

Let's Make Healthy  
Change Happen.



## Listowel Wingham Hospitals Alliance: 2026-27 Quality Improvement Plan



## 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: “Exceptional Patient and Staff experience”.

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 2026-27 Quality Improvement Plan (QIP) is a documented plan that aligns with our strategic priorities and aids to achieve LWHA’s mission. The indicator, target and action plan was developed with input from LWHA leadership, staff, physicians, board members and patients/families.



## Emergency Department Return Visit Quality Program (EDRVQP)

For Small-Volume Sites (Emergency Departments with less than 30,000 annual visits), elaborate on quality improvement activities that address issues through your EDRVQP by answering these two questions:

- 1. Describe your team’s experience with conducting emergency department (ED) return visit audits and implementing quality improvement initiatives as part of your hospital site’s inaugural year in the program. What worked well? What challenges did you experience?*
- 2. Describe quality improvement initiatives that are being planned or worked on this year as a result of your team’s EDRVQP audit.*

## Listowel Memorial Hospital – Emergency Department

Our inaugural year participating in the EDRVQP provided valuable insights for the Listowel site. Systematic data tracking and auditing allowed us to categorize and identify themes in our Emergency Department return visits, which directly informed several quality improvement initiatives. Collaboration among team members conducting audits supported shared learning and effective identification of priority areas. The primary challenge was sorting through the initial data, familiarizing ourselves with the process and choosing meaningful cases/charts to audit. Notably, no return visits with sentinel diagnoses were identified at the Listowel site.

Most return visits involved patients seeking follow-up care that could be more appropriately managed in community or primary care settings. Common themes included return visits for intravenous antibiotics, wound care, and follow-up diagnostic results. This prompted the implementation of elastomeric infusion pumps as a quality improvement initiative to support patients requiring ongoing intravenous antibiotics post-discharge until community nursing services can assume care. Additionally, ongoing collaboration with diagnostic imaging and local primary care clinics continue to address return visits related to test result follow-up. Over the next year, we will build on these efforts by advancing quality improvement initiatives focused on ensuring patients receive the right care in the right setting.

### **Wingham and District Hospital – Emergency Department**

Our inaugural year with the EDRVQP was both informative and insightful for the Wingham site. Early in the process, leadership transitions within the Emergency Department presented challenges; however, close collaboration with the Listowel site enabled us to establish a strong foundation and move forward effectively. The initial challenge involved securing the primary data set and defining the appropriate audit periods. Upon completion of these foundational steps, we proceeded to conduct a collaborative review of the revisit reports and advance into the formal audit process. Enhancements and expanded use of the electronic health record streamlined the auditing process. While the initial data showed no sentinel events, one acute myocardial infarction was identified through the auditing process.

The majority of return visits involved patients returning for scheduled reassessment or diagnostic results—reflecting confidence in the care received during their initial visit. Early 2024 audits identified frequent next-day return visits for diagnostic imaging; this trend declined as the expansion of diagnostic imaging hours in 2025 better aligned services with patient needs. Unlike the Listowel site, Wingham saw fewer return visits for intravenous antibiotics, as these are typically managed through our Ambulatory Care department. Ideally, home care would support these cases; however, a lack of human health resources in the community often delays timely initiation of services. To address this, we are implementing elastomeric infusion pump education within our hospital to ensure patients are educated prior to discharge. We also noted return visits for reassessment due to lack of primary care access without a family physician. The recent addition of the Unattached Care Clinic within the family health team has provided a valuable resource. We will continue to strengthen partnerships with primary care providers to facilitate appropriate follow-up and ensure patients receive ongoing care in the most suitable setting.

## **Patient/Client/Resident Experience**

At LWHA, the experiences and perspectives of our patients, clients, and families are foundational to how we design, evaluate, and improve care. Our vision, Exceptional Patient and Staff experience, guides us to listen deeply, collaborate meaningfully, and ensure that those receiving care remain central to every improvement we pursue. We recognize that individuals receiving care see our systems in ways that internal teams cannot, and their feedback, whether through formal surveys, compliments, concerns, or direct conversations, provides essential insight into where our processes succeed and where they require meaningful change.

Over the past year, patient feedback has highlighted opportunities to strengthen transparency and consistency within our financial services processes, particularly related to billing practices in the Emergency Department. We take this feedback seriously. Addressing concerns about unclear or unexpected charges directly impacting trust is a critical component of improving overall patient experience.

In response, LWHA is integrating patient experience data into a focused quality improvement initiative aimed at improving the accuracy, clarity, and ethical delivery of financial information. This work includes reviewing billing workflows, standardizing communication practices, and ensuring that staff have the tools and training needed to provide clear, timely explanations of charges.

LWHA is committed to creating a more transparent, respectful, and patient-centered financial experience. This approach reflects our broader commitment to continuous improvement and to ensuring that every interaction, clinical or administrative, supports a safe, trustworthy, and positive care journey for all.

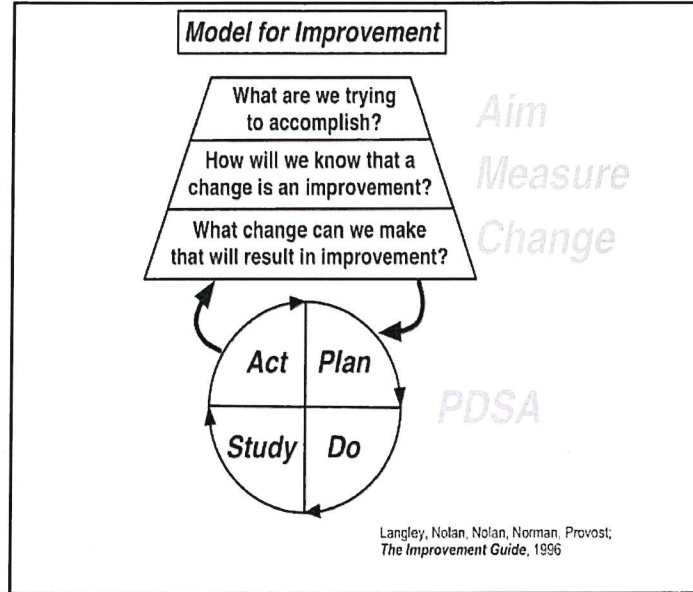
## **Executive Compensation**

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.

**Indicator for upcoming Fiscal Year (2026-27)**

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



**Indicator #1 – Financial Services**

**Aim Statement:** To improve and standardize a minimum of 5 practices/initiatives/change ideas within financial services by March 31, 2027

**Lead:** Senior Analyst/Director  
**Senior Sponsor:** Chief Executive Officer  
**Committee Oversight:** Leadership

Change Ideas (plan to achieve goal):	Lead	Completion Date	Target Performance
1. Re-establish and prioritize financial close deadlines. Create a month end checklist	Dawood	April 2026	
2. Stabilize the structure within the finance department.	Esther / Rhonda / Ken	June 2026	
3. Review Departmental structure to ensure sufficient staffing, clear roles and execution of required tasks and functions. Ensure back up for all critical functions. Stabilize staffing.	Sr Analyst	July 2026	

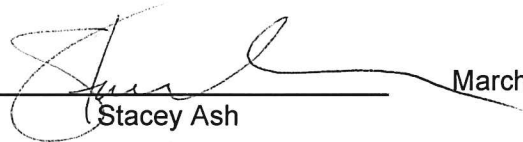
4. Establish an annual financial services workplan	Val	March 31, 2027	
Process			
5. Develop a policy and process to address patient complaints re hospital and physician billing for non -ohip covered patients and/or supplies and to improve recovery of billables.	Esther	July 2026	
6. Streamline and re-establish operational, capital and HIRF budgeting process, engraining deadlines into overall corporate timeframes.	Sr Analyst	September 2026	
7. Evaluate the oversight of the resource and audit committee, ensuring appropriate information and agenda items are in place to support.	Committee / Sr Analyst	March 2027	
8. Review and revise sop and policies, for all key processes, to ensure practices are identified, are best practice/industry standard and adopted	SR Analyst / specific documents as assigned.	March 31, 2027	
9. Migrate to one payroll for LWHA		TBD	
10. Consolidate bank accounts		TBD	
Accountability			
11. Review the approval process/signing authority policy.	Esther	April 2026	
12. Create a repayment plan for the cash advance and money owed to LMH from WDH	Sr Analyst	April 2026	
13. Ensure process for the annual updating of the board signing officers.	Val	May 2026	
14. Develop tender and complete tender process for audit function for fiscal years 2026/27 to 2029/30 with an option to renew for additional one-year terms twice.	Robin	May 2026	
15. Create/Revise a standard for financial reporting	Dawood	June 2026	
16. Assess procurement function and a) assess potential for integration with HPHA b) potential to update and streamline current department to improve efficiency, quality and cost containment.	Ali	July 2026	
17. Work with procurement to implement the new purchase order system. Ensure	Procurement lead	Sept 2026	

signing is aligned with leadership accountabilities and departments.			
18. Develop routine financial accountability processes for all leaders.	Sr Analyst	Sept 2026	
19. Develop standard financial metrics for programs & Org.	Sr Analyst / Resource Committee	Dec 2026	
20. Identify areas for modernization of software for finance and back office.	Sr Analyst	2027	
21. Consider AI opportunities to integrate and adopt into financial processes	TBD	TBD	

## Sign-off

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

LWHA Board Chair

  
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Stacey Ash

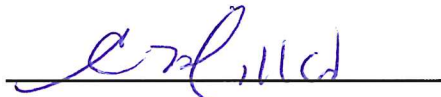
March 25, 2026

LWHA Quality, Patient Experience and Social  
Accountability Committee Chair

  
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Derek Mendez

March 25, 2026

Chief Executive Officer

  
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Esther Millar

March 25, 2026

## 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.

Listowel Wingham Hospitals Alliance. (n.d.). Strategic Plan 2025-2026. Retrieved from: [Our Strategic Organizational Plan - Listowel Wingham Hospital Alliance](#)

Ontario Health. (2025). Quality Improvement Plan Program: QIP Narrative Questions for 2026/27. Retrieved from: [QIP Narrative Questions](#)