality Program (for Hospitals Participating in This Program) .....	5
For Large-Volume Sites (Emergency Departments With More Than 30,000 Annual Visits) .....	5
For Small-Volume Sites (Emergency Departments With Less Than 30,000 Annual Visits) .....	5
Executive Compensation (Hospital Sector Only).....	6
Contact Information/Designated Lead.....	6
Other .....	6
Sign-Off.....	6

## 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 most proud of. This opening paragraph will set the context for what your organization will be working toward through QIP activities.

*Recommended length: 250 words*

## Access and Flow

Optimizing system capacity, timely access to evidence-based care that meets the needs of the population, and patient flow ultimately improve outcomes and the experience of care for patients, clients, and residents. Health service organizations across the system – interprofessional teams, primary care, home and community care, long-term care, and hospitals – are working in partnership and across sectors on initiatives to support individuals in remaining in the community as long as possible and in avoiding unnecessary hospitalization or emergency department visits through the implementation of leading practices and new models of care, and by ensuring timely access to primary care providers. While individual organizations can implement leading practices on their own, they are encouraged to ensure that integrated care is woven into improvement plans by co-developing quality improvement plans with organizations in other sectors.

In this section, describe improvement work that your organization has planned to support patients, clients, and residents in accessing the right care in the right place at the right time.

*Recommended length: 250 words*

### 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 emergency department, acute care, and postacute care settings.

## Equity 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.

Please share your organization's plans for quality improvement initiatives to improve equity and foster Indigenous health and cultural safety (for example, implementation of workplans such as an Equity, Inclusion, Diversity, and Antiracism workplan; First Nations, Inuit, Métis, Urban Indigenous health workplan, or a workplan that includes existing provincial priorities (such as populations who experience significant barriers to accessing care and health services), which may be based on Service Accountability Agreement obligations).

*Recommended length: 250 words*

### Resources

Ontario Health's [First Nations, Inuit, Métis and Urban Indigenous Health Framework](#)

[Other resources](#)

## Patient/Client/Resident Experience

Share how your organization plans to incorporate information from experience surveys; or other feedback received about care experiences into improvement activities.

*Recommended length: 250 words*

## Provider Experience

Many organizations are implementing innovative practices to improve recruitment and retention, (such as through incentive-based programs for nurses and personal support workers) workplace culture, and staff experiences. Describe practices or initiatives your organization has planned to improve recruitment, retention, workplace culture, or staff experience.

*Recommended length: 250 words*

## Safety

Describe a quality improvement project or initiative that is part of your organization's efforts to create and sustain a culture of safety to prevent or reduce patient safety incidents. Consider sharing system approaches of addressing all forms of harm by leveraging Healthcare Excellence Canada's Rethinking Patient Safety report or including activities related to participation in Ontario Health's Never Events Hospital Reporting initiative.

*Recommended length: 250 words*

### Resources

[Rethinking Patient Safety](#) from Healthcare Excellence Canada is a guide for patients, health care teams, and health care leaders to discuss new approaches to patient safety. The [Patient Safety and Incident Management Toolkit](#) from Healthcare Excellence Canada provides a set of resources that focuses on actions to take following patient safety incidents.

Join Ontario Health's [patient safety community of practice](#), a space for members to come together with peers across all health sectors to discuss improvement opportunities and share learnings from patient safety-related incidents, and learn more about the Never Events Hospital Reporting initiative.

For more information about this question, please email [QualityandPatientSafety@ontariohealth.ca](mailto:QualityandPatientSafety@ontariohealth.ca).

## New – Palliative Care (All Sectors)

Describe how your organization has delivered (or plans to deliver) high-quality palliative care. Please provide up to 3 specific examples of activities within your organization that demonstrate a commitment to meeting this objective.

Consider themes such as organizational readiness; health human resource competency; patient, resident, and care partner engagement; patient, resident education; and the organization's focus on processes to support care when identifying key activities that your organization may be engaged in. Describe how the activities achieve the standard of care exemplified by quality statements in the Quality Standard for Palliative Care or Ontario Palliative Care Network model of care recommendations.

*Recommended length: 250 words*

## Resources

Ontario Health's [Quality Standard for Palliative Care](#) describes what the provision of high-quality palliative care looks like and underpins the Ontario Palliative Care Network's model of care framework.

The [Palliative Care Health Service Delivery Framework](#) outlines model of care recommendations for ensuring that high-quality person-centred palliative care is provided to patients wherever they are.

## Example Themes

- Organizational readiness (e.g., using self-assessments or readiness surveys; see [Getting Started Guide: Putting Quality Standards into Practice](#))
- Health human resource competency (e.g., examining staff competencies in direct relation to the [Ontario Palliative Care Competency Framework](#), determining education needs using Ontario Palliative Care Network tools, and implementing education plans to address identified needs)
- Patient, resident, and care partner engagement (e.g., engaging with advisory or resident councils)
- Patient or resident education (e.g., using patient or resident surveys to assess education needs; offering education sessions to raise awareness of the benefits of early integration of palliative care; providing plain language resources focussed on palliative care or advanced care planning)
- Focus on processes to support care (e.g., using methods for earlier identification of palliative care needs; palliative care assessment tools; and initiatives to encourage and enhance advance care planning and goals-of-care discussions, team collaboration-in-care planning, and care coordination and transitions)
- Measurement, evaluation, and reporting (e.g., establishing key metrics for quality improvement efforts; reporting on outcomes of these metrics)

## Population Health Management

*Population health management*, as defined by the Rapid Improvement Support Exchange (RISE) program, is an iterative process which involves gathering data and insights from many partners (including nontraditional health care partners) about an entire population's health and social needs. These insights inform the co-design of proactive, integrated, person-centred, cost-effective, equitable, and efficient solutions with the goal of improving the health needs of persons along the continuum of care and well-being.

In this section, share how your organization is partnering with other health service organizations to care for the unique needs of people in the community. For organizations that are part of an Ontario Health Team, consider including work (or planned work) related to population identification or co-design with people with lived experience.

*Recommended length: 250 words*

## Resources

Rapid Improvement Support Exchange (RISE) infographics can support rapid learning and improvement:

[RISE Overview of Population-Health Management](#)

[RISE Implementing Population Management: Population Identification](#)

## Administrative Burden (Interprofessional Primary Care Sector Only)

To help support the primary care initiative of “patients before paperwork,” share how your organization is supporting clinicians and the interprofessional team in being able to spend more time on direct patient care by streamlining clinical and administrative work. Where possible, please provide examples of specific initiatives that:

- Support standardized documentation and reduce variability of patient data (e.g., standardized notes and forms, diagnosis coding, electronic medical record dashboards)
- Facilitate efficient communication with patients (e.g., patient portals, secure messaging, eReferral)
- Advance the use and the effectiveness of digital tools for clinicians (e.g., secure messaging, online appointment booking, eReferral, eConsult, Ontario Laboratory Information System, Health Report Manager, electronic prescribing)

*Recommended length: 250 words*

### Resources

Ontario Health’s [Patients Before Paperwork](#) program

[Your Health: A Plan for Connected and Convenient Care](#) published by the Government of Ontario

## New – Quality Improvement and Emergency Department Return Visit Quality Program (for Hospitals Participating in This Program)

Each site that is part of a hospital participating in the Emergency Department Return Visit Quality Program (EDRVQP) should answer either the large-volume site or small-volume site questions:

### For Large-Volume Sites (Emergency Departments With More Than 30,000 Annual Visits)

1. 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.
2. 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.

### For Small-Volume Sites (Emergency Departments With Less Than 30,000 Annual Visits)

1. Describe the team conducting audits and implementing quality improvement initiatives as part of your hospital site’s participation in EDRVQP. Describe the team’s approach to conducting audits, determining quality improvement initiatives, and addressing challenges encountered.
2. Please tell us which quality issues are a priority for your hospital site’s emergency department. Describe quality improvement initiatives that are being planned or worked on this year as a result of your team’s EDRVQP audit.

*Recommended length: 250 words*

## Resources

More information can be found in the documents *Information for Hospital Sites: Guidance Document* and *EDRVQP and QIP Integration*, which are available from the [Emergency Department Return Visit Quality Program website](#).

## Executive Compensation (Hospital Sector Only)

Please describe how you have connected executive compensation to the indicators and targets set in the workplan of your organization's QIP. Please outline indicators and targets; include the rationale for indicator and target selection.

## Resources

Please refer to the document [Performance Based Compensation and QIP](#).

## 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 publicly posted along with the QIP.

## Other

Is there anything else you would like to share with people in Ontario about your organization's quality improvement approach or activities that has not been mentioned above?

## For long-term care

This field can be used to provide additional information to complete a continuous quality improvement initiative report. See [section 168 of O. Reg 246/22 of the Fixing Long-Term Care Act, 2021](#)

## Sign-Off

It is recommended that the following individuals review, approve, and sign-off on your organization's quality improvement plan (where applicable):

Board Chair \_\_\_\_\_ (signature)

Board Quality Committee Chair \_\_\_\_\_ (signature)

Chief Executive Officer \_\_\_\_\_ (signature)

EDRVQP lead \_\_\_\_\_ (signature)

ISBN 978-1-4868-8555-8 (PDF)  
© King's Printer for Ontario, 2024

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, [info@ontariohealth.ca](mailto:info@ontariohealth.ca).

Document disponible en français en contactant [info@ontariohealth.ca](mailto:info@ontariohealth.ca)