



QUALITY IMPROVEMENT PLAN PROGRAM

Annual Program Memo 2025/26

November 6, 2024

To: CEOs, executive directors, and quality improvement leads in hospitals, long-term care homes, and interprofessional primary care organizations

From: Dr. David Kaplan, Vice President, Quality, Ontario Health

Cc: Chief regional officers; Dr. Chris Simpson, Executive Vice President and Chief Medical Executive; Judy Linton, Executive Vice President and Chief Nursing Executive

Re: 2025/26 Quality Improvement Plan program priorities

Dear colleagues,

I am writing to tell you about the 2025/26 Quality Improvement Plan (QIP) program priorities and associated indicators for hospitals, interprofessional primary care organizations, and long-term care homes.

The QIP program helps drive continual improvement, across the Ontario health care system. Cumulative efforts of individual organizations in each of these sectors, addressing province-wide priorities, lead to better outcomes for all people in Ontario. So, thank you for your continued leadership and commitment in supporting quality improvement and the delivery of high-quality care, and we are pleased to work with you once again to improve care for the people of Ontario!

In planning the 2025/26 QIP program, we took Ontario Health, Ministry of Health, and Ministry of Long-Term Care health system priorities into consideration. We also took findings from last year's program into consideration: Based on findings from our analysis and positive feedback from internal Ontario Health partners and external users during the consultation process, the changes that were made to the program and to indicators last year were deemed to be successful.

Therefore, the priority issues – Access and flow, Equity, Experience, and Safety – and many optional indicators for this year are the same as those of last year; however, some new indicators are being introduced for the interprofessional primary care sector, and to streamline

reporting and drive emergency department quality improvement, indicators for the hospital sector are being adjusted to align with those of new or existing programs and partners:

- For the hospital sector:
 - Emergency Department Return Visit Quality Program (EDRVQP) and QIP program submissions have been integrated, and new emergency department–related indicators that are aligned with the emergency department Pay-for-Results program have been included as priority or optional indicators and can be included in QIP workplans.
 - Reminder: The Delirium Aware Safer Healthcare campaign aims to support hospitals in not only preventing hospital harm, but also implementing delirium ALC leading practices to reduce unnecessary length of stay.
- For interprofessional primary care:
 - New indicators for clinician use of digital solutions (i.e., digital tools that may reduce administrative burden and reduce fax use) to support the goal of putting “patients before paperwork” are included as optional indicators.
 - Six well-established indicators, recommended by the Indigenous Primary Health Care Council, will be included as optional indicators. These indicators identify quality issues that are important to First Nations, Inuit, Métis and Urban Indigenous communities and, thus, are important to Ontario Health.

These changes are detailed in the Appendix.

As always, we encourage organizations to post their QIPs on their websites, and we look forward to receiving your organization’s 2025/26 QIP by April 1, 2025.

Regards,



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c.c.: Renee Mahalanobis, Ministry of Health
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Please email QIP@OntarioHealth.ca if you have any questions.

Appendix

Key Updates to the QIP Program for 2025/26

Changes to Indicators in the QIP Workplan

For the Hospital Sector

- **Access and flow**
 - **Priority** – 90th percentile ambulance offload time
 - **New, Priority** – Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m.
 - **New, Priority** (and Pay-for-Results aligned) – 90th percentile emergency department wait time to physician initial assessment
 - **New** (Pay-for-Results aligned) – 90th percentile emergency department length of stay for admitted patients
 - **New** (and Pay-for-Results aligned) – 90th percentile emergency department length of stay for nonadmitted patients with low acuity
 - **New** (and Pay-for-Results aligned) – 90th percentile emergency department length of stay for nonadmitted patients with high acuity
 - **Removed** – 90th percentile emergency department length of stay (overall)
 - **Removed** – Alternate level of care throughput ratio

For the Interprofessional Primary Care Sector

- **Access and flow**
 - **New** – Percentage of clients with type 2 diabetes mellitus who are up to date with HbA1c (glycated hemoglobin) blood glucose monitoring
 - **Returning** – Percentage of screen-eligible people who are up to date with colorectal tests
 - **Returning** – Percentage of screen-eligible people who are up to date with cervical screening
 - **Returning** – Percentage of screen-eligible people who are up to date with breast screening
- **Equity**
 - **New** – Percentage of clients actively receiving mental health care from a traditional provider
 - **New** – Number of events and participants for traditional teaching, healing, or ceremony
- **Experience**
 - **Removed** – Do patients/clients feel involved in decisions about their care?
- **Safety**
 - **New** – Number of faxes sent per 1,000 rostered patients
 - **New** provincial digital solutions suite of 6 indicators:
 - Percentage of clinicians in the primary care practice using eReferral
 - Percentage of clinicians in the primary care practice using eConsult
 - Percentage of clinicians in the primary care practice using OLIS
 - Percentage of clinicians in the primary care practice using HRM
 - Percentage of clinicians in the primary care practice using electronic prescribing
 - Percentage of clinicians in the primary care practice using online appointment booking

Changes to QIP Narrative Questions

For the Hospital Sector

- **Emergency Department Return Visit Quality Program (for hospitals participating in the program)**
 - To streamline reporting and drive emergency department quality improvement, the EDRVQP narrative, which summarizes key improvement strategies identified through return visit audits, will be integrated into the QIP submission process. Completed return visit audit files can also be uploaded via QIP Navigator. Quality improvement activities identified through EDRVQP audits can also be outlined in QIP workplans.

For All Sectors

- **Palliative models of care**
 - This section allows organizations to describe how they are ensuring the delivery of (or how they plan to deliver) high-quality palliative care

General Information

Information for Long-Term Care Homes

In addition to completing and submitting the QIP, the QIP Navigator platform may be used to prepare a continuous quality improvement initiative report, which is required under section [168 of O. Reg 246/22 of the Fixing Long-Term Care Act, 2021](#). QIP Navigator has prompts and hover help where information for continuous quality improvement initiative reports may be included; however, the information can be included in any section. A copy of the report can be exported via QIP Navigator to publish on your home's website.

Please be advised if you are using QIP Navigator to complete the continuous quality improvement initiative report, it is the responsibility of the long-term care home licensee to ensure all legislative and regulatory requirements have been met. Using the QIP Navigator tool does not presuppose compliance with other requirements. Please note that the QIP must be submitted through QIP Navigator by April 1, 2025.

QIP Navigator Access

Access to QIP Navigator, Ontario Health's online platform for developing and submitting QIPs, is expected to open by mid November 2024.

Submission Deadline

The QIP submission is due by **April 1, 2025**.

Contact Us

You can connect with a quality improvement specialist at Ontario Health by emailing QIP@ontariohealth.ca.

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