

QI Partnership Program

The CPSO has redesigned our approach to the oversight of the quality of care provided by physicians in Ontario. In doing this, we recognize that many physicians work well above the required standards. This provides an opportunity to collaborate with doctors throughout their careers to encourage ongoing quality improvement. We also wish to use an evidence-informed approach that provides the support that is needed based on individual risk and the environmental supports that already exist.

For the majority of physicians, a quality improvement (QI) approach is more relevant than a quality assurance (QA) approach. Whereas QA is a process based on a verification against minimum standards, QI is a proactive data-driven approach to identify areas for improvement with a goal to improve upon the current standard. The CPSO QI program has created an online platform of modules and resources to support ongoing continuous improvement for physicians enrolled with the Partnership Program.

Our QI Program resources and staff are here to support physicians in providing high quality patient care throughout their careers. Our approach to quality improvement is educational and collaborative, to benefit both patients and physicians. We expect to connect with every physician, every 5 years through our QI Programs. There are three ways through which this can occur: QI for Individuals, QI for Groups, and the QI Partnership Program.

As part of our QI Partnership Program, hospitals can collaborate with the College to provide a singular Quality Improvement program option for their physicians to participate in, that is aligned with the strategic priorities of their organization. This approach will help to reduce duplicative work for physicians while assuring that ongoing QI work is improving the quality of care delivered by physicians in their practices and organizations.

You are receiving this application because, as an Ontario hospital, you may be eligible to participate with the CPSO in our QI Partnership Program. We will use the same principles that we use in our QI Individuals Program but adapted in a way that is a fit for hospital-based physicians doing QI activities within their organization. This allows physicians to work on QI initiatives that are meaningful to their own clinical environment, align with their organizational strategy, and fulfill their QI obligations with CPSO, all at the same time.

If your hospital is interested in being a part of the QI Partnership Program, you are encouraged to connect with the CPSO at QIPartnership@cpso.on.ca.

INSTRUCTION GUIDE

Below are some helpful tips you may use to complete your proposal form. You are encouraged to attach a cover letter and/or appendices. If you have a document already prepared that outlines your QI initiative(s), you can include it along with the completed QI Partnership Proposal Form.

If you require support in completing the proposal, please feel free to reach out to us at QIPartnership@cpso.on.ca and one of our Medical Advisors will contact you.

Section 1

Please provide the requested contact information.

Section 2

Please provide information regarding your organization. Please indicate if your entire organization is participating or only specific department(s). If only department(s), please specify each department in the application.

Section 3

Please tell us about the Quality Improvement Initiative(s) you would like to have considered for the Partnership Program. You are welcome to present multiple QI activities for approval (some hospitals have elected to do one initiative across the hospital, and some have a mixture of initiatives per department, both are welcome!)

Section 4

Please provide a description of how the QI initiative(s) proposed in Section 3 aligns with the CPSO QI Partnership Program and the following 5 foundational principles noted below.

- a. Alignment with Organization Strategic Direction:** How does this support physicians in advancing the organization's strategic priorities in terms of organizational Quality Improvement goals?
- b. Data/M Measurement:** What data will you be collecting and analyzing to support the QI initiative? How will you share the data within your organization? Are there existing practice data that can be used for self-reflection? Are these data descriptive or quantitative (HQO reports, EMR, other hospital data)? How does your data compare to established/institutional benchmarks?
- c. Reflection:** What process will your organization use to support physicians to reflect on their personal or group data, identify what is working well, and what opportunities for improvement exist? On what level is this self-reflection performed (e.g. Individual or Group Reflection).
- d. Facilitated Feedback:** What is your plan to support physicians in their reflection by providing them coaching and feedback? Who will provide this feedback and how (e.g. Coaching, feedback from Chief/ Department Lead, Peer to Peer, facilitated by an expert)?
- e. Action:** What is/are the proposed action(s) your organization will take in response to what is learned? Goals should be SMART (specific, measurable, achievable, relevant/realistic, time-based.) Goals for QI Initiatives can be at the departmental level, cross-department or organizational level.

Quality Improvement Partnership Program Proposal Form

SECTION 1: Contact information

**Please note that at least one of the QI Partnership Leads must be a physician*

QI Partnership Lead(s):

Telephone:

Email(s):

Position/Title(s):

SECTION 2: Information about your organization

Name of organization:

Name of department(s)/division(s) involved in this proposal:

Number of sites:

Approximate number of physicians considered to be part of the QI Partnership Program:

SECTION 3:

Please tell us about the Quality Improvement Initiative(s) you would like to have reviewed for the Quality Improvement Partnership Program. Hospitals can submit organizational wide QI initiatives or QI initiatives at a departmental/cross-departmental level.

A. Problem Statement

Please provide one or two sentences that identifies and summarizes a condition, problem or issue. A problem can be defined as the gap between the existing state and the desired state of a process. Consider using the **5 W 2 H** method to write your problem statement. **What** is the problem? **Why** is it a problem? **Where** do we observe the problem? **Who** is impacted? **When** did we first observe the problem? **How** did we observe the problem? **How** often did we observe the problem?

B. Project Objective

What are you trying to accomplish? What parts of the overarching problem will you focus on?

C. Aim Statement

Frame as SMART goal (Specific, Measurable (numerical target for improvement), Attainable, Relevant, Time-bound)

D. Project Scope

Describe the boundaries of the project. What is the mandate of the project team? What outcomes/issues/areas will not be addressed by the project? Are there limitations to time/cost available to project?

In Scope:

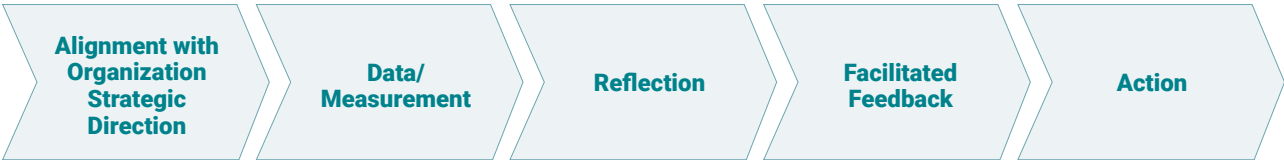
Out of Scope:

E. Please describe any QI expertise and/or QI resources you have in your organization that will support the proposed QI initiative.

F. Was patient/public input or engagement considered as part of the proposal? If yes, how will you plan to integrate the patient/public input with the QI initiative?

SECTION 4:

Using the format below, for each QI initiative being submitted, please provide a description of how the proposed QI initiative aligns with the CPSO QI Partnership Program and its foundational principles.



a) Alignment with Organization Strategic Direction:

Please detail how the QI initiative(s) aligns with the strategic direction of the organization (link the QI initiative with the specific organizational strategic priority).

b) Data/Measurement:

What data will you be collecting and analyzing to support the QI initiative? Please list the data elements that will support the QI initiative.

Data source(s):

Outcome measure(s):

Process measure(s):

Balancing measure(s):

c) Reflection:

Please list the strategies your organization will utilize to support physicians in the reflection of the individual or group data that is being used for the QI initiative.

(Outline how the data will be shared and the process to identify what is working well and where there are opportunities for improvement.)

d) Facilitated Feedback:

Please outline your plan to provide participating physicians with direct feedback on the data reviewed to support the QI initiative.

(List the process to provide the feedback and who will be providing it.)

e) Action:

Please outline the “action plan” of the QI initiative(s) utilizing the SMART QI Goal setting framework. This should detail the QI initiative (referencing the SMART criteria where possible) and include:

- i. Implementation plan of the QI initiative – including timelines
- ii. Evaluation/monitoring processes required for the initiative
- iii. How your physicians are involved and supporting the QI initiative.

A guide on SMART goals can be found [here](#).

Please attach any supporting documents that you feel may be relevant to your proposal

Once completed, please send the submitted form to QIPartnership@cpso.on.ca.