Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 4, 2026

Ontario Health

OVERVIEW

Located in Northeastern Ontario, the Nord-Aski Family Health Team (NAFHT) provides interprofessional primary care services to a culturally and geographically diverse population across the communities of Hearst, Mattice, Constance Lake First Nation, and surrounding rural areas. The organization delivers a broad range of services, including family medicine, nursing, mental health, nutrition, geriatric care, First Nation health services, and home-based personal support and assisted living programs.

The 2026–2027 Quality Improvement Plan represents a transition year for NAFHT. As this is the first QIP cycle under new executive leadership, the organization is intentionally evolving its approach to quality improvement. Historically, QIP development was largely coordinated at the leadership level, with limited structured engagement from physicians and interdisciplinary staff. While this approach allowed the organization to meet reporting requirements during periods of significant system strain, it limited opportunities for shared ownership and continuous learning.

Moving forward, NAFHT aims to progressively strengthen its quality improvement culture by fostering greater interdisciplinary engagement, shared accountability, and alignment between clinical programs and system priorities. Given current timelines and capacity constraints, the 2026–2027 QIP focuses on a small number of realistic and achievable priorities, while laying the groundwork for more structured collaboration during implementation and in future QIP cycles.

As part of this evolving approach, under new executive leadership, NAFHT has strengthened regular collaboration with hospital senior leadership, including the Executive Director, Director of Patient Services, and Chief of Staff, to support integrated clinical leadership at the community level. These leaders meet on a regular basis to

align priorities, address system pressures, and support coordinated responses across primary, hospital, and community-based care.

ACCESS AND FLOW

Access to primary care remains the most significant quality challenge in the Nord-Aski region. Approximately 60% of residents within the Hearst catchment area remain unattached to a primary care provider, resulting in inconsistent access to preventive, chronic, and coordinated care. This ongoing access crisis continues to place pressure on emergency departments and hospital services, particularly for older adults and individuals living with complex medical and social needs.

Despite these constraints, NAFHT plays a critical role in supporting system flow and preventing avoidable hospital utilization. Through active involvement in discharge planning, patient navigation, coordination of care, and the delivery of home personal support and assisted living services, the organization contributes directly to efforts aimed at reducing Alternate Level of Care (ALC) pressures and supporting people to remain safely at home.

In the local community, the hospital currently assumes responsibility for the Locum Clinic, a primary care service established to ensure access for unattached patients and reduce avoidable emergency department use. Without this service, many individuals would rely on the emergency department for primary care needs. Since the beginning of the current executive leadership term, NAFHT and hospital leadership have worked closely together to coordinate services for unattached patients, including the use of a shared patient list and ongoing collaboration to align access, triage, and follow-up. This joint approach represents a significant step forward in local system integration and reflects a shared commitment to improving access to primary care.

In collaboration with hospital leadership and system partners, NAFHT is considering the feasibility of assuming responsibility for the Locum Clinic, recognizing primary care as a core organizational mandate. Any transition would be contingent on the availability of sustainable funding to support required clinical and operational positions.

To further strengthen primary care capacity, NAFHT has invested in expanding scopes of practice and optimizing clinical workflows. One registered nurse has nearly completed Nurse Prescribing training, which will enable more timely access to medications and reduce unnecessary delays in care. In addition, an RPN has recently completed immunization training, strengthening the organization’s capacity to deliver timely and accessible preventive care, including routine and seasonal vaccinations.

In parallel, the organization continues to invest in the implementation and responsible use of artificial intelligence–enabled tools to reduce administrative burden and documentation time. These efforts are intended to allow clinicians to dedicate more time to direct patient care, supporting access, efficiency, and provider experience.

NAFHT has also received incremental base funding to expand the scope of its Assisted Living program. This additional funding will support a phased and capacity-informed increase in the number of clients served, further strengthening the organization’s ability to keep older adults with complex needs safely at home and reduce avoidable hospital utilization.

In parallel, NAFHT and hospital leadership are working collaboratively to review, clarify, and strengthen the delivery of mental health counselling and system navigation services within the community. This work aims to better define roles, referral pathways, and coordination between primary care, hospital

services, and community supports. By structuring this service more intentionally, the organization seeks to improve access to timely mental health support, enhance care coordination, and support patients in navigating complex health and social service systems.

EQUITY AND INDIGENOUS HEALTH

NAFHT serves populations that experience disproportionate barriers to health and health care, including Francophones, Indigenous peoples, newcomers, international students, racialized communities, older adults, and individuals living in rural and remote areas. The organization recognizes that social determinants of health, language barriers, geographic isolation, and systemic inequities continue to negatively influence health outcomes in Northeastern Ontario.

PATIENT/CLIENT/RESIDENT EXPERIENCE

NAFHT continues to provide services to the Constance Lake First Nation community in a manner that respects community priorities and approaches to care. The community has expressed a preference for developing and maintaining its own First Nation–led primary care teams, reflecting the importance of self-determination and culturally grounded models of care.

Within this context, NAFHT maintains regular nurse practitioner services on-site at the community clinic and continues to provide access to services for Constance Lake residents within its own clinic. The organization remains open to further adapting its service delivery model, including the deployment of additional mental health and nursing resources, should mutually agreeable arrangements be established.

This approach reflects a commitment to flexibility, respect, and collaboration, recognizing that meaningful partnerships with Indigenous communities require time, trust, and responsiveness to community-led priorities.

PROVIDER EXPERIENCE

Emerging partnerships with local postsecondary institutions support equity-focused quality improvement, particularly for international students and newcomers, many of whom face challenges related to limited health coverage, system navigation, and continuity of care. A significant proportion of this population identifies as racialized, including Black communities. While formal agreements with the local university and college are still in development, collaborative service delivery and on-the-ground initiatives are already underway.

In addition to improving access and navigation, NAFHT has initiated

targeted preventive care interventions for these populations, particularly in the areas of sexual and reproductive health. These initiatives include focused contraception counselling and cervical cancer screening outreach, recognizing that barriers related to coverage, health literacy, cultural norms, and continuity of care can limit access to essential preventive services.

The organization has also strengthened collaboration with Maison Renaissance. Serving the French community since 1982, Maison Renaissance is a treatment center for Francophones in the province of Ontario who have problems with substance use. This partnership supports improved care coordination and continuity for francophone individuals requiring addiction treatment, contributing to more culturally responsive and equitable care within the community.

In addition, early discussions have begun with Centre Réflexion, a community-based organization, to explore opportunities for enhanced collaboration and coordination of services. These discussions aim to strengthen alignment between primary care, mental health, and community-based supports, while improving continuity and access for individuals with complex psychosocial needs.

SAFETY

Provider experience and safety are foundational to NAFHT's ability to deliver high-quality, accessible primary care in a context of sustained system pressure. While health human resource challenges continue to affect publicly funded primary care organizations across the province, NAFHT remains committed to supporting staff wellbeing, professional growth, and a safe work environment.

Over the past year, the organization has taken steps to improve compensation and retention, including modest salary adjustments for staff. While wages remain below broader market levels, these measures reflect a commitment to recognizing staff contributions within the constraints of available funding. NAFHT continues to advocate for more sustainable funding models that better reflect the realities of primary care delivery in rural and northern communities.

Beyond compensation, the organization has prioritized strategies that meaningfully support provider experience. These include visible leadership presence, open communication, regular check-ins, and intentional efforts to reduce administrative burden through workflow optimization and digital tools, including AI-enabled documentation support. Investments in professional development, such as Nurse Prescribing training, immunization certification, and expanded scopes of practice, further contribute to job satisfaction, autonomy, and team-based care.

Provider safety remains an important quality focus, particularly in the context of ongoing access challenges that can contribute to patient frustration. NAFHT continues to implement practical and preventative measures to support staff safety, including clear access protocols, incident reporting mechanisms, and collaboration with system partners to address risks proactively. These efforts aim to foster a respectful and secure environment where providers can focus on delivering care without undue risk or disruption.

Overall, NAFHT approaches provider experience and safety as

essential components of sustainable quality improvement. By balancing financial realities with targeted investments in people, processes, and supports, the organization seeks to foster a resilient workforce capable of meeting community needs now and into the future.

POPULATION HEALTH MANAGEMENT

While the 2026–2027 QIP is necessarily focused and modest in scope, it represents an important step toward strengthening NAFHT's quality improvement capacity. Over the coming year, the organization intends to further formalize interdisciplinary structures, including a Quality Improvement and Programs Committee, to support shared learning, monitoring, and implementation.

This phased approach reflects a commitment to building quality improvement processes that are realistic, sustainable, and aligned with organizational capacity, ensuring that quality improvement is not only planned, but meaningfully implemented and sustained over time.

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

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