

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 16, 2026

OVERVIEW

At the beginning of 2023/24, the Marathon Family Health Team (MFHT) launched its 2023-2026 Strategic Plan THRIVE (Transformative, High-performing, Responsive, Integrated, Vigilant, Engaged) and has begun the work on its three priorities to optimize health system performance, enhance organizational resilience and support our patients to thrive in community. MFHT is particularly proud of the launch of its compressed workweek pilot project with a goal of improving provider/staff well-being and retention. This project is part of an initiative through Healthcare Excellence Canada and has to date resulted in \$32 000 in winnings to further our work as a FHT. In addition, the FHT has developed a new space in which to host group sessions allowing us to provide additional opportunities to support patients. To date the space has been used to host Grief Cafes, several workshops including falls prevention and naloxone use, and a six week Rural Recovery Support group.

As MFHT looks towards 2024/25, our QIP reflects our aim to improve organizational resilience through ensuring that we have current job details manuals for staff and provider positions so that new and covering staff/providers can easily step into these roles. Our goal to improve our enrollment rate among active patients will support continued funding and additional funding requests, as well as access to tools such as SAR for all our patients. As we work towards optimizing our health system performance through the use of digital tools including 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. Finally, we have chosen to focus on improving 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.

ACCESS AND FLOW

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

Same day urgent care appointments: A specified number of these appointments are scheduled on each clinic day and are distributed among the physicians, PA and NP. In addition there is access to same day appointments with RPN and RN providers for anything within their scope of practice.

The Marathon RAAM clinic provides drop-in same day access to patients needing support for addiction and substance misuse. The MFHT Addiction Program Care Coordinator provides timely access to mental health and addiction resources. 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 to connect directly with the resources they need to access locally for their mental health and addiction care.

The MFHT RN provides complex wound care services in partnership with the local hospital.

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.

The MFHT RPN provides Asthma/COPD and Spirometry services to residents for six months annually. The RPN is a Certified Respiratory Educator and the service provided eliminates the need for residents to have to travel three and half hours to Thunder Bay (one-way) to access spirometry testing and other respiratory education and care services. In addition, this service locally helps reduce exacerbation presentations at the local hospital ED.

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. We are currently exploring the use of AI to complete chart notes during patient visits allowing for improved patient provider interaction and reducing charting time.
4. Administrative care coordination staff have created “tickler” files via the EMR in order to track urgent and semi-urgent referrals, providing an administrative solution to reduce the burden on clinical provider staff to track down the status of referrals made for patients, as well as determine whether or not they have been received, acknowledged and appointments have been scheduled.

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.

EQUITY AND INDIGENOUS HEALTH

The Marathon FHT serves a significant Indigenous population and our 2023-2026 Strategic Plan specifically addresses the goal of the FHT to "Expand relationships and culture of collaboration with Indigenous partners" and "Create welcoming and culturally sensitive environments where patients feel they matter and belong". Indigenous cultural sensitivity training has been completed by all staff and providers and is provided to all new hires. Over the past few years the FHT has had a standing Enhancing Indigenous Relationships Committee that includes members from local Indigenous communities. The role of this committee is to promote collaboration and communication and improve the clinic environment, programs and services from an Indigenous perspective.

In 2023/24 the following activities related to Indigenous health equity have been completed:

1. Members of local Indigenous Community Health Centres are members of the MFHT led Palliative Care Committee, which has helped to create and maintain Indigenous and non-Indigenous specific Comfort Bags for caregivers of patients at end-of-life.
2. MFHT Lifestyle Medicine coach and RAAM Addiction Program Care Coordinator (APCC) attended community events in local area Indigenous communities.
3. MFHT Lifestyle Medicine coach provided on-site diabetic retinopathy (DR) screening in Netmizaaggamig Nishnaabeg as part of a DR Screening Research Project.
4. Artwork for the new MFHT group space was commissioned from Ocean Cherneski, a Biigtigong Nishnaabeg artist. Artwork for the existing MFHT patient waiting room was commissioned from Jordan

Quequish, an Anishnaabe artist from Weagmow First Nation in Northern Ontario.

5. Members of the Enhancing Indigenous Relationships Committee participated in “lunch and listens” in both neighboring Indigenous communities. The purpose of these events was to listen and hear from the Health and Social Services teams at both Indigenous health centers about how MFHT might be able to better meet the needs of their communities.

6. The Enhancing Indigenous Relationships Committee secured a space to erect a teepee on local hospital grounds. This initiative aims to support the healing journey of both Indigenous and non-Indigenous patients and their families. Additionally, it serves as a recognition of the significance of land and ceremony in their healing processes.

Efforts are also being made to address health inequities faced by community members due to poverty. The MFHT Health Promotion committee continues to advocate to the Town of Marathon for subsidized access to recreational programs and services, as well as low cost infrastructure promoting active living e.g. bike racks, trail development etc.. This committee also continues to coordinate the free, volunteer run, indoor walking program two nights a week at the local high school, and provided micro grants to a number of organizations over the past year, thanks to winnings from the Participaction Challenge a few years ago, to support low cost physical activity. Finally, MFHT is in the planning stages of a Social Prescribing Program which aims to address some of the health equity concerns.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Over the past year MFHT has sought and used patient/client/resident experience information in the following ways:

1. Lifestyle Medicine Program: Upon completion, participants in the pilot program completed surveys to help evaluate the program and identify areas for improvement. Adjustments have already been made to the program based on the feedback received.
2. Patient/resident survey: This widely promoted survey contained items related to access, suggestions for improvements to any aspect of MFHT, mental health and system navigation, preferred means of accessing health promotion information, topics for group workshops and interest and availability for workshops/groups. The responses from the survey have been summarized into a report and distributed to all staff and providers for review and identification of action items for the various committees within the FHT.
3. Group session feedback: Participants attending any of the workshops/presentations in the new MFHT group space are provided with feedback forms to complete at the end of the session. This feedback is providing valuable information for future sessions.
4. Patient advisor provides feedback for the Compressed Workweek evaluation submissions.

PROVIDER EXPERIENCE

MFHT’s most notable initiative with respect to improving provider experience has been the September 2023 launch of a Compressed Workweek pilot project in which providers can opt into longer work days from Monday to Thursday and shorter workday on Fridays. This initiative is available to all FHT staff and providers as well as the

physician group staff. The pilot project has involved on-going evaluation of the impacts on staff/provider stress, work-life balance and satisfaction as well as feedback from the physician group and indicators around ED use on Friday afternoons related to the reduced Friday clinic hours. The pilot project will come to an end August 2024 at which point it will be determined whether or not it will be implemented as an option moving forward, and if so, with what adjustments. The pilot is being completed under the “Health Workforce Innovation Challenge” and has resulted in MFHT winning \$32,000 to date which will be invested in future employee workplace wellness initiatives.

Other activities that have been undertaken to improve provider experience include:

1. Staff/provider appreciation activities such as lunches, Christmas workplace wellness activities in December and annual Staff Appreciation dinner and social.
2. Quarterly newsletter featuring staff/provider profiles and other MFHT news
3. Regular emails acknowledging notable accomplishments of team members in MFHT campaigns and QI efforts.
4. Regular staff and committee meetings which provide opportunities to communicate and address challenges faced by staff and providers.
5. Continued assessment of HR needs and recruitment of staff/providers as needed to meet those needs.
6. 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.

POPULATION HEALTH APPROACH

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 a significant provider of primary care for the two Indigenous communities in our catchment area. 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 the local Indigenous communities. MFHT is also the on-site host for the local RAAM clinic which partners with PACE and North of Superior Programs in mental health, and the Home and Community Clinical Nursing Care team which partners with the local hospital for weekend 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

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 25, 2024**

Dr. Megen Brunskill, Board Chair

Margaret Cousins, Quality Committee Chair or delegate

Joanne Berube, Executive Director/Administrative Lead

Other leadership as appropriate
