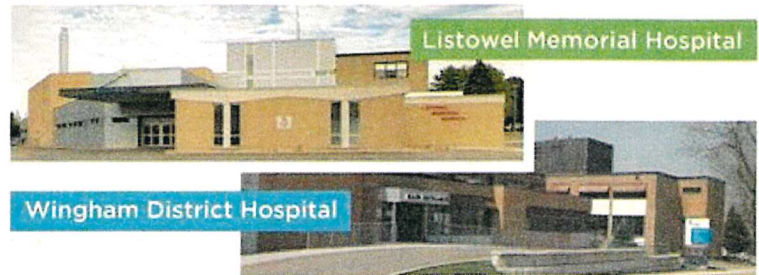


Let's Make Healthy
Change Happen.



Listowel Wingham Hospitals Alliance: 2024-25 Quality Improvement Plan

Enriching
Life's Journey
Together

VISION



QUALITY CARE
that is patient centred,
timely, efficient,
effective, equitable
and safe.

A SUSTAINABLE
AND RESILIENT
ENVIRONMENT
that is here for
future generations.



MISSION

A WORKPLACE
that nurtures
individual and
collective potential.

MEANINGFUL
PARTNERSHIPS
to offer a seamless
patient experience.

VALUES

- Respect
- Teamwork
- Communication
- Professionalism
- Compassion/Caring

Organizational Overview

The Listowel Wingham Hospitals Alliance (LWHA) was formed on July 1, 2003 as a partnership between Listowel Memorial Hospital (LMH) and Wingham and District Hospital (WDH). As an Alliance, we share a structure composed of a single Board of Directors, management team and Mission, Vision & Values. Services and programs are dispersed across our two communities. LWHA is committed to continuous quality improvement, delivering high quality and patient-centred care guided by our vision statement: “Enriching Life’s Journey Together”.



LWHA’s strategic plan articulates the organizational mission; including a sustainable and resilient environment that is here for future generations, providing quality care that is patient centered, timely, efficient, effective, equitable and safe, a workplace that nurtures individual and collective potential, as well as maintaining meaningful partnerships to offer a seamless patient experience. These mission statements represent the quadruple aim and are supported by our organizational values of respect, teamwork, communication, professionalism, and compassion/caring.

The 2024-25 Quality Improvement Plan (QIP) is a documented plan that aligns with our strategic priorities and aids to achieve LWHA’s mission. The indicators, targets and action plan was developed with input from LWHA leadership, staff, physicians, board members and patients/families.

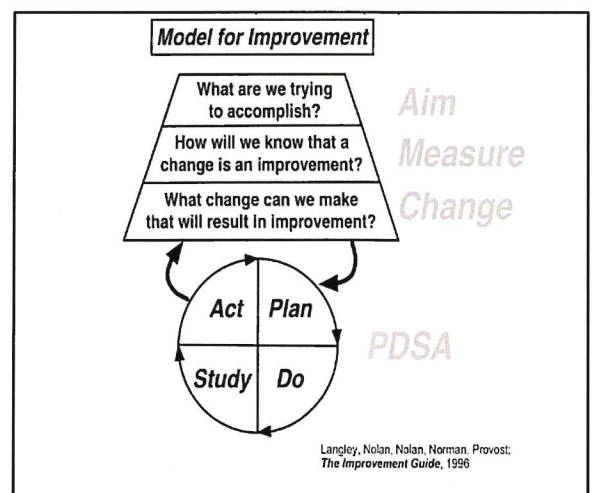
Executive Compensation

The performance of each senior leader is measured annually against organizational values, leadership competencies and achievement of annual corporate and QIP objectives.

The Broader Public Sector Executive Compensation Act 2014, Regulation 187/17 required the creation of an Executive Compensation Framework by all hospitals. The Plan prepared by LWHA included an element of pay for performance tied to QIP objectives. As a result of the on-going compensation freeze for executive staff and the lack of approval from the Ministry for the Executive Compensation Framework, no executive compensation is currently linked to the achievement of QIP objectives.

Indicators

LWHA is committed to a focus on three indicators for the upcoming Quality Improvement Plan. LWHA utilizes the Model for Improvement to drive quality within the organization.



Indicator #1 – Clinical Services

Aim Statement: Track and evaluate return Emergency Department (ED) visits that occur within 72 hours of discharge from the emergency departments across the Alliance. The team will investigate a minimum of 40 revisits annually at each site by March 31, 2025.

Lead: Emergency Department Managers (LMH+WDH)

Senior Sponsor: Vice President of Clinical Services & Quality/CNE)

Committee Oversight: (Existing) Emergency Department Quality Team

Change Idea	Lead	Completion Date	Target
1. Develop an internal process and criteria for monthly audits and pulling revisit data.	Emergency Department Managers	July, 2024	Complete (Y/N)
2. Complete monthly audits for ED revisits that occur within 72 hours of discharge from ED using LWHA return visit criteria.	Emergency Department Managers	March, 2025	40 audits annually per site (monthly targets)
3. Complete monthly audits for ED revisits that occur within 72 hours of discharge from ED using Ontario Health criteria	Emergency Department Managers	March, 2025	40 audits annually per site (monthly targets)
4. Summarize and evaluate the findings (results, trends, challenges). Present data quarterly at ED quality team and develop an annual report that would be shared with the Quality Committee of the Board.	Emergency Department Managers	March, 2025	Complete (Y/N)

Indicator #2 – Human Resources

Aim Statement: To advance awareness of diversity, equity, inclusion, and anti-racism (DEIAR) and establish a cross site DEIAR framework by March 31, 2025.

Lead: Human Resources Specialist

Senior Sponsor: Vice President of Human Resources

Committee Oversight: (To Be Established) DEIAR Committee

Change Idea	Lead	Completion Date	Target
1. Create a DEIAR Committee consistent with labour groups and collective agreement expectations	Human Resources Specialist	May, 2024	Complete (Y/N)
2. Develop DEIAR Committee Terms of Reference	Human Resources Specialist	September, 2024	Complete (Y/N)
3. Provide Unconscious Bias training to Leaders	Human Resources Specialist	December, 2024	Complete (Y/N)
4. Develop a Statement outlining LWHA's commitment to DEIAR	Human Resources Specialist	December, 2024	Complete (Y/N)
5. Research DEIAR best practices in healthcare	Human Resources Specialist	January, 2025	Complete (Y/N)
6. Develop a DEIAR framework	Human Resources Specialist	March, 2025	Complete (Y/N)
7. Develop a multi-year DEIAR workplan	Human Resources Specialist	March, 2025	Complete (Y/N)

Indicator #3 – Corporate Services

Aim Statement: To ensure an effective Management System at LWHA, utilizing the existing OMNI software for document control, and preventative maintenance modules. We will identify the existing weaknesses through gap analysis, and improve functionality by closing these gaps and completing the three (3) change implementation ideas by March 2025.

Lead: Administration Assistant Corporate and Finance Services




Senior Sponsor: Vice President of Finance and Corporate Services/CFO

Committee Oversight: (To Be Established) Omni-Assistant Steering Committee

Change Idea	Lead	Completion Date	Target
1. Revisit existing management system for the document control module. Identify gaps and weaknesses in the existing modules used	Administration Assistant Corporate and Finance Services	March, 2025	Steering Committee Established Working Committee Established Recommendation ideas established, completion of such (tracked quarterly)
2. Improve Functionality of Equipment & Facility Management Module (Preventative Maintenance ROP)	Manager of Supply Chain/Projects	January 31, 2024 April 1, 2024 March 31, 2025	Accreditation Required Organizational Practice Review Develop plan to track and document in OMNI by quarter Track completion quarterly
3. Enhance Document Control and Policy Management Module	Decision Support Analyst	April 1, 2024 April 30, 2024 March 31, 2025	Identify documents for review and update by department Departments to establish goals for quarterly completion Track completion quarterly

Sign-off

I have reviewed and approved Listowel Wingham Hospitals Alliance Quality Improvement Plan.

LWHA Board Chair	 _____ Doug Miller	March 27, 2024
LWHA Board Committee of the Whole Chair	 _____ Stacey Ash	March 27, 2024
Chief Executive Officer	 _____ Karl Ellis	March 27, 2024

References

Langley, G., Moen, R., Nolan, K., Nolan, T., Norman, C., Provost, L. (2009). The Improvement Guide: a practical approach to enhancing organizational performance, 2nd edition. San Francisco, California, Jossey-Bass Publishers.

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