

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

May 15, 2023

OVERVIEW

Over the past year the Marathon Family Health Team (MFHT) has focused on cancer screening catch-up and continued with activities related to the 2019-2022 strategic directions. We are proud to note that breast and colorectal cancer screening rates have now surpassed the pre-pandemic levels, the Enhancing Indigenous Relationships Committee is now fully established with membership from local Indigenous communities, a new Lifestyle Medicine Program was also launched in September 2022 and a new Falls Prevention Program and updated Advance Care Plan document are ready to launch in April 2023.

The 2023/24 Quality Improvement Plan (QIP) reflects these foci of the new 2023/26 Strategic Plan: 1. Patient(Support our patients to thrive in community), 2. Team(Enhance organizational resilience), and 3. System(Optimize health system performance). Under the patient focus, we will be working to better support and understand the wishes of patients in the community who are palliative through advance care planning and charting of their preferred place of death. In addition, we will be working to improve the accuracy of the patient allergy fields in the EMR in preparation for the implementation of local penicillin allergy testing to reduce inaccurate penicillin allergy records. To improve organizational resilience we will be focusing on increasing the percentage of staff/providers with a completed job details manual so that new and covering staff/providers can easily step into staff and clinical roles. Finally, as we move our system towards more electronic communication, pre-appointment screening tools and reminders, we will be working to increase the percentage of patients with an email address in the EMR. System improvements in terms of access to Ontario Health information, such as the Cancer Screening Activity

Reports, for more of our patients will be facilitated through our final performance measure which is to increase the percentage of active patients who are rostered.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

In 2022/23 our main area of co-design has been with respect to the Enhancing Indigenous Relationships pillar of our previous Strategic Plan. The Palliative Care Committee was expanded to include membership from Biigtigong Nishnaabeg(BN) and the partnership between MFHT and BN has led to the addition of Indigenous specific items and resources being added to End of Life Comfort Bags for Indigenous patients, a new smudging policy for MFHT as well as on-going discussion and planning for shared opportunities in palliative care and advance care plan planning. Our recently established Enhancing Indigenous Relationships Committee, with Indigenous members from Marathon, BN and Netmizaaggamig as well as MFHT representation, has contributed to Indigenizing Space for the clinic waiting room and exam room signage. These are small steps towards improving our care and space for our Indigenous population and this work will continue into the future.

During Q3 and Q4 of 2022/23, the MFHT was engaged with patients, providers and partners to determine directions for the 2023-2026 Strategic Plan. This engagement process included surveys available for completion by a wide range of community partners as well as by MFHT staff, providers and patients. Representatives from five community partners and 31 residents completed surveys and/or had meetings with MFHT administration to provide input on the strategic directions.

As we move into the 2023/24 fiscal year and the new strategic plan is completed, we plan to once again request patient feedback through a patient survey and explore other opportunities for patient/client/resident feedback and input.

PROVIDER EXPERIENCE

Over the course of 2022/23 there have been noticeable improvements in both staffing levels and burn-out among providers. As of September 2022, the full complement of providers, with the exception of RD, has been attained either through new hires, or shorter term contracts for parental leave coverage. In addition, there has been reduced demand on the FHT to facilitate mass vaccination clinics for the community; while MFHT still provides some support for public health vaccination clinics, the bulk of the effort is now managed by the Thunder Bay District Health Unit. As work shifted away from COVID and into recovery and catch-up mode, there was increased demand on nursing and administrative staff to contact and provide missed preventative care screenings and other routine follow up procedures such as diabetes lab work. Although phone recall lists are still long, efforts have been made to reduce phone recall of patients through use of text reminders and promotion, via social and traditional media, of appointment availability and booking process for cancer screenings of all types. Review of processes and allocation of duties is an on-going process as we seek further efficiencies and improved patient care without over burdening providers and staff.

Providers are engaged through program specific monthly and bi-monthly committee and clinical collaborative meetings to identify concerns and ways to improve use of human resources and access to care. Providers are also able to discuss concerns with the HR

manager and ED as needed.

Efforts have also been made to provide positive feedback, either in person or via email, to staff and providers for specific achievements and work well done. In January 2023, a new staff quarterly newsletter was launched to aid in the effort of providing positive feedback as well as highlight the incredible work and commitment employees demonstrate daily. In addition, MFHT has worked to improve staff and provider moral through specific appreciation and wellness events such as the staff appreciation and recognition dinner and many workplace wellness specific activities leading up to Christmas.

WORKPLACE VIOLENCE PREVENTION

In the event of any interaction with patients in which behaviour becomes threatening and/or aggressive, MFHT staff and providers are encouraged to submit an incident report for tracking purposes. These types of events are also brought directly to the ED. Between November 1 2021 and October 30 2022 there were 3 of these types of incidents reported. This is likely an underestimate of the true number of these types of interactions and represents an increase in reporting of this type of incident. In response to these incidents, the relevant workplace policy has been reviewed, updated and shared with all staff and providers. Signage has also recently been added to the waiting room, front reception and each exam room to inform patients of the expectations around appropriate behaviour and actions that will be taken in response to aggressive and/or threatening behaviour. In addition, professional development with respect to de-escalation skills and handling of challenging situations is being planned for the next fiscal year. The Marathon FHT will continue to support staff and providers and look to ways to further ensure workplace safety.

PATIENT SAFETY

Marathon FHT has had an incident reporting system in place for many years. This past fiscal year we devoted some time to reviewing and updating the incident reporting policy and procedures. While initially the reporting process was strictly paper based, we have now moved to a primarily electronic system using a Google form which notifies a designated QI representative, IT and ED when a new report has been submitted. Reports may also be submitted on paper or via email. To ensure patient confidentiality, patient identifying information is not included on these reports.

Incident reports are reviewed by the QI representative, the ED or other providers as needed and then are brought to the monthly QI Committee meetings to review and help identify actions that may be taken to prevent similar issues from happening in the future. Outcomes are reported back to those submitting the reports and, when deemed relevant, the broader staff and provider team may be advised of trends and changes that have come out of incidents and systemic issues. An annual summary report outlining these trends and outcomes is also created and shared with MFHT staff, providers and the Board of Directors.

HEALTH EQUITY

Two of the four strategic directions from 2019-2022 Marathon FHT Strategic Plan address areas related to health equity: Enhancing Indigenous Relationships to Respond to Healthcare Goals and Support Quality Aging in Our Community.

As part of the Indigenous Relationships direction, the Indigenous Relations committee was established in 2021 and includes membership from each of the two local Indigenous communities as

well as an Indigenous Marathon resident. In 2022/23 the committee has been working to establish areas for improvement and actions that can be taken. In follow up to an Indigenizing Space workshop, a large piece of Indigenous artwork was installed in the clinic waiting room along with new signage for exam room suites that includes Anishnaabemowin, English and French. The palliative care committee has also expanded over the past year to include Indigenous representation and has been able to work with the local First Nations to add culturally appropriate materials to Palliative Care Comfort bags for Indigenous patients. The MFHT social worker and care coordinator have been exploring opportunities to present Advanced Care Planning to Biigtigong Nishnaabeg members. The social worker and addictions worker also attended the health fair in Netmizaaggamig Nishnaabeg to promote advanced care planning and the RAAM clinic services. In December, Dilico shared their services and challenges in servicing the local First Nation communities in a presentation to the MFHT providers Clinical Collaborative Meeting. This opportunity allowed for improved understanding of the current situation, brainstorming and building of relationships with Dilico. Some of the biggest challenges for equitable health care for people living in the First Nations communities in our catchment area are the travel distance and winter road conditions between the communities and Marathon, along with funding and recruitment and retention of healthcare workers to fill openings in the communities. The FHT will continue to work through this committee with our partners to identify solutions and advocate for change. While Marathon FHT does not collect race based data, we do at times respond to data requests from the First Nation communities which is pulled based on the postal code for those communities.

Our current Quality Aging Committee has been focused on a number of areas related to aging including falls prevention, malnutrition screening, advance care planning and social isolation. Work in these areas is on-going and will continue to be a focus as part of the new 2023/26 Strategic Plan.

The MFHT Health Promotion Committee also has taken steps to improve accessibility to healthy living for lower income residents; in 2022 the free indoor walking program two nights a week at the local high school was reinstated and the committee has been advocating for the Town of Marathon to implement a subsidized rate plan so that low income individuals and families are able to access town run physical activity programming. Over the past year the RD has been working with the Marathon Food Bank to facilitate monthly Good Food Boxes which include fresh produce at an affordable price for lower income. Information also been promoted through media around healthy eating on a budget and low/no cost physical activity options such as the many local walking trails and routes and free passes to Pukaskwa National Park, partly through the Parks Canada Parks Prescription program. Despite these efforts, it is acknowledged that there continues to be more work needed to address the current economic challenges and socio-economic inequities in our populations.

CONTACT INFORMATION

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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 **March 31, 2023**

Dr. Megen Brunskill, Board Chair

Margaret Cousins, Quality Committee Chair or delegate

Joanne Berube, Executive Director/Administrative Lead

Other leadership as appropriate
