Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2025

Ontario Health

OVERVIEW

Over the course of 2024/25, MFHT piloted and evaluated a number of new initiatives. These include an MSK program, weekly Rural Recovery support group for patients working on addiction recovery, and the HOPE (Healthy Outcomes Through Patient Empowerment) program. MFHT is particularly proud of the efforts that went into the completion of the compressed workweek pilot which resulted in winning several workplace wellness challenges and awards, and more importantly, improved staff/provider satisfaction. The positive outcomes of all these pilot projects has led to their approval for continuation into 2025/26. In 2025/26 MFHT aims to build on these successes with focus on development of the Quality Aging program, including implementing a Gold Standard of care for quality aging and a more streamlined falls prevention program. In addition, MFHT looks to further improve staff/provider Indigenous Cultural awareness through additional professional development and continue its participation in the Enhancing Indigenous Relationships inter-agency committee. Assessing and incorporating more digital tools will also be a key focus as we look to improve efficiencies.

ACCESS AND FLOW

The Marathon FHT works to optimize access to care in the right place at the right time through the following:

1. Same day urgent care appointments which are scheduled on each clinic day and distributed among the physicians, PA and NP. RPN and RN providers also provide same day appointments for anything within their scope of practice and the SSW has a same day/urgent care slot available for use with patients living with substance use disorders who are in crisis.

2. Marathon RAAM clinic: The MFHT Addiction Program Care Coordinator provides timely access to mental health and addiction resources with scheduled and drop-in same day access and weekly Rural Recovery support group sessions which are scheduled in the evening. Working collaboratively with PACE (People Advocating for Change Empowerment) peer support and NOSP (North of Superior Counseling Programs) staff, residents are diverted away from emergency departments as they connect with the local resources they need for mental health and addiction care. The newly established mental health and addiction space will continue to provide access for drop-ins, support and group education/appointments, as well as doubling as a space to get warm, have a bite to eat, have a warm drink or connect with others facing the same or similar challenges.

3. Complex wound care services are provided by MFHT nursing in partnership with the local hospital.

4. On-site Home and Community Care nurses support patient care in the home, diverting demand for services that were previously provided through the local hospital ED.

For 2025/26 funding for new spirometry equipment and plans to train local provider(s) in spirometry/respiratory education, replacing staff lost to retirement, will save costly patient travel for a PFT and help reduce exacerbation presentations at the local hospital ED. Also, after a successful pilot with an R.Kin., MFHT will also be implementing an MSK program, reducing demands on the local hospital PT department and wait times for patients suffering from chronic MSK issues. Finally, in 2025/26, patients will have local access to a full-time midwife for obstetrical labour and delivery care, as well as the implementation of a primary care midwifery clinic which will focus on sexual health, reproductive health, well baby and pre plus post natal care initiatives and healthy outcomes. This new hybrid model of midwifery will support the provision of locally based labour and delivery services in partnership with two local physicians and, when not on call for labour and delivery, will provide much needed access to specialized primary care programming and services related to sexual and reproductive health.

EQUITY AND INDIGENOUS HEALTH

As MFHT is often accessed for primary care by the residents of two Indigenous communities in addition to local Indigenous residents, advancing Indigenous health has been, and continues to be, a key focus. Several years ago MFHT spearheaded the Enhancing Indigenous Relationships Committee which now has representation from Netmizaaggamig Nishnaabeg (NN), and Biigtigong Nishnaabeg (BN), an Indigenous resident of Marathon along with MFHT members and, more recently, a representative of the local hospital so that the committee can take more of a health hub approach to enhancing relationships between all of our health organizations. For 2025/26 the committee plans to introduce the committee and explain its purpose and why it will be seeking community input re: our programs/services/initiatives (as recommended by Indigenous committee members). It is hoped that strengthening partnerships will lead to further successes such as the joint funding from the OHT received by NN and MFHT in 2024/25 to create a "comfort space" in the NN health centre to facilitate remote access to programs and services (e.g. Rural Recovery support group and RAAM). This funding is also being used in creating culturally sensitive

environments at both organizations, working towards adopting a "two-eyed seeing" approach. In 2025/26, MFHT will also be consulting with NN and BN with a goal of identifying and offering additional Indigenous cultural training for all staff/providers.

In addition to efforts to improve Indigenous health, MFHT continues to coordinate a free, volunteer run, indoor walking program which runs twice a week during the winter months as a way to improve access to low/no cost physical activity. In addition, in July 2024 the HOPE program (Healthy Outcomes through Patient Empowerment) was established to address social determinants of health through appointments with the SSW and RPN focussed on identifying and addressing patient needs through case management, advocacy, education, general social work and support.

PATIENT/CLIENT/RESIDENT EXPERIENCE

For 2025/26 MFHT plans to continue to seek and incorporate patient/client/resident feedback into program and service development and improvement. In the spring there will be the annual survey open to all residents of the communities served by MFHT. The results of this survey are compiled and then reviewed by all MFHT committees as items pertain to access, satisfaction, needs and program development. Where feasible, patient advisors will be involved in program planning and development, similar to how there was a patient advisor for the compressed workweek schedule piloted and implemented by the FHT this past year. We are currently looking to expand the incorporation of patients in program development by direct involvement in trial runs of programs, such as the revised Falls Prevention and Quality Aging programs, so that there can be more timely feedback with respect to process and content. This will supplement the use of online and paper feedback surveys administered by the various programs within the FHT, as well as the feedback form created for providers to use with participants of group sessions, group appointments and workshops.

PROVIDER EXPERIENCE

MFHT has a number of initiatives aimed at improving provider experience. Over the past year, the pilot and now implementation of an optional compressed workweek for staff/providers has been a key initiative for improving satisfaction and work-life balance. As we head into 2025/26 we will be looking to implement a new program to improve feedback culture in the workplace. The program will incorporate multiple strategies to achieve this goal. Other on-going activities aimed at improving provider experience include:

- Staff/provider appreciation activities such as lunches, Christmas workplace wellness activities in December and annual Staff Appreciation dinner and social.
- Quarterly newsletter featuring staff/provider profiles and other MFHT news
- Regular emails acknowledging notable accomplishments of team members in MFHT campaigns and QI efforts.
- Regular staff and committee meetings which provide opportunities to communicate and address challenges faced by staff and providers.
- Continued assessment of HR needs and recruitment of staff/providers as needed to meet those needs.
- One on one meetings between HR manager and providers/staff as needed to identify and address workplace concerns.

SAFETY

Marathon FHT has had an incident reporting system in place for many years. 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. In addition to incident reporting, the Nursing/PA committee is working on updating existing and creating new nursing-related policies, procedures and medical directives, which can help new and existing providers to perform their duties with confidence and safety.

PALLIATIVE CARE

For the past several years MFHT has led the community palliative care committee. With the departure of the MFHT social worker in 2024, the committee became inactive as it was unable to recruit a new committee lead. As we move into 2025/26, the committee will be re-established as an Hon. BSW candidate will be completing placement program hours to take on this important aspect of care. The placement program work will include the development of a

palliative care health services delivery framework, utilizing an established adult community Model of Care (MOC), which is a model of palliative care services for individuals in their usual place of residence. The MOC will help achieve integration, role clarity and seamless connections between specialist providers and community organizations. There are 13 recommendations for making palliative care more accessible and coordinated for patients and care partners, and as the community program lead, in collaboration with the Regional Palliative Care Clinical Coach and Regional Implementation Team, will work to build palliative care competencies, strengthen connections and focus on targeted improvement projects. The Regional Palliative Care Clinical Coach is a newly formed position, based in Thunder Bay, St. Joseph's Care Group organization, MFHT's regional partner. Working with the MFHT community lead, the collaborative goal will be to change the delivery of palliative care / EOL care in the community by strengthening the local community team, implementing practice change using Q.I. approaches, assessing competency gaps and education needed to address identified needs as well as, providing coaching and mentorship on clinical competencies.

Upon completion of the placement program, the Hon. BSW candidate will fill the MFHT SW position and carry on the new framework and program developed, as part of the MFHT SW role. Other palliative care programming focussed objectives are; some work done to improve access to psilocybin for EOL distress, continuation of the palliative care bags to caregivers and patients service, and provide staff/provider and public educational sessions by hosting meetings or group workshops to announce the new development and implementation of Marathon's adult MOC within a new palliative care health services delivery framework programming.

POPULATION HEALTH MANAGEMENT

As a rural remote FHT, MFHT has the privilege of being the sole provider of primary care to the population of Marathon, as well as being historically a provider of choice for some residents residing in either one of two Indigenous communities East of our mandated designated community. Consequently, we are able to plan our efforts based on local Statistics Canada Census data as well as health information available through our EMR and Ontario Health data. For many years we have taken a population health approach as we have included a Health Promoter as part of our team and have a long standing Health Promotion Committee which works to support healthy living and disease prevention. Health promotion at MFHT encompasses communication of health information through a number of media as well as community campaigns and one on one and group sessions for patients in areas related to healthy living. The health promoter also partners with local volunteers to offer the free Indoor Walking Program at the local high school through the "Community Use of Schools Program". In 2023, the Lifestyle Medicine Program was launched as an additional way to promote healthy living.

Many of the activities of MFHT involve partnership with other providers to support the health of our population. For example, flu and COVID vaccination clinics are offered in collaboration with Public Health, using local schools and community centres as venues, monthly Grief Cafes are held in collaboration with Hospice Northwest and their volunteers, and MFHT providers attend health fairs and provide services in partnership with nearby Indigenous communities. MFHT partners with PACE and North of Superior

Programs in mental health/addiction to provide local RAAM clinic services, and MFHT is the on-site host for the Home and Community Clinical Nursing Care team which partners with the local hospital for weekend and evening coverage. Furthermore, it is expected that the collaborative population health approach will expand to the wider region as MFHT works within the framework of the new regional Noojmawing Sookatagaing (Healing Working Together) Ontario Health Team.

ADMINISTRATIVE BURDEN

There are a number of ways that MFHT works to streamline clinical and administrative work.

1. Access to Specialists: Use of central intake and eReferrals where available.
2. Prescriptions to local pharmacies: Our IT has created a system for prescriptions to be sent directly from the OSCAR EMR to the two local pharmacies.
3. Charting: For common types of appointments and activities related to charting and the patient chart there are templates, e-forms and e-documents (edocs) to reduce charting time. The physicians are using an AI Scribe and work is underway to provide access to an AI Scribe for MFHT providers.
4. Reminders/recall: Texts are used to recall patients for pap tests, DM labs and provide next day appointment reminders and information about booking with the OBSP Screen for Life Coach.
5. Patient portal: A patient portal is currently being developed that will initially enable patients to update their demographic information, access enrolment and consent forms and sign up for text reminders.

Despite the current efforts to reduce administrative burden, there are challenges in relation to the numerous forms and paperwork for patients that require health information, particularly from insurance companies for short and long-term disability claims. In addition, the lack of standardization of forms and referrals across jurisdictions for Indigenous and non-Indigenous health related services leads to inefficiencies and duplication.

CONTACT INFORMATION/DESIGNATED LEAD

Joanne Berube, MFHT Executive Director: jberube@mfht.org
Margaret Cousins, Epidemiologist/QI Lead: 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 **March 28, 2025**

Dr. Megen Brunskill, Board Chair

Margaret Cousins, Quality Committee Chair or delegate

Joanne Berube, Executive Director/Administrative Lead

Other leadership as appropriate