

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2026

OVERVIEW

One notable highlight for MFHT during 2025/26 was the completion and launch of its 2026-2029 Strategic Plan. This plan was developed with the input of patients, staff/providers and partner organizations. Staff and provider engagement and team building was also a focus in 2025/26 with facilitated sessions held for both strategic planning and team building. The sessions were appreciated by the team and allowed for meaningful input as well as understanding and connection. In the past year we also completed the development of our Preventative Care for Quality Aging program, launched the MSK program filling a gap in local rehab services, provided Lifestyle Medicine group workshops and had one of our RPNs complete spirometry and respiratory education training. A full-time midwife now supports obstetrics and women's reproductive health and we were able to expand the winter indoor walking program from 2 to 3 evenings a week. Other achievements of note include implementation of an improved process for obtaining email consents from patients when they present to the clinic, expanded AI Scribe use and a record response to our general patient survey.

As we move into 2026/27, we look forward to implementing the new strategic plan, launching the Preventative Care for Quality Aging and updated Falls Prevention programs and the re-establishment of local spirometry testing and respiratory education. We look to further improve staff/provider Indigenous cultural awareness and trauma informed care through additional professional development. 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. Improving adequate access to physicians through development of a locum optimization planning tool which improves prediction of locum coverage needs to maintain adequate appointment supply.
2. Improving attachment of patients to an MRP through recruitment of new physicians and shifting the PA role so that it includes attachment of patients.
3. Same day urgent care appointments are 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 patients living with substance use disorders who are in crisis.
4. The MFHT mental health and addiction team provides timely access to MHA resources with scheduled and drop-in same day access and weekly evening Rural Recovery support group sessions. 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 on-site mental health and addiction space will continue, when there are adequate human resources, 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.
4. Wound care services are provided by MFHT nursing, reducing demand at the local hospital.
6. 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.
7. On-site spirometry testing and respiratory education starting in 2026/27 will save costly patient travel, support timely diagnosis for lung conditions and reduce exacerbation presentations at the local hospital ED.
8. The MSK program with the MFHT R.Kin. reduces demands on the local PT departments and wait times for chronic MSK issues.
9. Full-time midwifery services support local labour and delivery services in partnership with two local physicians, as well as pre/postnatal and other women's reproductive health care, and well baby care.

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. In 2025/26, the MFHT-led Enhancing Indigenous Relationships Committee with representation from MFHT and Indigenous members of the communities we serve, has transitioned to a community committee called the Advisory Circle for Indigenous Health. The terms of reference for this committee have been finalized and the membership has expanded to 13 members, representing diverse perspectives and organizations. Relationships are central to the committee and the members. Rather than making decisions per se, the circle meets to talk, listen, connect, inform and make recommendations to each other related to ways to improve health service delivery to our Indigenous population. In 2026/27 we look forward to learning from our participation in this initiative, as well as working with our Indigenous partners to identify and offer additional Indigenous cultural/safety training for all MFHT staff/providers.

In addition to efforts to improve Indigenous health, MFHT continues to address social determinants of health in other ways, including through the coordination of a free, volunteer run, indoor walking program running three times a week during the winter months to improve access to low/no cost physical activity. The general social work program also assesses and addresses social determinants of health for patients through case management, system navigation, advocacy, education and support and in 2026/27 we hope to have sufficient HR to expand access to our drop-in space for vulnerable populations, including Indigenous people.

PATIENT/CLIENT/RESIDENT EXPERIENCE

For 2026/27 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. In 2025/26, the survey results identified issues with the MFHT phone system, leading to further investigation by our IT and a number of the implementation of a number of improvements resulting in a 400% reduction in phone wait times! A one pager of the survey results has also been prepared to share with the community.

In addition to the annual survey, our Patient Feedback form was updated and will continue to be promoted via social media and other platforms to enhance awareness and uptake for on-going feedback. There are also online and paper feedback surveys administered by the various programs within the FHT, including for participants in group sessions, group appointments and workshops. For 2026/27 we will explore the feasibility of establish a Patient and Family Advisory Council to provide feedback on program development and other aspects of the FHT.

PROVIDER EXPERIENCE

In 2024/25 there was a focus on strengthening our team through involvement of all staff/providers in two facilitated initiatives, one for strategic planning and the second specifically for team building. As we head into 2026/27 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:

- An optional compressed workweek for improving satisfaction and work-life balance
- Annual workplace wellness survey to track staff/provider wellness and seek feedback in a formal manner
- 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

In 2025/26 an Hon. BSW candidate completed placement hours at MFHT in collaboration with the Regional Palliative Care Clinical Coach and Regional Implementation Team at St. Joseph's Care Group in Thunder Bay. The focus of the placement was on the development of a local palliative care health services delivery framework, utilizing an established adult community Model of Care (MOC) in which palliative care services are provided for individuals

in their usual residence. The MOC will help achieve integration, role clarity and seamless connections between specialist providers and community organizations. Gaps and areas for improvement were identified through the BSW student's placement, which will help inform the local Palliative Care Committee's work plan for 2026-2027. MFHT also coordinated with the Palliative Care Coach to have them present two CME sessions on 1) Palliative Care—Serious Illness Conversations, and 2) Palliative Care—Early Identification.

Upon completion of studies, the Hon. BSW candidate will fill the MFHT RSW position and carry on the new framework and program developed, acting as the community lead for palliative care. Working with the Regional Palliative Care Clinical Coach 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.

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 is 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. MFHT's health promotion involves communication of health information through various media, community campaigns and one on one and group sessions 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 vaccination clinics are offered on-site in collaboration with Public Health and the local hospital, 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.

CONTACT INFORMATION/DESIGNATED LEAD

Michele Lajeunesse, MFHT Executive Director:

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OTHER

This year, our team has continued to make progress on several QIP priorities, despite significant human resource challenges. Nursing recruitment and retention has been especially difficult. For most of the year, our team operated with only 1.5 FTE nursing capacity instead of 4 FTE due to maternity leaves and ongoing challenges recruiting into vacant positions. Our NP position has also been vacant for 19 months. This created a significant strain on programs and services and impacted how quickly we were able to advance some QI initiatives.

As a small rural team, even one vacancy or leave creates a substantial gap. Many of our roles (IHP, admin and leadership) operate in a “one-in-one” model, meaning a single staff supports an entire discipline or program area. When someone moves on or is away, other team members step in to fill those gaps, which places additional pressure on the entire organization. While this speaks to the flexibility and dedication of our staff, it also affects our capacity to move some QI targets forward as planned.

While we are proud of the progress we’ve made, we recognize that

more consistent HR capacity would have allowed us to move further ahead. The ongoing wage gap between primary care and other health sectors continues to affect our ability to recruit and retain staff, particularly in a small rural community. In response, we have remained actively engaged in advocacy and collaboration with partners such as AFHTO to highlight rural workforce realities and support broader system solutions. These efforts reflect our commitment to strengthening sustainable, team-based primary care both locally and across the province.

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, 2026**

Dr Eliseo Orrantia, Board Chair

Margaret Cousins, Quality Committee Chair or delegate

Michele Lajeunesse, Executive Director/Administrative Lead

Other leadership as appropriate
