

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

October 13, 2022



## OVERVIEW

The Marathon Family Health Team (MFHT) is currently operating under its 2019-2022 strategic plan. This plan has 4 key strategic directions: 1. Enhancing Indigenous relationships to respond to healthcare goals, 2. Develop a collaborative community health plan, 3. Support quality aging in our community, 4. Optimizing prevention, treatment and care coordination strategies to support mental health. As the COVID-19 pandemic delayed some of the work on this current strategic plan, the MFHT is continuing to work on these strategic directions over the course of this next fiscal year while the new plan is being developed.

While headway is being made on all the current strategic directions, the primary focus of the 2022/23 Quality Improvement Plan (QIP) is on catching up with cancer screening activities to support quality aging through prevention and early detection. As the MFHT Palliative Care Committee has expanded over the past year to include a number of community partners, there are two indicators on the QIP related to this area. With COVID-19 we have also seen an increase in the use of virtual and electronic communication with patients and we would like to be able to extend this to include use of patients emails to send reminders as well as to provide patients with various pre-appointment screening and measurement tools where relevant. To this end we plan to focus on updating our patient email communication policy and percentage of patients for whom we have an email on record in the EMR. The final area of focus for the 2022/23 QIP ties in with the physician group's CPSO project which aims to reduce unnecessary cholesterol testing and statin prescribing.

## REFLECTIONS SINCE YOUR LAST QIP

## SUBMISSION

As we all know, the past 18 months have been a COVID-19 roller coaster ride with shifts between virtual and in person visits as the rates of COVID-19 have gone up and down. In addition to these shifts, the providers and staff at the Marathon FHT have also been taking on new roles including staffing the local COVID-19 Assessment Centre from a few to several hours a day depending on the local prevalence of the virus. The team was also heavily involved in the planning, management and staffing of the majority of the COVID-19 vaccine clinics from late winter to the end of summer 2021.

With the intense focus on COVID-19 related activities during 2020/21, other activities were scaled back to the essentials; the areas most notably impacted by this have been cervical cancer screening (PAPs), spirometry testing for diagnosis and follow up on respiratory illness and other in person chronic disease management activities such as blood pressure monitoring and diabetes labs.

Despite the challenges presented by COVID-19, the Quality Improvement Committee at the Marathon FHT has, for the most part, continued to meet monthly from September to June to identify areas of concern and initiatives to move ahead with various aspects of the team's Strategic Plan and quality improvement in general. During the past 18 months, a new Home and Community Care program has been set up under the supervision of the FHT, the local palliative care committee has been built back up to include a number of community partners, a falls prevention program has been under development with plans to launch in September 2022 and the Enhancing Indigenous Relations Committee has been

established with a number of local Indigenous members ready to attend their first meeting in September 2022.

As capacity allows, the priorities for the 2022/23 Quality Improvement Plan are on returning to pre-COVID levels of cancer screening and to continue to work on improvements related to Palliative Care as well as working towards having more ability to complete patients questionnaires and tools electronically with implementation of updated patient email communication consents and populating the associated email address field in the EMR.

Quality improvement will continue to be a priority for MFHT. The QI committee will continue with its monthly meetings to set broad QI directions while the epidemiologist will continue to work with the various program committees to identify relevant program specific measures, goals and targets.

## **PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS**

Prior to COVID-19, the Marathon Family Health Team in partnership with the local hospital and North of Superior Programs for mental health services, had instituted a Patient Advisory Committee (PAC). The PAC was chaired by the MFHT health promoter and met quarterly. As the past 18 months have created human resource challenges with more hours being required for management of COVID-19, the Assessment Centre and vaccine administration, the PAC meetings have been temporarily suspended and have yet to be reinstated. It is hoped that as we continue to move towards a new normal, that the PAC meetings will resume along with other work involving patient partnering.

## **PROVIDER EXPERIENCE**

Most challenges MFHT providers experienced over the last two years were associated with the COVID-19 pandemic. Although many challenges occurred, focus was particularly on; inconsistencies and lack of communication, access to vaccines and vaccine transportation and the Provincial Booking System. In order to support staff, MFHT assumed responsibility for producing combined local messaging re COVID and mass vaccination on behalf of the Clinic, Hospital and FHT. MFHT worked with Public Health, the Hospital and local volunteers as they organized their own vaccine transport in to our community every two weeks for several months. MFHT assumed the responsibility of booking mass vaccination clinics and called all eligible patients to offer appointments. Staff and providers made over 10,000 phone calls, and over 6,000 immunizations were administered. MFHT also created their own online COVID-19 vaccination appointment request system that provided the clinic with more control over the booking process, allowed vaccine hesitant patients a phone appointment with their healthcare provider to discuss concerns, and facilitated a rapid response to collect consent forms in advance.

Programming Challenges: For many MFHT programs the transition from in-person to virtual appointments was complicated. Visual health education materials could not be shared with patients, MFHT providers could not be visible in the community and at planned multiple events throughout the year. Work-from-home arrangements were repeatedly being requested. MFHT supported staff by establishing a VPN to encourage visual virtual appointments to help keep providers connected to their patients, offered virtual group workshops and resources to support larger

event efforts and supported employees with work-from-home arrangements, only when the employee was directly impacted with COVID self-isolation restrictions.

HR Challenges: Many H/R challenges negatively impacted on the organization and employee morale. Long-term staff retired, experienced staff were "head-hunted" by other organizations through offers of signing bonuses and retention incentives, long-term staff weary of COVID and its impact sought employment elsewhere or returned to school to pursue other professions, COVID related absences were frequent, the "urgency" impact of the pandemic on leadership and administrative staff who had to stay ahead of the pandemic and sacrificed many hours of personal time in order to do that and minimize the impact of the pandemic on others took a severe toll, recruitment challenges to replace those who left, retention challenges to keep other staff thinking of moving on. The only way to continually support staff during this time, was to meet frequently, allow space for venting, continually recruit for open positions, develop new strategies to manage existing programs and services, and collaborate with other healthcare organizations to share human resources and redeploy as needed so community healthcare needs overall could be met.

## CONTACT INFORMATION

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Margaret Cousins, Epidemiologist: [mcousins@mfht.org](mailto:mcousins@mfht.org)

## 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 **June 29, 2022**

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**Dr. Megen Brunskill**, Board Chair

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**Margaret Cousins**, Quality Committee Chair or delegate

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**Joanne Berube**, Executive Director/Administrative Lead

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Other leadership as appropriate

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