Indicator Technical Specifications

2023/24 Quality Improvement Plans

October 2022

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Introduction

This document outlines indicator definitions, calculations, reporting periods, and other technical information hospitals, interprofessional primary care organizations, and long-term care homes will use to complete their 2023/24 Quality Improvement Plans (QIPs). It also includes the questions organizations will answer in the Narrative section of their QIPs.

The indicators described in this document were chosen to reflect quality issues identified by Ontario Health after a consultative process. They will address organizational and sector-specific priorities, focusing on health system recovery, health care delivery, quality of care, and patient experience.

Every sector and organization must prioritize quality improvement to achieve system-wide change. Each sector has its own list of recommended priority indicators. This year the hospital sector does not have any mandatory indicators. Indicator types, and how to incorporate them into your Workplan, are outlined below. A summary of the quality issues and indicators for the 2023/24 QIPs is presented in Figure 1.

Supports to help organizations consider their approach to quality have been updated and are available on Quorum. The guidance document will give you overall direction. The QIP team at Ontario Health can help you with any queries; they can be reached at QIP@ontariohealth.ca. Definitions and descriptions of performance or quality indicators already in use by Ontario Health can be found in the Indicator Library.

Organizations do have existing legislative and/or contractual obligations to *complete* a QIP. To meet your organization's legislative and/or contractual obligations, we remind you to submit your QIP via QIP Navigator by April 1, then post your completed QIP for 2023/24 on your website and share it with your administrative staff, clinicians, and patients/residents and their family members. Please e-mail QIP@OntarioHealth.ca if you have any questions.

Indicator types for the 2023/24 QIPs

Priority indicators

These indicators address identified local and systemic issues.

Review the priority indicators for your sector and determine which are relevant to your organization. Review your current performance against provincial data for all priority indicators. Organizations scoring poorly in comparison with provincial averages/benchmarks are strongly encouraged to select these indicators in their QIP.

If your organization does not plan to include a priority indicator (e.g., because performance already meets or exceeds the benchmark or is theoretical best), document the reason in the comments section of the Workplan.

Custom indicators

Existing indicators in use by Ontario Health programs may be used by organizations and will be available to add to your QIPs.

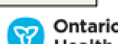
We encourage you to add custom indicators to reflect local initiatives, including OHT cQIP indicators, or you can modify existing indicators to be more consistent with measurements used in your organization.

Figure 1. Summary of key issues and indicators

Quality Improvement Plans 2023/24

Organizations may add custom indicators, including their OHTs' cQIP indicators, to address their own improvement opportunities for each theme, based on interest or variation in performance.

Hospitals	Interprofessional Primary Care	Long-Term Care
Theme: Timely and Efficient Care A high-quality health system provides people with the care they need, when and where they need it		
		• Percentage of potentially avoidable emergency department visits for long-term care residents.
Theme: Patient/Client/Resident/Provider Experience Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.		
• Did patients feel they received adequate information about their health and their care at discharge?	• Do patients feel involved in decisions about their care?	• Do residents feel they have a voice and are listened to by staff? • Do residents feel they can speak up without fear of consequences?
Theme: Safe and Effective Care A high-quality health system works to ensure that people have access to the best care for their condition and that their care is delivered in a way that is safe and effective.		
• Proportion of patients discharged from hospital for whom medication reconciliation is provided • Number of workplace violence incidents overall	• Percentage of non-palliative care patients newly dispensed an opioid (excluding opioid agonist therapy) within a 6-month reporting period	• Percentage of long-term care home residents not living with psychosis who were given antipsychotic medications
Theme: Equitable Advancing equity, inclusion, and diversity and addressing racism to achieve better outcomes for patients, families, and providers is the foundation of a quality health system.		



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Hospital indicators

Patient experience: Did you receive enough information when you left the hospital?

Priority for 2023/24

Dimension	Patient centred
Direction of improvement	Increase (higher)
Type	Outcome
Description	Percentage of respondents who responded "completely" to the following question: "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?"
Unit of measure	Percentage
Calculation methods	Canadian Institute of Health Information (CIHI) **Canadian Patient Experiences Survey (CPES)—Inpatient Care (IC)** Question 38: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital? Completely, quite a bit, partly, not at all. For patient experience questions, a "top-box" method is used. "Top box" refers to the respondents who choose the only the most positive response.
Numerator	Number of respondents who responded "Completely"
Denominator	Number of respondents who registered any response to this question (do not include non-respondents)
Risk adjustment	None
Current performance: reporting period	Most recent consecutive 12-month period
Data source	Local data collection
How to access data	These data should be accessed from within your own organization

Comments
Current performance reporting period is adjusted to be a 12-month period from the previous one-quarter period. This indicator was analyzed previously by data collected from CIHI's **CPES—IC** currently not in use by hospitals. The original survey questions are kept as the indicator calculation/methodology remains the same. Hospitals can leverage the **CPES—IC** survey questions to self-report this indicator in their 2023/24 QIPs.

Medication reconciliation at discharge

Priority for 2023/24

Dimension	Effective
Direction of Improvement	Increase (higher)
Type	Outcome
Description	Total number of discharged patients for whom a Best Possible Medication Discharge Plan (BPMDP) was created as a proportion of the total number of patients discharged
Unit of measure	Rate per total number of discharged patients
Calculation methods	Numerator / denominator To ensure a standardized approach to measurement, hospitals will now be asked to provide their numerator and denominator in their QIP Workplan; QIP Navigator will calculate the rate
Numerator	Number of discharged patients for whom a Best Possible Medication Discharge Plan was created. Excludes hospital discharge that is death, newborn, or stillborn. Any additional exclusions should be documented in the comments section of the QIP
Denominator	Number of patients discharged from hospital in the same time period. Excludes hospital discharge that is death, newborn, or stillborn. Any additional exclusions should be documented in the comments section of the QIP Note: Hospitals will be asked to provide the total number of hospital discharges within the reporting period
Risk adjustment	None
Current performance: reporting period	October–December 2022 (Q3 2022/23)
Data source	Local data collection
How to access data	These data should be accessed from within your own organization.

Comments

Organizations should report current performance and set targets for medication reconciliation at discharge at the organization level (i.e., for the entire hospital). Hospitals will be asked to provide the total number of hospital discharges within the reporting period. Hospitals are also asked to identify any programs or patients that are not included in their medication reconciliation calculation

For assistance with monitoring your ongoing medication reconciliation processes, visit the Measures: Medication Reconciliation page on the Canadian Patient Safety Institute website

Number of workplace violence incidents (overall)

Priority for 2023/24

Dimension	Safety
Direction of improvement	If your organization is focused on building your reporting culture, your QIP target for this indicator may be to increase the number of incidents *reported.* If your organization's reporting culture is already well-developed, your QIP target may be to decrease the number of incidents *taking place*
Type	Outcome
Description	This indicator measures the number of reported workplace violence incidents by hospital workers within a 12-month period For quality improvement purposes, hospitals are asked to collect data on the number of violent incidents reported by workers, including physicians and those who are contracted by other employers (e.g., food services, security) as defined by the *Occupational Health and Safety Act.*
Unit of measure	Number of workplace violence incidents reported by hospital workers
Calculation methods	Number of workplace violence incidents reported by hospital workers within a 12-month period *Inclusion criteria*: The terms "worker" and "workplace violence" as defined by the *Occupational Health and Safety Act* (OHSA, 2016)
Numerator	N/A
Denominator	N/A
Risk adjustment	N/A
Current performance: reporting period	January 2022–December 2022
Data source	Local data collection; the number of reported workplace violence incidents is available via your organization's internal reporting mechanisms
How to access data	Hospitals are encouraged to use their in-house hospital incident and patient safety reporting systems for determining the number of reported workplace violence incidents

Comments

Worker means any of the following:

- A person who performs work or supplies services for monetary compensation
- A secondary school student who performs work or supplies services for no monetary compensation under a work experience program authorized by the school board that operates the school in which the student is enrolled

- A person who performs work or supplies services for no monetary compensation under a program approved by a college of applied arts and technology, university, or other post-secondary institution
- A person who receives training from an employer, but who, under *the Employment Standards Act, 2000,* is not an employee for the purposes of that Act because the conditions set out in subsection 1 (2) of that Act have been met
- Such other persons as may be prescribed who perform work or supply services to an employer for no monetary compensation

Workplace violence is defined by the *Occupational Health and Safety Act* as the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker. It also includes:

- An attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker
- A statement or behaviour that a worker could reasonably interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker

While there is no denominator for this indicator, organizations are asked to include the total number of hospital employee full-time equivalents (FTE) in the measures section of the QIP Workplan. This information will be useful to support QIP analysis and interpretation (e.g., organizational size). Full-time equivalence data is accessed via hospitals' human resource information systems and, by definition, may not necessarily include all "workers" as defined above; however, it is used to provide context

If the count of incidents is ≤ 5 and > 0, the value will be suppressed

For more information, please see the following resources to identify recommended practices and change ideas, key terms, references, etc.:

- *Preventing Workplace Violence in the Health Care Sector Report*
- Ministry of Labour Workplace Violence and Harassment Key Terms and Concepts
- Multiple resources from the Public Service Health and Safety organization

Interprofessional primary care indicators

Patient involvement in decisions about care

Priority for 2023/24

Dimension	Patient-centred
Direction of improvement	Increase (higher)
Type	Outcome
Description	Percentage of patients and clients who were always or often involved in the care decisions when they saw their doctor or nurse practitioner.
Unit of measure	Percentage
Calculation methods	Numerator / denominator x 100% Organizations are expected to measure progress on this indicator using the *exact* wording of the following survey question as in the **Primary Care Patient Experience Survey (PCPES)**: Q7. When you see your doctor or nurse practitioner, how often do they or someone else in the office involve you as much as you want to be in decisions about your care and treatment? Using the scale always, often, sometimes, rarely, never, not applicable (don't know/refused) To calculate the indicator result, add the number of respondents who responded "Always" and "Often" and divide by the number of respondents who registered an answer for this question (do not include non-respondents or respondents who answered "Not applicable (don't know/refused)"
Numerator	Number of respondents who responded "Always" and "Often" to this survey question
Denominator	Number of respondents who registered a response to this question *Exclusion Criteria*: Non-respondents Respondents who answered "Not applicable (don't know/refused)"
Risk adjustment	None
Current performance: reporting period	April 2022–March 2023 (or most recent 12-month period available)
Data source	In-house surveys.
How to access data	Local data collection

Comments
Use of the **Primary Care Patient Experience Survey (PCPES)** is encouraged, as it includes all priority indicator survey questions and more. Developed by Health Quality Ontario (now part of Ontario Health) in collaboration with Association of Family Health Teams of Ontario (AFHTO), Alliance for Healthy Communities (previously AOHC), the Ontario College of Family Physicians, and the Ontario Medical Association, the survey is designed to be administered by practices and can be rolled up to the organizational level to support their quality improvement efforts

To access the **PCPES** as well as a comprehensive Survey Support Guide, click here. This page includes an alternate version of the survey for community health centres (CHCs) and Aboriginal Health Access Centres (AHACs).

Organizations will be asked to provide the total number of respondents who registered an answer to each survey response scale to QIP Navigator if this indicator is selected.

These indicators are reported in Health Quality Ontario's (now part of Ontario Health) primary care performance reporting and align with the Ministry's **Health Care Experience Survey** and the **Commonwealth Fund surveys.**

Percentage of non-palliative care patients newly dispensed an opioid

Priority for 2023/24

Dimension	Safety
Direction of improvement	Decrease. However, sometimes opioid prescriptions are appropriate. The data cannot weigh the benefits against the possible harms, but they can point to practice patterns worthy of reflection
Type	Process
Description	This indicator measures the percentage of non-palliative patients newly dispensed an opioid within a 6-month reporting period prescribed **by any provider in the health care system**
Unit of measure	Percentage
Calculation methods	Numerator / Denominator x 100%
Numerator*	Patients newly dispensed an opioid within a 6-month reporting period **prescribed by any provider in the health care system** New opioid dispenses are defined using a 6-month washout period (i.e., no opioid prescription dispensed within 6 months of the first opioid prescription dispensed in the reporting period)
Denominator**	Patients/clients assigned (rostered and virtually rostered) to the organization for the specific reporting period. *Exclusion criteria:* Patients younger than 1 year of age Palliative care patients identified from hospital and physician billing claims data
Risk adjustment	None
Current performance: reporting period	Data point: March 31, 2022
Data source	Client Agency Program Enrolment (CAPE), Canadian Institute for Health Information (CIHI) Discharge Abstract Database (DAD), Ontario Health Insurance Plan (OHIP), Registered Persons Database (RPDB), Narcotics Monitoring System (NMS)
How to access data	These data should be accessed from within your own organization **FHT**: Data can be accessed via Health Quality Ontario's (now part of Ontario Health) MyPractice: Primary Care Reports **CHC** and **AHAC**: Community Health Centre Practice Profiles are available through the Alliance for Healthier Communities **NPLC**: EMR query within organization

*Opioid agonist therapy (OAT), cough, and antidiarrheal opioid medications were not included in the opioid definition. See Table A in the MyPractice Primary Care Report Technical Appendix for a complete list of opioid medications

**See Appendix C in the MyPractice Primary Care Report Technical Appendix for classification and billing codes

Comments

Dispensed prescriptions don't always reflect actual use

Long-term care indicators

Potentially avoidable emergency department visits for long-term care residents

Priority for 2023/24

Dimension	Efficient
Direction of improvement	Decrease (lower)
Type	Process
Description	Number of emergency department (ED) visits for a modified list of ambulatory care-sensitive conditions* per 100 long-term care residents
Unit of measure	Rate per 100 residents
Calculation methods	Total ED visits including transfers between EDs and ED visits resulting in admission or death for all active LTC home residents in Ontario in a given year. **Numerator:** Step 1: Count the number of unscheduled ED visits made by long-term care home residents for the selected conditions. Step 2: Multiply by 100. **Denominator:** Step 1: Extract the population of active long-term care home residents.
Numerator	Total ED visits, including transfers between EDs and ED visits resulting in admission or death, for all active LTC home residents in Ontario in a given year *Inclusion criteria*: All active LTC home residents in Ontario in a given year. ED visits including transfers between EDs and ED visits resulting in admission or deaths. *Exclusion criteria*: Planned or scheduled ED visits LTC home residents who were first admitted to the home before the age of 65 years
Denominator	*Inclusion criteria*: All active residents of long-term care homes. *Exclusion criteria*: Individuals with invalid health card numbers. LTC home residents who were first admitted to the home before the age of 65 years
Risk adjustment	None
Current performance: reporting period	October 2021–September 2022
Data source	Continuing Care Reporting System (CCRS), National Ambulatory Care Reporting System (NACRS). Data are provided by the Health Analytics and Insights Branch with the Ministry of Health (MOH) and the Ministry of Long-Term Care (MLTC)
How to access data	The Ministry will provide organizations with this data via LTCHomes.net. Data will also be prepopulated into QIP Navigator by March 2023

*Modified ambulatory care–sensitive conditions presenting to EDs that are potentially preventable are as follows: angina, asthma, cellulitis, chronic obstructive pulmonary disease, congestive heart failure, septicemia, dehydration, dental conditions, diabetes, gastroenteritis, grand mal and seizure disorders, hypertension, hypoglycemia, injuries from falls, mental health and behavioural disorders, pneumonia, severe ear, nose, and throat disorders

Comments

Quality improvement guidance related to this indicator is available on the Health Quality Ontario's (now part of Ontario Health) website and through the INTERACT (**Inter**ventions to **R**educe **A**cute **C**are **T**ransfers) program.

Resident experience: Having a voice

Priority for 2023/24

Dimension	Patient-centred
Direction of Improvement	Increase (higher)
Type	Outcome
Description	The percentage of residents who responded positively (a response of 9 or 10) to the question: “What number would you use to rate how well the staff listen to you?”
Unit of Measurement	Percentage
Calculation Methods	Numerator / denominator x 100% Homes using the **NHCAHPS Long-Stay Resident Survey** should measure this domain by calculating the percentage of residents who responded positively to the question: “What number would you use to rate how well the staff listen to you?” Responses are coded from 0 to 10, where 0 = worst possible and 10 = best possible
Numerator	For homes using the **NHCAHPS Long-Stay Resident Survey**, add the number of respondents who responded “9” or “10” to the question
Denominator	For homes using the **NHCAHPS Long-Stay Resident Survey**, add the total number who registered any response to the question. Do not include non-respondents
Risk adjustment	None
Current performance: reporting period	April 2022–March 2023 (or most recent 12-month period).
Data source	Local data collection, **NHCAHPS Long-Stay Resident Survey**
How to access data	These data should be accessed from within your own organization.

Comments

For more information about the **NHCAHPS Long-Stay Resident Survey**, refer to Agency for Healthcare Research and Quality’s website

Resident experience: Being able to speak up about the home

Priority for 2023/24

Dimension	Patient-centred
Direction of improvement	Increase (higher)
Type	Outcome
Description	The percentage of residents who responded positively to the following statement: "I can express my opinion without fear of consequences."
Unit of measure	Percentage
Calculation methods	Numerator / Denominator x 100% Homes using the **interRAI Quality of Life Survey** should measure this domain by calculating the percentage of residents who responded positively to statement: *F3. I can express my opinion without fear of consequences.* Responses are coded from 0 to 8 (0, 1, 2, 3, 4, 6, 7, 8), where 0 = Never 1 = Rarely 2 = Sometimes 3 = Most of the time 4 = Always 6 = Don't know 7 = Refused 8 = No response or cannot be coded from response
Numerator	Add the number of respondents who responded "3" or "4" to the statement
Denominator	Add the total number who registered any response to the statement and include non-respondents (6, 7, 8)
Risk adjustment	None
Current performance: reporting period	April 2022–March 2023 (or most recent 12-month period)
Data source	Local data collection, **InterRAI Quality of Life Survey**
How to access data	These data should be accessed from within your own organization.

Comments

For more information about the **interRAI Quality of Life Survey**, refer to interRAI's website.

Appropriate prescribing: Potentially inappropriate antipsychotic use in long-term care

Priority for 2023/24

Dimension	Safety
Direction of improvement	Decrease (lower)
Type	Process
Description	This indicator measures the percentage of LTC home residents without psychosis who were given antipsychotic medication in the seven days preceding their resident assessment
Unit of measure	Percentage
Calculation methods	Numerator / denominator x 100% The indicator is calculated using four rolling quarters of data by summing the number of residents that meet the inclusion criteria for the target quarter and each of the previous three fiscal quarters. This is done for both the numerator and denominator.
Numerator	LTC home residents who received antipsychotic medication on one or more days in the week before their Resident Assessment Instrument—Minimum Data Set 2.0 (RAI-MDS) target assessment *Inclusion criteria*: O4a = 1, 2, 3, 4, 5, 6, or 7 Where, O4A = Number of days the resident received an antipsychotic medication during the last seven days (0–7)
Denominator	LTC home residents with a valid RAI-MDS assessment,* excluding those with schizophrenia, Huntington's chorea, hallucinations, or delusions, as well as residents who have end-stage disease or are receiving hospice care *Exclusion criteria:* Residents who have end-stage disease (J5c = 1) or are receiving hospice care (P1ao = 1) Residents who have a diagnosis of schizophrenia (I1ii = 1) or Huntington's chorea (I1x = 1), or those experiencing hallucinations (J1i = 1) or delusions (J1e = 1) *For an assessment to be valid and included in the quality indicator calculation, the selected assessment must: • Be the latest assessment in the quarter • Be carried out more than 92 days after the admission date • Not be an Admission Full Assessment
Risk adjustment	Unadjusted for QIP
Current performance: reporting period	July 2022–September 2022 (i.e., Q2 2022/23)
Data source	Continuing Care Reporting System (CCRS), Integrated interRAI Reporting System (IRRS). Data are provided by the Canadian Institute for Health Information (CIHI) via CCRS eReports
How to access data	To access your organization's unadjusted rates for this indicator, refer to your organization's CCRS eReports at www.cihi.ca. Data will also be prepopulated into QIP Navigator by March 2023.

Comments

The indicator is calculated as a rolling four quarter average by CIHI

Q2 2022/23 is calculated based on data from quarter 3, 2021/22, to quarter 2, 2022/23, and Q2 is the final quarter used in the calculation. Q2 data represents the data in Q2, as well as three previous quarters.

This indicator is consistent with Health Quality Ontario's (now part of Ontario Health) LTC Public Reporting website; however, the LTC Public Reporting website publicly reports *adjusted rates.* For the purposes of quality improvement planning, *unadjusted rates* (i.e., not risk-adjusted) should be used

Health Quality Ontario (now part of Ontario Health) developed a confidential practice report for physicians who practice in long-term care facilities. These reports are intended to complement other sources of information physicians receive (e.g., pharmacy reports). The current report includes indicators related to the prescribing of antipsychotic medications and benzodiazepines and contains change ideas related to the topics of behavioural and psychological symptoms of dementia (BPSD) and fall prevention. For more information, please visit hqontario.ca/LTCreport

QIP Narrative

Overview

Introduce your Quality Improvement Plan (QIP) with a brief overview of your areas of focus and quality improvement initiatives that you think a member of the public would like to know about. We are interested in hearing about what is important to you. You may wish to include a description of how you are working to improve care within your organization or an achievement your organization is most proud of. Tell us about your corporate strategy and how QIP reporting aligns with your strategic plan. This opening paragraph will set the context for what you will be working toward through your QIP.

Patient/client/resident engagement and partnering

Describe how you have co-designed initiatives related to QIPs with diverse representation from patients/clients/residents. Please provide 1 to 2 examples of these initiatives, including how you gathered and incorporated experience feedback from patients/clients/residents and caregivers.

Co-design means involving the patients in the design process and working with them to understand their met and unmet needs.[1]

Provider experience

Our consultations revealed a significant concern with health care providers' (regulated and unregulated) experiences in the current environment (e.g., burnout related to decreased staffing levels). In this section, please describe your organization's experience with these challenges and the ways you are supporting health care workers. How do you engage health care workers in identifying opportunities for improvement?

Workplace violence prevention

A health system with a culture of quality creates the conditions for staff to thrive, and ensuring their safety is one element of this. By addressing violence and incivility in our organizations, we will be creating safer environments for our workers and improving patient care. Describe how workplace violence prevention is a priority for your organization. For example, how is it reflected in your strategic plan, how is it measured, do you report on it to your board, and have you made significant investments to improve in this area? What are you planning to do differently this year? When providers are involved in a workplace violence incident, what mechanisms are in place to ensure they receive support, resources, and follow-up?

Workplace violence prevention resources:

- Workplace Violence During Care
- Preventing Violence, Harassment and Bullying Against Health
- Engagement-capable environments (healthcareexcellence.ca)
- Healthcare Excellence Canada Patient Safety Incident Analysis

NEW: Patient safety

To help support quality improvement, enhance a safe and just culture, and improve the success of incident analysis, explain what processes are in place at your organization to learn from patient safety incidents? How do you share learnings back to team members and patients/residents/families to prevent future recurrences?

Patient safety examples: learning from patient safety incidents

- Patient stories: use storytelling to drive change and fuel action
- Patient Safety and Incident Management Toolkit provides a set of resources that focuses on actions to take following patient safety incidents
- Processes and feedback mechanisms to share lessons learned and experiences. A few examples could include:
  - Hospital: using the structured morbidity and mortality and improvement (MMI) rounds
  - Primary care: quality and patient safety rounds
  - Long-term care: care conference or care team meeting
  - Home and community care: care conferences

For continued support in relation to the patient safety question in your narrative section, please email QualityandPatientSafety@ontariohealth.ca to join the new online patient safety community of practice. Members will have the opportunity to come together with peers across all health sectors to discuss improvement opportunities and share learnings from patient safety–related incidents.

NEW: Health equity

We are seeking to understand how organizations are recognizing and reducing disparities of health outcomes, access, and experiences of diverse populations, including Indigenous Peoples; Black, racialized, and 2SLGBTQIA+ communities; Francophone populations; high-priority populations; and older adults in their quality improvement efforts. How is your organization working to promote health equity? Describe how your organization is collecting sociodemographic data, including race-based data. Where possible, please provide examples of how your organization has implemented a strategy that focuses on non-medical social needs, such as those related to culture/cultural barriers, income, food security, housing, health literacy, and social connection.

Executive compensation

Note: Required for hospitals only.

Please describe how you have connected executive compensation to the priorities in your QIP, with special consideration for the priority QIP indicators. For guidance on how to complete performance-based compensation, please review the document *Performance-Based Compensation and the Quality Improvement Plan*.

Reflections since your last QIP submission

(Note: Required for Long Term Care only)

For long-term care homes that did not submit a 2022/23 QIP, describe the quality improvement initiatives that your long-term care home carried out in the last year. Note: long-term care homes that did not submit a 2022/23 QIP will not be able to use the 2023/24 progress report section of the QIP.

Contact information/designated lead

You can opt to include your contact information or the designated lead for your QIP so that other organizations can connect with you after your QIP is posted publicly.

Other

Is there anything else you would like to share with us about quality improvement in your organization that has not been mentioned above?

Abbreviations

Abbreviation	Meaning
AFHTO	Association of Family Health Teams of Ontario
AHAC	Aboriginal Health Access Centre
ALC	Alternate level of care
AHC	Alliance for Healthier Communities
CCAC	Community Care Access Centre
CCC	Complex Continuing Care
CCRS	Continuing Care Reporting System
CHC	Community Health Centre
CIHI	Canadian Institute of Health Information
cQIP	Collaborative Quality Improvement Plan
DAD	Discharge Abstract Database
EMR	Electronic Medical Record
FLTCA	Fixing Long-Term Care Act
FY	Fiscal Year (April 1 to March 31)
HBAM	Health-Based Allocation Model
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HIG	Health-Based Allocation Model Inpatient Grouper
ICU	Intensive Care Unit
InterRAI	International Resident Assessment Instrument
MLTC	Ministry of Long-Term Care
MOH	Ministry of Health
NACRS	National Ambulatory Care Reporting System
NHCAHPS	Nursing Home Consumer Assessment of Healthcare Providers and Systems
NRC	National Research Council of Canada
PPCF	Postal Code Conversion File
PCPES	Primary Care Patient Experience Survey
QBP	Quality-Based Procedures
QIP	Quality Improvement Plan

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