

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 10, 2025

OVERVIEW

Located in Northeastern Ontario, Équipe de santé familiale Nord-Aski Family Health Team is a primary health care agency that serves the culturally diversified populations that reside in the Nord-Aski Region, which includes the communities of Constance Lake First Nation, Hearst, and Mattice, alongside the highway 11 corridor and periphery. Patients have access to a long list of services and programs including Family Medicine, Nursing, First Nation Health, Nutrition, Mental Health, Geriatric, and Home Personal Support.

As we submit our 2025-2026 QIP, 60% of residents within the Hearst catchment area are unattached and thus have no continuous and consistent access to primary care services. Until this ongoing crisis starts to subside, all of our attention will continue to be directed toward the support of the collaborative effort aimed at providing access to basic health care to these people, many of whom are high users and at risk patients. Within this dangerous context and given Équipe de santé familiale Nord-Aski Family Health Team's limited health human resources and insufficient management personnel, we find ourselves with very little capacity to participate in quality improvement initiatives, unfortunately.

ACCESS AND FLOW

Despite our community's orphaned patient crisis and our agency's limited resources, Équipe de santé familiale Nord-Aski Family Health Team contributes mightily to the province's ALC strategy which aims to keep vulnerable people safe at home. This is achieved through our involvement in discharge planning procedures, patient navigation and coordination of care activities, delivery of home personal support and assisted living services, as well as leading an outreach geriatric program by means of a partnership with the Northeastern Specialized Geriatric Centre.

EQUITY AND INDIGENOUS HEALTH

Most of the populations served in Hearst are from minority groups: Francophones, Indigenous, International Students, or New Immigrants and Refugees. Through their involvement with discharge planning, patient navigation, First Nation health, geriatric and home personal support services, staff members at Équipe de santé familiale Nord-Aski Family Health Team see all too well how the social determinants of health negatively impact some of their patients. It is a documented fact that residents in Northeastern Ontario have poorer health outcomes and shorter life expectancy than the provincial average. Within this difficult context, our interdisciplinary health providers act accordingly to help find the appropriate relief for those in need, where such relief exists in our remote and under serviced community.

As far as reducing disparities within minority groups and providing them with a safe and respectful environment, all personnel members at our primary care agency are bilingual, and most have taken an extensive First Nation cultural sensitivity training. Furthermore, our offices are designated 2SLGBTQIA+ friendly

following another extensive training by other members of our staff. Older adults benefit from our outreach geriatric program, which is led by nurses and social workers, bringing support to those with diminishing faculties and relief to their family members. Our partnerships with Constance Lake First Nation and local postsecondary institutions also serve as a daily reminder to the challenges that many of these underprivileged individuals face.

By means of our hands-on approach to health care delivery and the populations that we serve, we are constantly exposed to cultural awareness and health equity training.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Through Équipe de santé familiale Nord-Aski Family Health Team's mixed-governance structure, community members are assured a voice on its Board of Directors and are involved in all decision-making procedures, including the development and approval of the agency's yearly Quality Improvement Plan and Service Plan. Leaders, Directors, and allied health providers from our organization also participate in community meetings and presentations with patients, caregivers, and residents throughout the year. Patients are invited to complete a satisfaction survey following their visits, either by paper format or electronically. Given the lack of access to primary care services that 60% of our residents are facing, it is no surprise that this topic is priority number one on everybody's mind when it comes to quality improvement.

Trying to manage an orphaned patient crisis alongside its community partners is no small feat for a modest, under resourced and insufficiently housed primary care agency. Rather than turning a blind eye to the situation and choosing to provide care to the FHO's rostered patients only like many family health teams do, Équipe de santé familiale Nord-Aski family Health Team has decided instead to open its services to all rostered and non-rostered patients on an appointment availability basis. This approach constitutes the most important quality improvement measure that we can offer to our community in crisis at the moment.

PROVIDER EXPERIENCE

Through constant check-in, an open-door approach, and meaningful communication, physicians and allied health providers are invited to share their concerns with management at all times. As one of the many leaders found within our agency, the executive director puts a

premium on moral and thus promotes the benefits of a respectful workplace environment. Furthermore, this element of responsibility is graded during the yearly performance evaluation process of the executive director, by means of consultations with staff and physicians done by the Chair of the Board of Directors. To this end, Équipe de santé familiale Nord-Aski Family Health Team has been awarded "Great Place to Work" and "Best Workplaces in Health Care" designations by Great Place to Work Canada, a national accreditation organization that relies on staff surveys and analysis of workplace culture to determine its certifications.

That being said, moral is at an all-time low within publicly funded primary care agencies where employees feel undervalued and unappreciated due to increasing wage disparities with other health service providers and the private sector. Salaries in publicly funded primary care organizations have been frozen since 2020-2021, while inflation and cost of living are through the roof. It is unfortunate that the government of Ontario continues to ignore the need to correct the situation which is the main factor behind high resignation and vacancy rates presently found in primary care settings throughout the province.

Furthermore, the orphaned patient crisis that our community is grappling with adds a volatile component to the provider experience mixture. Meaning that some patients are frustrated and become hostile toward our staff when they can't access our services. Our lone nurse practitioner is repeatedly harassed by pleading patients on social media or while doing her errands in town. In order to prevent more patients from showing-up unannounced on their doorsteps (while ignoring the receptionist's instructions), we must find the funds needed to close-off the

hallways that separate the waiting room and staff offices.

SAFETY

Patient safety is achieved through protocols and medical directives. This ongoing quality improvement measure is enhanced through different means:

- by sharing patient stories;
- by reporting on successes and achievements;
- by creating tools in the EMR;
- through incident reviews;
- through coordination of care meetings;
- through discharge planning involvement;
- through system navigation;
- through regular follow-ups;
- through multidisciplinary rounds;
- through partnership support;
- etc.

PALLIATIVE CARE

Apart from having some of our home personal support workers take palliative training, we are unfortunately unable to do more concerning the palliative care initiative. Not because of a lack of interest towards this tremendous program, but simply due to insufficient health human resources at our disposal. Even completing the COAT assessment is beyond our capacity at this time. As we have explained to the district's palliative care clinical coach, it is an unfortunate reality that not every community within our large geographic OHT has the capacity to provide equitable access to care and to introduce the many initiatives put forth by Ontario Health. Having to deal with a 60% unattached patient crisis considerably limits our ability to do more.

POPULATION HEALTH MANAGEMENT

As repeatedly mentioned throughout this report, Équipe de santé familiale Nord-Aski Family Health Team is closely collaborating with local partners to provide access to basic primary care to the more than 4,200 residents within the Hearst catchment area who are non-rostered patients. This is the principal need of our community in crisis, no matter what your individual health status might be. In such a dire context, naturally, older adults and patients with chronic conditions are most at risk of ending up as ALC admissions. The wait list to be admitted at the local Long-Term Care Home presently stands at 65. Imagine what the situation would look like right now if Équipe de santé familiale Nord-Aski Family Health Team had refused to take over the delivery of home personal support services and the Assisted Living program in our region, back when the previous HSPs could not properly deliver the goods and when no one else was willing to step up to rectify the problem. As it stands, we are presently keeping around 80 clients safe at home.

As a member of Équipe Santé Ontario Cochrane District Ontario Health Team, older adults at risk of or experiencing frailty have been identified as the initial target population. The OHT will use the Provincial Geriatrics Leadership Ontario (“PGLO”) definition of frailty: persons living with multiple complex and chronic health conditions (including physical, cognitive, mental and social); economic status will also be included when assessing and caring for our target population, as we recognize it as a contributing factor for frailty and wellbeing. The OHT members are considering further defining this population to allow for a more focused approach; sub-populations being considered include older adults at risk of becoming Alternative Level of Care (ALC) or those requiring palliative care.

Unfortunately, as previously mentioned, not all communities within our vast geographic OHT are created equal when it comes to equitable access to care. Meaning that not all of us have the HHR and administrative support to deliver newly identified priorities such as a palliative program. Considerable inequities exist between member communities when it comes to access to care, not only concerning primary care, but for a number of services.

ADMINISTRATIVE BURDEN

Équipe de santé familiale Nord-Aski Family Health Team helps to reduce the administrative burden of clinicians and IHPs through the standardized use of its EMR, eReferrals and other digital measures, AI and auto-scribe, support for requisitions, prescriptions, travel grants and other forms, patient navigation and coordination of care, discharge planning and follow-ups, etc. Notwithstanding the tremendous support that the FHT provides to them in so many ways, physicians are still left with an insurmountable volume of paper work to do. For rural physicians who have a wide range of responsibilities on their shoulders in order to keep the local health structure afloat (multiple hospital duties, long-term home visits, teaching engagements, FHT support, etc.), the administrative burden that comes with family medicine is still too high no matter how many technological advancements appear on the market, which prevents them from rostering more patients. For a community where more than half of its population is without a family doctor, this is highly inefficient.

CONTACT INFORMATION/DESIGNATED LEAD

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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

Board Chair

Quality Committee Chair or delegate

Executive Director/Administrative Lead

Other leadership as appropriate
