

Let's Make Healthy  
Change Happen.



## Listowel Wingham Hospitals Alliance: 2025-26 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 2025-26 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.



## Emergency Department Return Visit Quality Program (EDRVQP)

- 1. Describe the team conducting audits and implementing quality improvement initiatives as part of your hospital site’s participation in EDRVQP. Describe the team’s approach to conducting audits, determining quality improvement initiatives, and addressing challenges encountered.*

The Emergency Department (ED) Quality Team is responsible for conducting audits and implementing Quality Improvement (QI) initiatives. This team is comprised of one ED physician lead per site, ED manager per site, frontline nursing staff, health discipline professionals, and the quality manager. Additionally, decision support resources provide further backing and assistance for these efforts. The team will conduct quarterly audits, reviewing 10 charts per quarter that meet the Emergency Department Review and Quality Program (EDRVQP) criteria, amounting to 40 charts by the end of the fiscal year. To support the objectives of this project, the ED Quality Team’s meeting frequency will increase to bi-monthly. Any challenges identified during the audits will be addressed at the team level, with additional engagement with clinical stakeholders as required.

2. Please tell us (Ontario Health) which quality issues are a priority for your hospital site's emergency department. Describe quality improvement initiatives that are being planned or worked on this year as a result of your team's EDRVQP audit.

Priority Quality Issues pertaining to LWHA: patient satisfaction and experience, wait times, collaboration with external stakeholders, and health human resources, including ED closures.

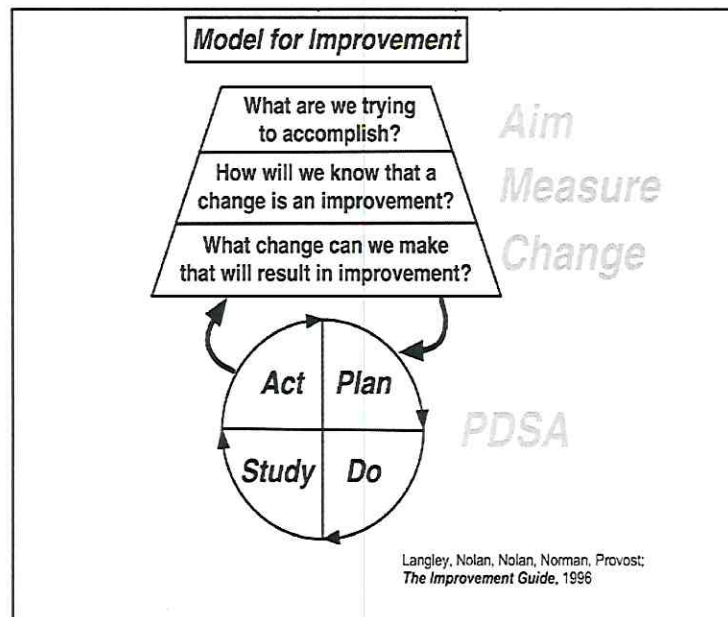
### Executive Compensation

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

The Broader Public Sector Executive Compensation Act 2014, Regulation 187/17 required the creation of an Executive Compensation Framework by all hospitals. The executive compensation is linked to the achievement of strategic and QIP objectives in accordance with the LWHA executive compensation framework.

### 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:** To assess organizational risks by completing 100% (31) of the risk assessment checklist (RAC) modules as part of the program provided by HIROC (Healthcare Insurance Reciprocal of Canada) by March 31, 2026.

**Lead:** Manager Risk

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

**Committee Oversight:** Quality Council

Change Idea	Lead	Completion Date	Target
1. Enrol in HIROC's Risk Assessment Checklist (RAC) Program.	Manager Risk	April, 2025	Complete
2. Risk assessments (modules) to be reviewed, assigned a lead and distributed to the module lead.	Manager Risk	May, 2025	Complete
3. Provide education to leadership on the RAC program and process for completing risk assessments.	Manager Risk	June, 2025	Complete
4. Module leads to complete required risk assessments.	Module Lead	December, 2025	100% completed (31 modules)
5. RAC results to be reviewed by the Senior Team (ST). ST will determine the top 3-5 risks for organizational commitment to mitigate.	Manager Risk, Senior Team	February, 2026	Complete

**Indicator #2 – Human Resources**

**Aim Statement:** Implement unconscious bias, inclusive language and ableism training to 85% of regular active staff in alignment with the corporate EIDA-R (Equity, Inclusion, Diversity & Anti-Racism) workplan by March 31, 2026.

**Lead:** Human Resources Specialist (HR Specialist)

**Senior Sponsor:** Vice President of Human Resources

**Committee Oversight:** EIDA-R Committee

Change Idea	Lead	Completion Date	Target
1. Research appropriate training.	HR Specialist	June, 2025	Complete
2. Establish an appropriate delivery method for training.	HR Specialist, Multiple Leads	August, 2025	Complete
3. Communicate and promote training.	HR Specialist, Multiple Leads	September, 2025	Complete
4. Deliver and monitor compliance of training.	HR Specialist, Multiple Leads	March, 2026	85% compliance

Indicator #3 – Corporate Services

**Aim Statement:** To reduce costs by 5% (\$225,000) per site through a review of the supply chain spend by March 31, 2026.

**Lead:** Manager Supply Chain




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

**Committee Oversight:** (To Be Established) Cost Savings Working Group

Change Idea	Lead	Completion Date	Target
1. Establish idea list of cost savings.	Manager Supply Chain	April, 2025	Complete
2. Establish cost savings project plans.	Manager Supply Chain	May, 2025	Complete
3. Establish cost savings working group.	Manager Supply Chain	May, 2025	Complete

## Sign-off

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

LWHA Board Chair	 _____	March 26, 2025
LWHA Board Committee of the Whole Chair	 _____	March 26, 2025
Chief Executive Officer	 _____	March 26, 2025

## References

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

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Ontario Health. (2024). 2025/26 QIP Narrative Questions. Retrieved from:  
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