QI Partnership Program Proposal Form

CPSO's suite of Quality Improvement (QI) and Quality Assurance (QA) programs are designed to help Ontario physicians engage in self-reflection, improvement, and provide options to meet their CPSO Quality requirements in five-year cycles.

With right touch regulation as a guiding principle, our programs offer a flexible, collaborative, and educational approach to how we engage and support physicians and ensure they're delivering the best possible care to Ontario patients.

The 2026-2030 QI Partnership Program offers the opportunity for hospitals to engage their physicians in a hospital based QI initiative aligned with organizational strategic priorities while concurrently allowing participating physicians to meet their 2026-2030 CPSO Quality requirements. 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.

If your hospital is interested in being a part of the 2026-2030 QI Partnership Program, you are encouraged to:

1) Review the QI Partnership Information Package (**link**) and
2) Complete the QI Partnership Proposal below

For additional guidance & support, we welcome you to connect with the CPSO Partnership team at QIPartnership@cpso.on.ca.

INSTRUCTION GUIDE

Below outlines the key criteria to support you in the completion of your 2026-2030 QI Partnership Proposal form. While completion of this proposal form is required to apply to the program, if you have already prepared a document that outlines your hospital's QI initiative(s), you can include it along with the completed QI Partnership Proposal form to supplement your application.

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 CPSO Quality Programs team members will contact you.

Section 1

Please provide the requested contact information. This must include, at minimum, a physician QI Lead and your organization's Chief of Staff but may also include other physician leads and administrative support staff (e.g. Medical Affairs).

Section 2

Please provide information regarding your organization and the scope of participation for your QI initiative(s). If your QI initiative (s) scope is limited to select department(s), please specify each department in the application.

Section 3

Please tell us about the QI Initiative(s) you would like to have considered for the QI Partnership Program. You are welcome to submit multiple QI activities for approval for the 2026-2030 cycle, up until May 15th, 2030.

Section 4

Please provide a description of how your hospital QI initiative(s) proposed in Section 3 aligns with the CPSO QI Partnership Program criteria and the following five criteria domains noted below.

a. Alignment with Organization Strategic Direction: How does this support physicians in advancing the organization's strategic priorities in terms of organizational QI goals?

b. Data/Measurement: What practice data will you be collecting and analyzing to support the QI initiative? What baseline data outlines current state? What is the target state? What evaluative metrics will you use to monitor both the progress towards your target state and the final outcome of the initiative(s)? How will you share the data within your organization? Is there existing practice-level data that can be used for self-reflection?

c. Reflection: What components of your initiative(s) are in place to ensure active physician participation and self-reflection (including identifying what is working well and what improvement opportunities exist)? What accountabilities does each participating physician have as it relates to this reflection component and the continuous quality improvement of the services they provide?

d. Facilitated Feedback: What is your plan to support physicians in their reflection by providing feedback? Who will provide this feedback and how (e.g. coaching, feedback from Chief/ Department Lead, peer to peer, facilitated by an expert)? What are the individual accountabilities expected of each participating physician following receipt of this feedback (if not described in part c above)?

e. Action: What are the proposed actions your organization will take? What actions will be taken in response to what is learned from implementing your QI initiative (s)? What processes will be used to ensure evaluation and that associated required actions are taken to improve practice quality?

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):

Chief of Staff:

Section 2: Information about your organization

Name of organization:

If your QI initiative(s) are department-level scope, please list the department(s)/division(s) involved in this proposal:

Number of hospital sites involved in this QI initiative:

Approximate number of anticipated to participate in this specific QI initiative:

Section 3:

Please provide the following detail about your proposed QI Initiative(s) you would like to have considered for the 2026-2030 QI Partnership Program.

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** was the problem first observed? **How** do you know the problem is a problem (i.e baseline data available)? **How** often have you observed the problem (i.e.what is the magnitude of the problem)?

B. Project Objective

What are you trying to accomplish? What is your target state? 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:

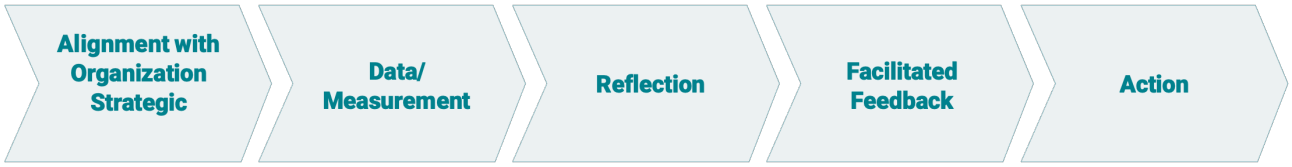
Out of Scope:

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 required criteria.



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 practice data will you be collecting and analyzing to support the QI initiative (including baseline and evaluative metrics)? 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 detail which components of your initiative(s) are in place to ensure active physician participation and self-reflection (including identifying what is working well and what improvement opportunities exist). What accountabilities does each participating physician have as it relates to this reflection component and the continuous quality improvement of the care & services they provide?

D. Facilitated Feedback

Please detail 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)? What are the individual accountabilities expected of each participating physician following receipt of this feedback (if not described in part c above)?

E. Action

Please outline the "action plan" of the QI initiative(s). What are the proposed actions your organization will take? What actions will be taken in response to what is learned from implementing your QI initiative (s)? What processes will be used to ensure evaluation and that associated required actions are taken to improve practice quality?

If not captured in any of the domains above, please include details on:

- The implementation plan of your QI initiative – including all timelines
- Evaluation/monitoring processes required for the initiative, inclusive of tools to be used
- The degree to which your physicians are involved in the planning phase, implementation phase, and evaluation phases of QI initiative.

CPSO

*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**.