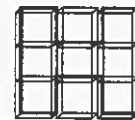


**Quality Improvement Plan (QIP)**

# **Narrative for Health Care Organizations in Ontario**

March 7, 2025



**Lake of the Woods  
District Hospital**



**Ontario  
Health**

## OVERVIEW

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

The 2025-2026 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, we are 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 2025-26 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 our 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.

While we are confident our QIP will provide the necessary framework and road map to guide us on this journey towards quality improvement, we understand that patients, their families, and our staff play an integral role in the provision of excellent care for all.

The indicators for this year's QIP include:

1. 90th percentile emergency department wait time to inpatient bed
2. 90th percentile emergency department wait time to physician initial assessment

3. Percent of patients who visited the ED and left without being seen by a physician

4. Number of complaints received which are related to equity, diversity, and inclusion

5. 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?

6. 30-day medical readmission rate

7. Frequent emergency room visits for help with mental health and substance use

8. Percentage of patients readmitted to hospital within 30 days of discharge after hospitalization for mental illness or addiction

9. Medication Reconciliation at Discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged.

10. Number of medication errors

11. Number of workplace violence incidents

## ACCESS AND FLOW

At LWDH, ensuring seamless hospital access and efficient patient flow are integral to delivering exceptional care to our community. Our initiatives are tailored to address the unique needs of our region 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**

At LWDH, we are 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, we strive to eliminate barriers and address disparities within our healthcare system.

As part of our commitment to reconciliation, we acknowledge the Truth and Reconciliation Commission (TRC) of Canada's Calls to Action, particularly those related to healthcare. We are actively working to implement culturally safe practices and improve health services for Indigenous patients, families, and communities. Our hospital 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 Partnership, and our Current Operations Innovation Working Group, we seek to address systemic barriers and ensure culturally appropriate, responsive care.

To advance this work, we are currently developing and implementing the following key initiatives:

- An Equity, Inclusion, Diversity, and Antiracism Workplan to guide our 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 2026.

We recognize that social determinants of health—such as income, housing, food security, and cultural barriers—significantly impact health outcomes. Our 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 our Patient and Family Advisory, Accessibility, and DEI Committees, we continuously evaluate our policies and programs to ensure they are inclusive and equitable. We remain accountable to our patients, staff, and community by fostering open dialogue and incorporating feedback into our DEI and reconciliation efforts.

Our 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, we strive to create a system that is accessible, inclusive, and responsive to the diverse needs of those we serve.

### **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. This year, the Patient and Family Advisory Committee was actively involved in the development of the QIP. To ensure the QIP information reflects the perspectives of patients, we have 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. We always encourage 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 our services. The organization understands that the LWDH Patient and Family Advisory Committee will guide our quality work even further.

In partnership with KCA and WNHAC we have 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 our 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 our 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. We recognize that the needs of our 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 us to hear from staff regularly to tailor initiatives to their needs. LWDH utilizes HSO's Global Workforce Survey to better understand our teams' overall experience working in our 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, however we have identified a need to utilize this tool on an annual basis to ensure staff have more frequent opportunities to identify areas of improvement to support work-life balance.

## SAFETY

At LWDH, patient safety is paramount. We strive 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, we have 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 at our organization and all staff are invited to attend. We also share important patient safety information through our 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, we have 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 we are able to contribute our learnings from patient safety incidents to the prevention of future incidents at our hospital and across the province. Our 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 our patient care process.

## **PALLIATIVE CARE**

At LWDH, we are 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. Our approach prioritizes dignity, comfort, and coordination of services to meet the unique needs of patients and their families.

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

Our 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, we focus on early identification of palliative needs, integrating pain and symptom management strategies to enhance comfort. Recognizing the essential role of families and care partners, we prioritize Advance Care Planning (ACP) discussions early in the patient's journey to align treatment with their values and preferences. We provide dedicated care coordination and emotional support, helping families navigate complex end-of-life decisions with clarity and compassion. Additionally, we offer 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. We ensure access to essential equipment—such as mobility aids and assistive devices to enhance comfort in both hospital and home settings. Our team also helps coordinate home-based palliation, allowing patients to receive end-of-life care in their preferred environment.

Through these efforts, we are 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 our region, the ANHP OHT is committed to meeting the unique needs and goals of the communities it serves.

The ANHP aim to provide the right service, at the right time, in the right setting, for everyone in the Kenora region. We strive 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 our collective efforts, we aim to nurture supportive environments for health care providers, recognizing their vital role in delivering quality care. Additionally, the ANHP OHT is committed to building an All Nations 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, we are able to leverage our collective expertise and resources to address the diverse needs of our population and enhance overall health outcomes.

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

### **EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)**

This program will be investigated in 2025-26.

### **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

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Board Chair

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Board Quality Committee Chair

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Chief Executive Officer

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EDRVQP lead, if applicable

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