

# QIP Guidance Document 2023/24

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# The Purpose of This Guidance Document



This guide is for people who are involved in developing and submitting a Quality Improvement Plan (QIP) for their organization. The guide is designed to inform and provide instruction on how to prepare for the QIP, who should be consulted, how to develop and submit the QIP through QIP Navigator, and what resources are available. This guidance will be most useful to new users or people who are looking for a refresh of the QIP process.

## What is a Quality Improvement Plan (QIP)?



A QIP is a public, documented set of quality commitments that a health care organization makes to its patients/residents, staff, and community on an annual basis to improve specific quality issues through focused targets and actions. The goal of the QIP is to drive improvement broadly across Ontario and in different sectors of the health care system through the cumulative efforts of individual organizations working on areas of focus deemed a priority for the province. These priorities include advancing equity, inclusion, and diversity and addressing racism within the health care system to achieve better outcomes for all patients, families, and providers.

Organizations assess their progress on these quality issues by monitoring their performance via a set of quality indicators. Organizations in different sectors of the health care system will measure different indicators, but the underlying issues these indicators represent span all sectors. Each year, organizations that develop QIPs are expected to review their current performance using these indicators, then set targets and plan actions for improvement based on their performance.

A QIP consists of three components:

- 1) A Progress Report, where organizations reflect on their performance over the past year, including successes and challenges (Note: For the 2023/24 QIP, the progress report will only be available for those organizations that fully submitted a 2022/23 QIP)
- 2) A Narrative, where organizations provide context for their quality improvement work
- 3) A Workplan, where organizations set improvement targets on their chosen indicators and describe their planned actions to achieve these targets

## Which organizations are required to develop QIPs?

Hospitals, long-term care homes, and most interprofessional primary care are required to develop QIPs.

Quality Improvement Plans are submitted at the organizational level. The following organizations are required to develop one QIP:

- Single-site hospital corporations governed by one Board of Directors
- Multisite hospital corporations governed by one Board of Directors
- Each licensed long-term care home, regardless of affiliation with a multisite corporation
- Each family health team, regardless of the number of associated physician practices

### ***Multisector organizations***

Ontario Health has developed a streamlined submission process for multisector organizations with common governance structures (i.e., a single board), which is the option to submit a single common QIP. Any multisector organizations interested in submitting a single QIP should contact [QIP@ontariohealth.ca](mailto:QIP@ontariohealth.ca).

### ***Ontario Health Teams***

Currently, Ontario Health Teams (OHTs) are in various stages of development across the province. For the 2023/24 cycle, QIPs will continue to be developed by individual organizations as described above. **Ontario Health Teams will also be required to develop and submit a collaborative Quality Improvement Plan (cQIP).** More information on OHTs is available from Ontario's [Ministry of Health](#) and Ministry of Long-Term Care.

## How do the cQIP and the QIP intersect?

The cQIP is related to, but distinct from, the provincial QIP. The cQIP is designed to support multiple partner organizations within an OHT in developing an integrated approach to improvement and monitoring common quality improvement activities at a population level, whereas the QIP focuses on organization-level or sector-level issues and improvement activities. The cQIP has collaborative goals; data aren't provided or collected at the organization level; and there is no executive compensation structure. Ideally, the cQIP and

the QIP should be complementary. Organizations can include cQIP indicators in their QIP by using the “custom indicator” function.

Resources related to cQIP development can be accessed [here](#).

## Requirements for Submitting a QIP



Quality Improvement Plans are to be:

- Reviewed and approved by the organization's Board
- Submitted to Ontario Health via QIP Navigator by April 1 of each year
- Posted on your organization's website where applicable to meet legislative obligations

Hospitals have additional requirements to fulfil as per the *Excellent Care for All Act, 2010* and regulations under this Act:

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

## Developing and Submitting a QIP

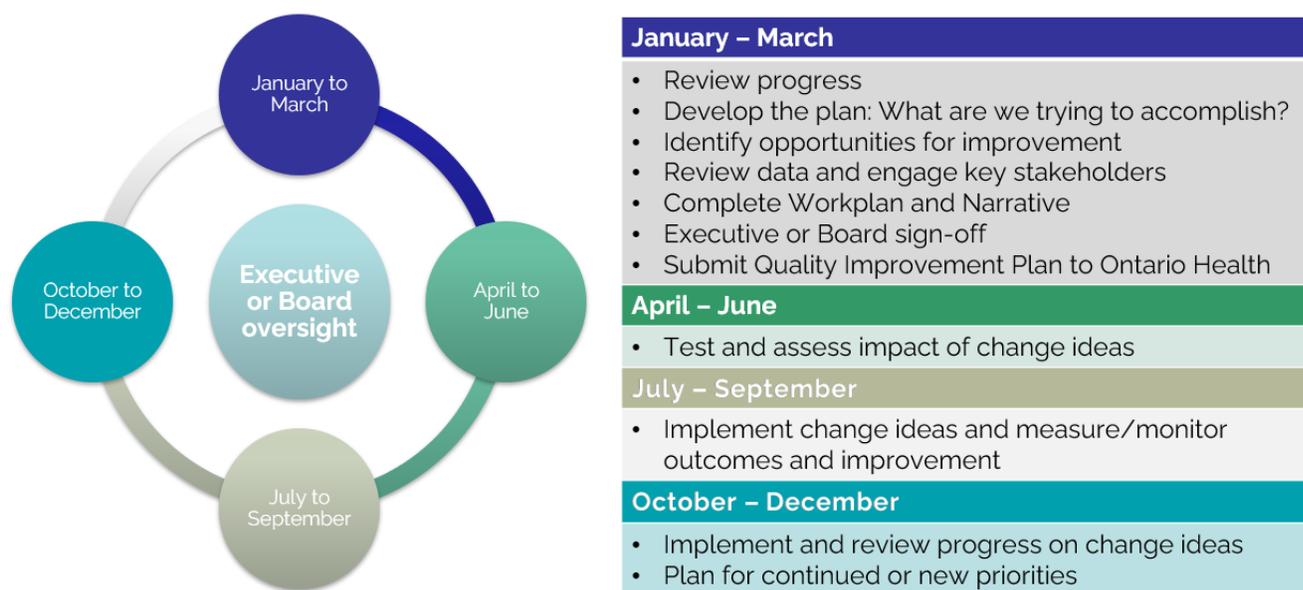


Visit the QIP [website](#) to access the most up-to-date versions of important documents that will help you with QIP development and submission. Any important communications regarding timelines or changes to the QIP program will also be posted there. Note: The submission date for the QIPs is by April 1 (see **Figure 1**, below, which outlines a normal QIP cycle).

The following documents (available [here](#), under “Annual Planning Materials”) are released or updated annually and should be reviewed by all users each year to guide QIP development.

- **Annual memo:** This document summarizes any updates to the QIP program, and highlights the direction, goals, and new priorities addressed through the QIPs
- **Priority indicator matrix:** This document presents the priority areas of focus and associated indicators that organizations will be addressing in their QIPs in a visual format that can be easily shared with staff, patients/residents/families, and board members
- **QIP indicator technical specifications:** This document presents more detailed definitions of each indicator and how they will be measured. This document will be most useful to those directly involved in collecting/monitoring performance data

**Figure 1. QIP development, implementation, and review cycle**



This QIP Guidance Document and QIP Navigator [resources](#) are meant to support QIP development and submission. They should be reviewed by all users who are new to working on the QIPs and can be referenced by anyone to answer questions that might arise.

More information on the QIP indicators as well as information on how to conduct a quality improvement project are available on [Quorum](#), Ontario Health's online quality improvement community.

## Using QIP Navigator to develop a QIP

Organizations submit their QIPs through Ontario Health's [QIP Navigator](#). Information and resources on how to develop and submit your QIP through this online platform will be made available in the QIP Navigator user guide, which can be accessed [here](#).



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

## Tips to make your QIP submission process as easy as possible

Follow these tips to avoid common pitfalls that people encounter when developing their QIPs.

- **Start early.** Begin developing your QIP in the fall by reviewing the QIP resources listed above when they are released
- **Verify your organization's username and password for QIP Navigator** when QIP Navigator opens. Each organization has only one username/password. You can reset your password through QIP Navigator if needed. If you experience issues logging in, email [QIP@ontariohealth.ca](mailto:QIP@ontariohealth.ca)
- **Review current performance data in QIP Navigator when it becomes available.** In January and February of each year, Ontario Health uploads current performance data for those indicators for which data are available (e.g., through the Canadian Institute for Health Information). Reconcile any discrepancies in your QIP, and use this current performance data to set targets for improvement
- **Plan ahead** to present the completed draft of your QIP to the Board in February or early March for approval and sign-off
- **Your signed QIP should be publicly posted.** This is strongly encouraged for all sectors. QIP Navigator will ask you to verify that a signed copy of your QIP exists and will be made publicly available
- **Ensure that your QIP is complete before formally submitting it.** Use the "Validate" function in QIP Navigator to confirm that your draft QIP is complete. This function will flag any omissions or fields that still need to be completed. You will not be able to formally submit your QIP until you have completed this validation process

## Who to engage in the QIP development process

It may be beneficial to create a QIP working group and set regular meetings to develop the QIP annually and review progress over the year. The working group should include front-line staff and management as well as patients, residents, and their families. 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.

Groups should be engaged as described below.

### ***Patients, clients, residents, and their families***

Active engagement of patients and residents in developing and implementing your QIP is critical to ensure the QIP includes targets and quality improvement activities that are meaningful to them. Consider engaging your community through established formats, such as patient, client, resident, and family councils; town halls; or focus groups. [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](#).

### ***Front-line care team***

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

### **Chief executive officer, executive director, or administrative lead**

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.

### **Senior team, lead clinician, clinical director, or program director**

The clinical leaders of an organization are critical to improvement efforts and developing a culture of quality within an organization. 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.

## **Completing the Three Components of a QIP in QIP Navigator**



A QIP consists of three components: 1) A Progress Report, where organizations reflect on their performance over the past year, including successes and challenges (Note: In the 2023/24 QIP, only those organizations that fully submitted a

2022/23 QIP will be able to complete a progress report); 2) a Narrative, where organizations provide context on their quality improvement work; and 3) a Workplan, where organizations set improvement targets on indicators reflecting the key quality issues and describe their planned actions to achieve these targets

Together, these sections tell 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 QIP. You can also export a shareable copy of the Progress Report, Narrative, and Workplan. This enables you to share your draft QIP with your partners/collaborators.

An overview of the process for each section is presented below.

## Completing the Progress Report

**(Note:** only those organizations that fully submitted a QIP in 2022/23 will be able to complete the 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 improvement efforts have impacted the care provided at your organization. It requires you to reflect on your current performance compared with the previous year's performance as well as the effectiveness of the change ideas you had planned last year (i.e., whether they led to measurable improvement). Your Progress Report links the previous year's QIP with your 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, change ideas you selected, successes and challenges you experienced, and progress made toward targets, allowing you to learn from what worked and what did not. This information is a great starting point for determining priority areas for improvement, targets, and change ideas to include in your QIP for the coming year.

## ***What information needs to be included in the Progress Report?***

Some information in the Progress Report will be automatically generated in QIP Navigator, while other information you will need to upload yourself.

Information that is automatically generated in QIP Navigator

The following information will be automatically generated in QIP Navigator each year (**Figure 2**, outlined in red):

- The indicators and change ideas you included in your QIP Workplan from the previous year
- Your performance as stated in your previous QIP
- The targets you set in your previous QIP
- Your current performance on indicators for which Ontario Health has access to data (such as through the Canadian Institute for Health Information). For indicators that use self-reported data, you will need to collect and upload this data yourself

Information that you need to add to the Progress Report

You will need to input the following information (**Figure 2**, outlined in blue):

- Your current performance for indicators that are measured using self-reported data, such as those measured through surveys. If Ontario Health has access to data for the indicator, this data will be automatically uploaded in January/February of each year
- Comments: Use this section to outline any challenges to meeting the targets you set. When completing this section, consider the following topics and incorporate this information in your QIP:
  - What are the root causes of your current performance?
  - Were the proposed change ideas adopted, amended, or abandoned? Why or why not?
  - If implemented, have the changes helped your organization meet or exceed the target you set? What change ideas were the most successful?
  - If not implemented, what challenges did you face and what did you learn?

- What will your organization do in your next QIP to leverage the learnings from those quality improvement activities and further improve on this indicator?
- 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. As mentioned above, learnings can include what worked well and what did not work
- Results: Upload any results (e.g., a graphic or run chart) to illustrate your progress on the indicator.

**Figure 2. Information included in the QIP Progress Reports**

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	LESSONS LEARNED: (SOME QUESTIONS TO CONSIDER) WHAT WAS YOUR EXPERIENCE WITH THIS INDICATOR? WHAT WERE YOUR KEY LEARNINGS? DID THE CHANGE IDEAS MAKE AN IMPACT? WHAT ADVICE WOULD YOU GIVE TO OTHERS?					

## Completing the Narrative

The Narrative, an executive summary of your QIP, provides an opportunity to describe the context in which your quality improvement activities take place and express to your community how you plan to improve the quality of care you provide. It sets the stage for the quality initiatives in your QIP. To complete your Narrative, you will be asked to answer a set of prompts in QIP Navigator related to your work on a few quality issues. QIP Navigator also has additional resources available through hover help to assist with answering these questions.



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

Use the Narrative to engage patients and residents in quality improvement as a platform for quality improvement planning discussions. Review your Narrative with an equity lens in order to identify and address the unique needs of the populations and people you serve.

Ensure that the Narrative is brief 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.

## **Completing the Workplan**

The Workplan is the forward-looking portion of your QIP that identifies the indicators, quality improvement targets, and specific actions (i.e., change ideas) that your organization is committing to for the coming year.

Organizations are strongly encouraged to identify opportunities to engage in internal and external partnerships and report these collaborations in their QIPs. Some areas may require multi-year strategies to be successful, and setting graduated, multi-year targets may be appropriate.

### ***What are the different types of indicators that can be included in the QIPs?***

#### Priority indicators

Each year, Ontario Health releases a list of priority indicators for each sector. These priority indicators are carefully selected through consultation with multiple partners and are consistent with the priorities of the Ministry of Health, the Ministry of Long-Term Care, and Ontario Health. Collectively, these indicators will support a shared focus on key quality issues across all organizations and sectors.

We strongly encourage all organizations to include these priority indicators in your QIPs, particularly those organizations where performance is low. If your organization elects not to include a priority indicator in the QIP (e.g., because your performance already meets or exceeds the provincial benchmark), you must describe your reasons for this decision in the Comments section of your QIP Workplan and leave all other fields blank.

#### Custom indicators

You will have the opportunity to include custom indicators (i.e., indicators that are not included in the list provided by Ontario Health) in your QIP if they are relevant to your organization's quality improvement goals (e.g., if you wish to include one or more of your

OHT's cQIP indicators). We recommend that you include custom indicators when your organization or team shows very strong performance on all the priority indicators. We also encourage you 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
- Francophones
- 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,<sup>1</sup> with three 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 progress and compare your results against your baseline. Current performance data is either self-populated or pre-populated in QIP Navigator. Here is a description of what will be included in each step of this section.

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<sup>1</sup>Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. Improvement guide: a practical approach to enhancing organizational performance (2nd Edition). San Francisco, CA: Jossey-Bass Publishers; 2009.

Step	Description
<b>Indicator</b>	<p>Indicators are standardized, evidence-based measures of health care quality. Select the priority indicators and add custom indicators if applicable.</p> <p>(See the <a href="#">QIP Indicator Technical Specifications</a> for information on how priority indicators are measured, including full definitions, reporting periods, etc.)</p>
<b>Current performance</b>	<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>
<b>Target</b>	<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>For more information about setting QIP targets, see <a href="#">Approaches to Setting Targets for Quality Improvement Plans</a>.</p>
<b>Target justification</b>	<p>Describe why your organization selected this quality improvement target(s) for the coming year.</p>
<b>Executive compensation</b>	<p>Mandatory for hospitals: QIP indicator targets may be associated with executive compensation plans. Hospitals must follow Ministry of Health instructions to comply with this requirement.</p>
<b>External collaborators</b>	<p>Include any external partner(s) that you are involved in to work on this issue/indicator. Any collaborators named in QIP Navigator will be able to see that they are named in your submission.</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.

Field	Description
<b>Planned improvement initiatives (change ideas)</b>	<p><b>Change ideas</b> 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. <b>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.</b></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 <a href="#">change concepts and ideas</a> and about using the <a href="#">Plan-Do-Study-Act</a> cycle for testing change ideas. You could also look at how other organizations have approached change by viewing <a href="#">publicly available QIPs</a>.</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>
<b>Methods</b>	<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>
<b>Process measures</b>	<p>Process measures should be carefully selected to <b>directly</b> 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 <a href="#">process measures and measurement plans</a>.</p>

<b>Target for process measure</b>	<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>
<b>Comments</b>	<p>Provide any additional comments about the quality improvement initiatives. These can include factors for success, partnerships, barriers, links to other programs, etc. This section should also be used to provide rationale for why your organization is choosing not to include a recommended priority indicator.</p>

# Implementing the QIP Workplan Over the Year



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

## Keep the people who helped develop the QIP engaged in its implementation

Review and share progress on your QIP regularly with your internal and external partners/collaborators. Set time to review progress on your QIP as a regular agenda item for meetings (e.g., Board meetings, Patient and Family Advisory Council meetings). Consider visual displays on your progress on a website, or bulletin board. Celebrate your successes and leave time to discuss next steps if you are not seeing improvement. Include a leader and patient advisor on working meetings for your quality improvement projects.

## Use quality improvement science

Use quality improvement science to guide your 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, Ontario's online community dedicated to health care quality improvement.

## **Monitor performance frequently**

A central tenet of quality improvement is monitoring your performance to track whether the changes you are making 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 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 electronic medical records system and tracking other process measures by whatever means necessary. Monitoring your performance frequently will also help you plan and prepare for your subsequent QIP.

## **Develop partnerships for improvement**

One of the goals of the QIP program is to bring organizations together to drive improvement on a small set of themes that reflect system priorities. Quality Improvement Plans are structured so that all organizations that submit QIPs will have the opportunity to work on the same themes, although organizations in different sectors will be measuring different indicators. Collaborations can help all organizations achieve meaningful improvement in their QIPs.

You will have the opportunity to reflect on partnerships you are 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 collaborator.

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

# Supports for QIP Development and Implementation



## Reach a quality improvement specialist at Ontario Health

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](mailto:QIP@ontariohealth.ca).

## 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

## Review previously submitted QIPs

### **Download QIPs**

The [Download QIPs](#) page in QIP Navigator allows you to download other organizations' completed QIPs from previous years.

### **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

on possible change ideas. You can filter results (example indicator, organization type, geography) and download in multiple formats.

Note: Due to the COVID-19 pandemic which resulted in a temporary pause, QIPs for 2020/21 and 2021/22 are not available to download or query.

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