

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 15, 2026

OVERVIEW

Lake of the Woods District Hospital (LWDH) is committed to delivering high quality, integrated care for the patient and families served, a principle directed in the Excellent Care for All Act (ECFAA). LWDH's mission is to support patients and families along their health care journey with the vision of delivering extraordinary care for every patient.

The 2026-2027 LWDH Quality Improvement Plan will be the guide used to drive quality improvement in the organization. The engagement of patients, clinicians, and community partners in its development is essential for the result to be relevant and meaningful. In addition, LWDH is directed by numerous evidence-based best practice resources that define high quality performance such as Accreditation Canada, Safer Health Care Now, Healthcare Excellence Canada, and Health Quality Ontario.

For the 2026-27 Quality Improvement Plan, LWDH has identified key drivers for quality planning that are also aligned with:

1. LWDH's Board Vision, Mission and Value Statement
2. LWDH's Strategic Plan
3. All Nations Health Partners Ontario Health Team's (ANHP OHT) cQIP
4. Hospital Service Accountability Agreement (H-SAA) and Multi-Sector Service Accountability Agreement (M-SAA)
5. Health Quality Ontario's (HQO) Strategic Plan
6. Public Reporting of Hospital Performance
7. Accreditation Canada's Required Organizational Practices (ROPs)
8. Healthcare Excellence Canada
9. HIROC Risk Assessment Checklist (RAC) and the Integrated Risk Management (IRM) Program which results in subsequent QI

initiatives.

In addition, the Quality Improvement Plan commands active consultation and participation with LWDH's dedicated health care partners to achieve the plan's objectives. Key internal partners are LWDH staff and credentialed professional staff. The ANHP OHT includes representatives from the following organizations: Ontario Health North, the Northwestern Health Unit, the Sunset Country Family Health Team, Kenora District Services Board, Pinecrest District Home for the Aged, Wiigwas Elder and Senior Care, Kenora Chiefs Advisory (KCA), Firefly, Canadian Mental Health Association Kenora, Kenora Association for Community Living, Waasegiizhig Nanaandawe'iyewigamig (WNHAC), City of Kenora, Municipality of Sioux Narrows and Nestor Falls, District of Kenora Unorganized Ratepayers Association, and Grand Council Treaty #3. LWDH collaborates with these key external partners, the Ontario Provincial Police, Treaty #3 Police Services, and Northwestern Ontario hospitals in the provision of quality care and the development of our QIP.

The indicators for this year's QIP include:

1. Number of workplace violence incidents
2. Percentage of patients readmitted to hospital within 30 days of discharge after hospitalization for mental illness or addiction
3. Number of complaints received which are related to equity, diversity, and inclusion
4. Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?
5. 90th percentile emergency department wait time to inpatient

bed

6. Percent of patients who visited the ED and left without being seen by a physician
7. 90th percentile emergency department length of stay for nonadmitted patients with low acuity
8. 90th percentile emergency department length of stay for nonadmitted patients with high acuity
9. 90th percentile emergency department wait time to physician initial assessment
10. Percentage of patients with a repeat visit within 30 days following a MH/SUD visit to the ED.

ACCESS AND FLOW

At LWDH, ensuring seamless hospital access and efficient patient flow are integral to delivering exceptional care to the community. LWDH's initiatives are tailored to address the unique needs of the region served while striving for excellence in service delivery.

Currently, LWDH is working on the following Emergency Department specific initiatives to enhance access and flow:

- Pay for Results (P4R) initiatives strategies relate to stabilizing staffing, maintaining 24-hour access, recruiting and retaining staff to reduce dependency on ED Locum Program and agency nursing.
- Investment in processes that accelerate movement of admitted patients from ED to assigned inpatient areas such as a dedicated housekeeping, patient transport resource, clerks.
- Nurse Practitioner Service for lower acuity patients that present in the department.

Additional access and flow improvement initiatives include:

- Investment in roles/initiatives such as education and training to enhance inpatient bed capacities and reduce inpatient length of

stay.

- Ensure ALC leading practices are in place and implemented in all areas.
- Prudent utilization of ALC funding to facilitate timely discharges of patients and prevent prolonged admissions.
- Overflow contracts (nurses, personal support works and allied health) to manage our own home care services to facilitate timely discharges of patients.
- Increasing and improved access to community stroke, cardiac, pulmonary rehab and OT resources to facilitate seamless transitions post- discharge.
- Investments in client navigation and discharge planning.
- Creation of a day surgery unit aiming to alleviate congestion in post-op admissions and day surgery stays that tend to use acute care beds.

Through these initiatives, LWDH is committed to optimizing hospital access, improving patient flow, and ultimately, enhancing the overall quality of care for residents served by Lake of the Woods District Hospital.

EQUITY AND INDIGENOUS HEALTH

LWDH is committed to fostering a healthcare environment rooted in diversity, equity, and inclusion (DEI), ensuring that all individuals feel valued, respected, and supported. Recognizing that systemic inequities continue to impact access to care and health outcomes, LWDH strives to eliminate barriers and address disparities within the healthcare system.

As part of the commitment to reconciliation, LWDH acknowledges the Truth and Reconciliation Commission (TRC) of Canada's Calls to

Action, particularly those related to healthcare. LWDH is actively working to implement culturally safe practices and improve health services for Indigenous patients, families, and communities. LWDH serves not only the residents of Kenora but also a large surrounding area, including ten First Nations communities. Through ongoing collaboration with the Indigenous Advisory Council, All Nations Health Partners OHT, as well as partnering with KCA to develop the Indigenous Patient Relations Department, we seek to address systemic barriers and ensure culturally appropriate, responsive care.

To advance this work, LWDH is currently developing and implementing the following key initiatives:

- An Equity, Inclusion, Diversity, and Antiracism Workplan to guide LWDH's efforts in embedding equitable policies and practices across all hospital operations.
- A First Nations, Inuit, Métis, Urban Indigenous Health Workplan to enhance access, cultural safety, and health outcomes for Indigenous patients, aligning with principles of reconciliation and self-determined healthcare.
- An Antiracism and Cultural Safety training program developed in partnership with KCA which is currently being implemented with an anticipated completion of the training for all staff by 2027.

LWDH recognizes that social determinants of health—such as income, housing, food security, and cultural barriers—significantly impact health outcomes. The hospital addresses these challenges through various Mental Health and Addictions programs and strong partnerships with community organizations. These initiatives help connect individuals to essential resources, including housing,

income support, employment, and culturally meaningful services.

Through ongoing collaboration with community partners, and the Patient and Family Advisory, Accessibility, and DEI Committees, LWDH continuously evaluates policies and programs to ensure they are inclusive and equitable. LWDH remains accountable to the patients, staff, and community by fostering open dialogue and incorporating feedback into DEI and reconciliation efforts.

LWDH's commitment to equity and Indigenous health is an ongoing journey—one that requires action, reflection, and meaningful partnership. By addressing systemic inequities and honoring Indigenous rights to healthcare, LWDH strives to create a system that is accessible, inclusive, and responsive to the diverse needs of those served.

PATIENT/CLIENT/RESIDENT EXPERIENCE

As per the Excellent Care for All Act (ECFAA, 2010), and Accreditation Canada standards, Lake of the Woods District Hospital consistently incorporates patient partnering and relations within its QIP. To ensure the QIP information reflects the perspectives of patients, LWDH has actively engaged with them to hear their insights, reflective of their experiences.

LWDH also gives power to the patient's voice through its Patient Relations process, annual Patient Experience Surveys, feedback obtained from the post discharge follow-up questionnaire, and the review of reported adverse incidents and complaints. LWDH always encourages open and honest communication with patients and their families. This information is considered in the selection of the annual QIP indicators. LWDH believes that patient engagement

positively shapes the quality of services. The organization understands that the Patient and Family Advisory Committee will guide quality work even further.

In partnership with KCA and WNHAC LWDH has added Indigenous Client Navigators and a Transitions Facilitator to our team. These Indigenous staff work with Indigenous patients and families to support referrals to traditional healing, follow up care in communities, transportation, and navigating the discharge process. These navigators are also another source of feedback from Indigenous patients.

LWDH has a process to effectively manage feedback, reporting, and communication of patient concerns and complaints. The expectation is that all reported patient complaints are managed and resolved within one (1) month. The Quality, Patient Safety, and Risk Management Committee of the Board reviews complaints quarterly, to identify trends and areas to improve. LWDH believes that all concerns and complaints provide opportunities for quality and service improvement within the health care system.

PROVIDER EXPERIENCE

LWDH recognizes the increased pressures and burnout of staff and healthcare providers within the organization. In an effort to help support staff through the current challenges in health care, reduce staff burnout, and enhance quality of care, LWDH has and continues to strive for a collaborative approach to address staffing shortages and provide resources to staff to support their wellbeing.

LWDH offers many staff wellness initiatives offered through the organization's active Wellness Committee and Sunshine Club. These

committees plan regular activities and provide resources for staff to help promote all facets of wellness. Additionally, the organization has an on-site staff physiotherapist that is dedicated to staff wellness, ergonomics, and rehabilitation as well as a dedicated staff mental health counselor is available to provide EAP assistance to all staff.

LWDH offers service recognition awards to celebrate and appreciate staff for their years of service and hard work. LWDH recognizes that the needs of staff may change in congruence to the demands on the healthcare system and workload. As such, LWDH provides flexible work arrangements for staff where possible.

It is important to hear from staff regularly to tailor initiatives to their needs. LWDH utilizes HSO's Global Workforce Survey to better understand teams' overall experience working in the hospital. The Global Workforce Survey, formerly Work Life Pulse Tool, was historically completed by staff every four years as part of the Accreditation Canada survey. In an effort to ensure that staff have more frequent opportunities to identify areas of improvement to support work-life balance, LWDH utilizes this tool on an annual basis.

SAFETY

At LWDH, patient safety is paramount. LWDH strives to not only prevent risk of harm and harm to patients, but also to continuously learn from patient safety incidents to improve the quality of care we provide. To support this commitment, LWDH has established robust systems and processes to identify, report, and analyze patient safety incidents.

When an incident occurs, it is immediately reported to the Quality and Risk program through the RL Incident Reporting System. A thorough investigation to determine the root cause and contributing factors is conducted by the manager of the department, with assistance from Quality and Risk when necessary. All follow-up is documented in the system, as well as the resolution.

When a significant incident or near miss occurs, information is then shared with applicable staff and leadership to identify opportunities for improvement and implement corrective actions. For example, through the Medical Quality Assurance Committee, QCIPA Review, etc. LWDH utilizes Grand Rounds to help educate hospital and professional staff on patient safety items identified during incident investigations. Grand Rounds are held almost weekly and all staff are invited to attend. LWDH also shares important patient safety information through the internal staff newsletter.

All reported complaints are reviewed on a quarterly basis by the LWDH Quality, Patient Safety, and Risk Management Committee of the Board and Executive Team to help identify trends and areas for improvement. These groups also receive data around incident reporting including number of incidents reported, type of incidents reported, and severity levels. This committee has representation from the community, the Patient and Family Advisory Committee, and the Board of Directors to ensure knowledge and information sharing.

Beyond the investigation of individual incidents, LWDH has an active Joint Occupational Health and Safety Committee (JOHSC), conduct regular safety audits, and engage in ongoing staff education and training to promote a culture of safety throughout

the hospital. Through participation in Ontario Health's Never Events Hospital Reporting Initiative LWDH is able to contribute our learnings from patient safety incidents to the prevention of future incidents at the hospital and across the province. LWDH's goal is to create an environment where everyone is empowered to speak up about potential safety concerns and actively participate in the continuous improvement of patient care delivery.

PALLIATIVE CARE

LWDH is committed to delivering high-quality, patient-centered palliative care that aligns with the Quality Standard for Palliative Care and the Ontario Palliative Care Network model of care recommendations. LWDH's approach prioritizes dignity, comfort, and coordination of services to meet the unique needs of patients and their families.

The interdisciplinary team including physicians, nurses, social workers, and rehabilitation professionals works collaboratively to provide comprehensive, holistic, and culturally safe palliative care.

The palliative care nurse plays a vital role in goal setting, service coordination, and patient advocacy, ensuring that patients receive compassionate, individualized care. Through interdisciplinary collaboration, the team focuses on early identification of palliative needs, integrating pain and symptom management strategies to enhance comfort. Recognizing the essential role of families and care partners, the team prioritizes Advance Care Planning (ACP) discussions early in the patient's journey to align treatment with their values and preferences. LWDH provides dedicated care coordination and emotional support, helping families navigate complex end-of-life decisions with clarity and compassion.

Additionally, LWDH offers ongoing family and caregiver support, including bereavement resources, to ensure they feel supported throughout the process.

Palliative care includes rehabilitation support to set client-centered goals and help patients maintain mobility, strength, and independence for as long as possible. LWDH ensures access to essential equipment—such as mobility aids and assistive devices to enhance comfort in both hospital and home settings. The team also helps coordinate home-based palliation, allowing patients to receive end-of-life care in their preferred environment.

Through these efforts, LWDH is committed to delivering compassionate, person-centered palliative care that respects the dignity and choices of patients and their loved ones.

POPULATION HEALTH MANAGEMENT

LWDH is dedicated to advancing population health management through collaborative efforts within the ANHP OHT. Established to address the diverse health care challenges and inequities within the region served, the ANHP OHT is committed to meeting the unique needs and goals of the communities.

The ANHP OHT aims to provide the right service, at the right time, in the right setting, for everyone in the Kenora region. The ANHP OHT strives to create a seamless continuum of care across all health care providers, ensuring access to services closer to home and delivering health outcomes that meet provincial standards.

Through the collective efforts, the ANHP OHT aims to nurture supportive environments for health care providers, recognizing

their vital role in delivering quality care. Additionally, the ANHP OHT is committed to support the building of a new hospital and campus that fosters an inclusive and culturally sensitive health care environment.

The ANHP OHT has embarked on a multitude of projects, including initiatives focused on Mental Health and Addictions, Digital Health, Primary Care, Home and Community Support Services, Health Human Resources Strategy, Data and Performance, Privacy, and supportive housing. By working collaboratively on these projects, the ANHP OHT partners are able to leverage the collective expertise and resources to address the diverse needs of the population and enhance overall health outcomes.

At LWDH, we are proud to be part of the ANHP OHT and remain steadfast in the commitment to advancing population health and improving the well-being of the communities.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

As a small-volume emergency department participating in the Emergency Department Return Visit Quality Program (EDRVQP) for the first time, our site is preparing to implement return visit audits as part of our broader quality improvement and patient safety plans. A multidisciplinary team consisting of emergency physicians, nursing leadership, and quality and risk representatives has been established to support this work. Standardized audit tools and provincial guidance will be used to promote consistency, reliability, and a non-punitive approach to case review. Our smaller department size is expected to facilitate timely communication, strong clinical engagement, and collaborative discussion of audit

findings.

Anticipated challenges include limited availability of protected time for audit activities due to competing clinical pressures, as well as lower return-visit volumes, which may limit early trend identification. As this is our inaugural year, additional effort will be required to orient staff to the EDRVQP process and quality improvement methodologies. Access to complete clinical information for return visits that occur at external facilities may also present limitations.

Based on anticipated audit findings and known areas of risk, several quality improvement initiatives are being planned. These include reviewing and improving the quality and clarity of discharge instructions, with emphasis on return precautions, follow-up arrangements, and patient understanding. We also plan to focus on strengthening documentation of clinical decision-making and discharge planning for higher-risk presentations. Audit outcomes and lessons learned will be shared through regular quality forums and integrated into ongoing QIP activities to support a culture of continuous learning, patient safety, and system improvement.

EXECUTIVE COMPENSATION

In accordance with the Excellent Care for All Act, 2019 (ECFAA), performance-related pay available to designated executives is paid as a lump sum based upon attaining defined performance goals.

Accountability for the execution of both the annual QIP and Corporate Strategic Plans are delegated to the President and CEO from the Board of Directors through a delegation of authority policy. The plans are reviewed, approved and monitored by the Board of Directors through performance evaluations of the President and CEO which are then cascaded to all the designated executives of the hospital.

CONTACT INFORMATION/DESIGNATED LEAD

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SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **April 9, 2026**

Signed by:

Fred Richardson

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Fred Richardson, Board Chair

Signed by:

Rita Boutette

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Rita Boutette, Board Quality Committee Chair

Signed by:

Cheryl O'Flaherty

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Paula Peacock

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Paula Peacock, EDRVQP lead, if applicable