

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

May 30, 2023



OVERVIEW

The North Channel Nurse Practitioner-Led Clinic (NC NPLC) is a Primary Health Care Nurse Practitioner-Led Clinic that opened on January 29, 2014 and serves a large catchment area from Echo Bay to Iron Bridge, Ontario (77 kms. Trans-Canada ON/Hwy-17) plus patient populations that live along Hwy. 129 in unorganized townships. There are seven full time employees at the NC NPLC, including two Nurse Practitioners (NPs), an Executive Director, a Registered Nurse (RN), a Registered Practical Nurse (RPN), a Social Worker (SW) and an Administrative Assistant, plus a collaborating physician. The clinic is located at 135 Dawson Street in Thessalon, Ontario. It is adjacent to Algoma Manor and across the hall from the Thessalon Hospital, within the same building. The patient roster, at the end of 2022, was 1594 patients with additional community patients, who are seen by the SW. Contractually, we are obligated to enroll 1600 patients, with 800 assigned per NP. Enrollment is monitored monthly and new patients are added as availability allows. We have a substantial waiting list of residents requiring a primary care provider in the area.

In a collaborative effort, the NC NPLC has partnered with the Township of MacDonald, Meredith and Aberdeen Additional and opened a satellite clinic in Echo Bay, in the late fall of 2014. The population of Echo Bay and Laird is approximately 2500 people. This area has no access to any local medical facilities, such as a drop-in clinic, physician office or hospital. In this collaborative effort, the area now has access to primary health care, as an NP, RPN and SW from the NC NPLC work at the satellite clinic three days per week. The location of this satellite is 3223 Hwy. 17B, Echo Bay, ON.

Since March of 2020, our areas of focus shifted with the emergence of COVID19. Our major achievement was providing expedient and effective primary health care in a rapidly changing environment. This was accomplished through the innovation and engagement of staff, who met weekly, to plan on how to overcome barriers facing healthcare providers and to review new guidelines from the Ministry of Health (MOH). Posted on our website (see below) is a summary of how this was accomplished and is entitled: Our Quality Commitment - How we Conducted Business During COVID19.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Patient Feedback - Surveys

129 patient surveys were completed in 2022. There is a comment section at the end of the survey, and all responses are compiled and reviewed by management and the Board. If any negative comments are received, management further investigates, and recommendations are reviewed with staff. Follow-up is conducted with the patient, if they have requested consultation.

One of the questions asked in the 2022 survey was, "How would you rate your overall experience with our clinics?", and the results included: Excellent - 87.6%, Very Good - 9.3%, Good - 3.1%, Fair - 0%, Poor - 0%.

A goal of the providers at the NC NPLC is to provide patient centered care, which involves health care providers, community organizations, care givers and the patient. The coordination of efforts meets the needs of a patient and improves their health outcomes and general wellbeing. The Social Worker submitted an

outstanding story about a patient that she refers to as Client X. The client has given her consent to share her journey. Here is what she wrote:

A Patients Story told by the Social Worker at the NC NPLC, illustrating Patient / Client / Engagement and Partnering:

"Client X is a 62-year-old female who initially requested Social Work support as she navigated housing and health issues. Due to critical health concerns, Client X was followed closely by her Nurse Practitioner at the clinic as well as a physician in Sault Ste. Marie. Client X's health was deteriorating. As well her housing situation was compounded by stress, given that she was on oxygen and living in a basement apartment in a remote setting, where the house was heated by a woodstove that sat 5 feet from her oxygen tank. Client X required frequent medical tests at Sault Area Hospital (SAH). The NC NPLC was instrumental in making sure that she was able to attend these critical appointments.

Client X was hospitalized for failing health. The consensus with specialists at SAH, as well as the North Shore Health Network (NSHN) was that she was palliative. She was kept in hospital, as she had no family or friend supports to provide care. I was able to network with the Northeast LHIN and a Registered Social Worker at the NSHN to secure homecare if and when she would be released. In collaboration with specialists from SAH, it was determined that she was treatable, but now had no belongings nor a place to live.

Once Client X was discharged, I was able to connect with Algoma District Services Administration Board (ADSAB), as well as Ontario Works (OW), and was able to secure funding for her to find safe and

affordable housing, plus additional funds to furnish her new apartment. Staff at the NC NPLC helped as well, by donating household items and delivering them to her new home.

All of this was made possible by support from management and staff at the NC NPLC; excellent medical advice and care from SAH and NSHN; funding from ADSAB and OW, and homecare support from the NE LHIN. Client X has expressed her thanks over and over again as she is now in affordable housing, near a hospital and pharmacy, making her feel safe and healthier."

Subsequent to this story submission, this patient recently passed.

PROVIDER EXPERIENCE

The NC NPLC was fortunate to not experience provider turnover during the past several years.

From the onset of COVID19, employees were screened daily using the recommended screening tools. Our team members were encouraged and supported to work from home should they have presented with any symptoms. The team participated in weekly meetings and were encouraged to share their professional insights into the virus as well as to share their personal experiences and challenges brought on by the pandemic. Early into the pandemic, the team began surge planning, to ensure that such things, such as cancer screening was not missed. MOH guidelines were distributed on a daily basis as received.

Many of the team conducted community outreach and networking taking care to work within COVID restriction guidelines. Continuous follow up with patients who contracted COVID19 was conducted.

Special attention was provided to the frail elderly, sometimes with daily check in calls to ensure they were supported. The Nurse Practitioners increased home visits as required. The Social Worker increased her phone contact frequencies, to ensure vulnerable patients did not suffer from isolation and anxiety during such uncertain times.

Policies and procedures were implemented to comply with the MOH guidelines. All staff received information on the benefits of vaccinations and the staff was 100% in compliance with their shots.

One provider, when asked about her experience coping during the challenges of providing care in a changing work environment responded: "As a team, we experienced management support and appreciation / encouragement on an on-going basis. In feedback from patients and community partners, our general understanding is that our patients felt supported, our community partners were appreciative of our availability, and our team seemed to grow stronger in this time of challenges."

As COVID19 vaccinations became available, the Executive Director worked closely with Algoma Public Health and facilitated the initial meetings to arrange for vaccination clinics within the community. Staff worked at the community vaccination clinics, as well as at the local long-term care facility, located across from the clinic, to administer the vaccine and booster shots.

WORKPLACE VIOLENCE PREVENTION

Health Equity as a Strategic Initiative

Several Strategic Initiatives that address health equity include: 1) Operate with a Health Equity Lens, which follows the strategic direction to champion health equity and 2) Focus on Cultural Safety which follows the strategic direction to demonstrate a model of health and wellbeing. These support the Mission statement that the North Channel NPLC unitedly champions transformative change to improve the health and wellbeing of people and communities facing barriers to health, and our vision to provide excellent primary care, responding to the needs of the communities which we serve.

The staff have completed training entitled Workplace Violence (Bill 168) & Harassment for Employees (Ontario), which is an online course through HRdownloads.com. A policy addressing workplace violence has been in place since 2014 and is reviewed and approved annually by the Board of Directors, with the most recent review completed in November 2022.

The Board is currently receiving Cultural Safety training, and articles on Reconciliation, which has been a standing agenda item at each Board meeting during 2022/2023.

The NC NPLC serves a diverse population of cultural and religious beliefs. The staff is held to a high standard of respect and understanding, that each patient has different needs, and requires professional respect and appreciation due to their differences. Staff development has led to adopting the following principles:

Belonging: Feeling supported, valued, and accepted when presenting one's most authentic self.

Dignity: Being treated respectfully and ethically because of one's

inherent worth.

Antidiscrimination: Treating people unequally or making a distinction based on prohibited grounds, which results in a burden, obligation, or disadvantage, that is not imposed on others, or that limits access to opportunities, benefits, and advantages available to other members of society.

Appreciating Diversity: The presence of a variety of unique qualities, identities, or experiences.

Promoting Equity: Access to opportunities that is fair and accounts for the different experiences people have based on factors that are protected by human rights legislation.

Promoting Inclusion: Creating a culture that embraces, values, and respects diversity, and supports all members through equitable practices.

Recognizing and Extinguishing Microaggressions: Commonplace direct or indirect slights, insults, generalizations, or insensitive actions made at the expense of historically marginalized groups whether intentionally or unintentionally offensive.

Prohibited grounds: The characteristics that an employer must not use as reason to discriminate against a person or group under human rights legislation (sometimes called protected characteristics). Prohibited grounds may differ by jurisdiction.

Recognizing and Extinguishing Unconscious Bias: The inclinations or assumptions (such as stereotypes and prejudices) that a person

may have about social and identity groups, or the persons who belong to these groups, that operate without our awareness.

PATIENT SAFETY

Patient safety encompasses several aspects including:

1. Environmental

Our RPN is the clinic Safety Officer. She has completed Level II - Workplace Specific, a Joint Health & Safety Committee Member Certification. She is responsible for safety inspections and documentation. Fire drills are conducted monthly at the site. Her role is to liaison between the staff and management to ensure that we have a safe workplace.

The staff has a policy to always work in pairs and never alone. For example, if the Nurse Practitioners or Social Worker are in appointments, another staff member is very close by. All of the staff have been issued panic buttons, if there is a need for assistance. We have a procedure in place in the event of a violent patient. As an example, in 2016, we had a patient who verbally threatened our consulting physician. We contacted the Ontario Provincial Police (OPP) who investigated the incident. The incident was thoroughly documented, and that patient was de-rostered. Additionally, we have a lock down procedure in place in the event of an incident.

The staff complete ongoing courses for new WHMIS training, as well as Workplace Violence (Bill 168) training. There is a safety bulletin board at each location that is available to staff, which includes safety updates, such as WHMIS notes and other safety

literature.

2. Incident Reporting

If an incident occurs, an Incident Report form is completed and submitted to management. All incidents are thoroughly documented and investigated, and conclusion summaries, including follow up recommendations, are shared with staff and the patient as per the policy. These summaries include preventative recommendations, to avoid future incidents. All recommendations are discussed with staff for implementation.

Staff also have a mechanism in place for reporting potential risks associated with safety. This is in compliance with risk management protocols. Once documented, all potential risks are assessed to determine their priority status as their low, medium or high, and are then dealt with according to the analysis.

3. Patient Quality Safety Rounds

The Nurse Practitioners, in collaboration with the Social Worker, meet as often as required to discuss comprehensive care plans for high-risk patients.

4. Strategic Initiatives

The Board of Directors reviews the Strategic Plan at every Board meeting. The initiatives that address patient safety include Champion Health Equity, Advance People Centred Primary Care and Demonstrate a Model of Health & Wellbeing with a focus on cultural safety. Staff have completed cultural safety training and an

initiative for 2022/2023 includes Board of Directors cultural safety training.

5. Privacy

Privacy is part of patient safety. It is important that patients feel comfortable in their health care environment and are confident that the personal information they provide is protected. In December 2022, the staff, completed two webinars entitled 1) Top 5 Take-Aways from a Chief Privacy Officer by a lawyer, Gillian Kafka, and 2) Ethics, Equity, and the Public's Health, facilitated by Dr. Maxwell Smith, Associate Professor at Western University. Discussion with staff followed the training.

HEALTH EQUITY

Our two clinics are located in rural areas of Northern Ontario. We have a diversified patient population including Indigenous Peoples, Caucasian, Amish, and Francophone background.

Our patient demographics include 1594 people with 47.5% males and 52.5% females. The patient ages include: 1 to 20 year - 320 patients, 21-40 - 324, 41-60 - 414, 61-74 - 398 and 75+ -138.

Currently, no data is collected on income, educational levels, employment status or family composition.

The Registered Nurse (RN) and Registered Practical Nurse (RPN) work with patients on health literacy through individual training sessions on topics such as diabetes, chronic disease self-management, hypertension, cardiovascular health, vaccinations, which includes COVID19, flu shots and routine vaccines. Twice a

year, the RN also conducts geriatric assessments and assists a Gerontologist from Hamilton, at both the clinic and long-term care facility.

The Social Worker, in collaboration with our medical team and community organizations, such as Algoma District School Administration Board and Ontario Works, focus on housing shortages and food insecurity of our vulnerable patient population.

From the onset of the pandemic, the Social Worker and Nurse Practitioners have done significant work with patients who contracted COVID19, with constant follow up to ensure that patients managed their illnesses, which were often complicated by social isolation and general anxiety from the pandemic.

The Social Worker has identified a priority group in her patient population who are lesbian, gay, bisexual, and transgender. She works with the Nurse Practitioners to secure referrals for patients going through gender transition under the age of 18 years to Sick Kids in Toronto. The medical staff also advocate for the marginal patients who suffer from financial and intellectual stress, such as illiteracy, which makes it difficult for them to navigate to find supports necessary to sustain their lives.

CONTACT INFORMATION

The QIP has been completed by the Executive Director, Mary Anne Beith, with input from staff and patients, and approved by the Board of Directors. If any questions arise, please direct them in writing to mbeith@northchannelnplc.org.

OTHER

NORTH CHANNEL NURSE PRACTITIONER-LED CLINIC HOW WE CONDUCTED BUSINESS DURING COVID19 – OUR QUALITY COMMITMENT - Posted on our website 2021/2022

ALTHOUGH A FORMAL QUALITY IMPROVEMENT PLAN (QIP) WAS NOT REQUIRED FOR SUBMISSION IN 2021/22, THIS QUALITY SUMMARY ENSURES THAT STAFF, CLINICIANS AND PATIENTS / CLIENTS AND THEIR FAMILIES HAVE RECEIVED EXCELLENT CARE DURING THIS PANDEMIC.

Since March 2020, when COVID-19 became a significant challenge to all sectors that make up our health care services, the North Channel NPLC made changes on how we conduct business. The focus has been to provide comprehensive health care services to our patients and community, keep our patients as well as our staff safe, and to comply with the orders and recommendations from the Algoma Health Unit (APH) and Ministry of Health & Long-Term Care (MOHLTC: Primary Care Guidelines). Our clinics have remained flexible throughout these difficult times and has adapted to changes in real time as the environment constantly changes.

Many precautions have been made to lessen the transmission of the virus. At the entrances, doorbells have been installed in both clinics to stop patient traffic and allow for COVID-19 screening. Various policies and procedures have been implemented to address testing and travel outside of the Algoma District. Social distancing was implemented, and clinic traffic has been kept at a minimum.

Daily staff meetings were held initially to discuss all the various aspects of service delivery and how we could synchronize our efforts to support the most vulnerable populations during this time.

Currently, the meetings are held weekly to ensure that all safety measures are in place, and patients are managed in an effective and timely manner.

The staff have submitted information to a Daily Activity Log to record what we were doing, plus many telephone surveys have been conducted to determine if what we were doing is working. Staff is screened daily in accordance with government guidelines, and recently rapid tests are provided first thing each morning for staff to be screened on a daily basis. The entire staff is fully vaccinated and provide educational information to patients inquiring about vaccination safety and effectiveness. As well, all staff completed an online certificate course on Personal Protective Equipment (PPE).

Here is a list of some, but not all, of the things we did to provide patient care throughout the pandemic:

- Wellness cold calls were made to vulnerable patients to check on their wellbeing.
- The Social Worker made numerous calls regularly to patients to monitor well-being and mental health. (As an example, in one month, the Social Worker recorded 201 phone calls and through this time still provided some CBT/DBT, EFFT and Exposure Therapy for parents faced with the new challenges that of home-schooling brought.
- The Social Worker participated with a team from the North Shore Health Network to develop protocols and initiatives to support the medical staff at the North Shore Health Network.
- Radio announcements on two stations were run for a week reminding and thanking people for following social

distancing.

- Staff have attended virtual educational sessions related to COVID-19.

- Most patients had their regular appointments via phone. Virtual options were made available as appropriate,

as well as in person appointments when medically required.

- In 2020, funds became available via a Federal mental health initiative, enabling us to procure an Ontario

Telemedicine Network (OTN) machine, therefore allowing easier access to face-to-face appointments.

- PPE inventory was reported to the MOHLTC, on a weekly basis, as per the Government of Ontario orders. New

venues and avenues to secure PPE have been researched.

- Our by-annual Geriatric Clinic has continued and has been run virtually due to the pandemic.

- Blood work and immunizations continue to be available at the clinic for all patients.

- Surge planning was started at the onset of the pandemic. Flags have been placed in the Electronic Medical

Records (EMR) software to ensure screening protocols for cancer screening and chronic disease management

resume as various waves of the virus have taken place. The

Nurse Practitioners, as well as the nursing

staff, routinely audit patient charts to ensure that regular

attention is paid to testing and cancer

screening.

- Some scheduled community sessions and workshops were paused, although individual phone and in person

appointments were conducted including management and

education on cardiovascular disease, hypertension,

diabetes, and smoking cessation.

- The staff and administration, in conjunction with APH, have been involved in planning and participating in community immunization clinics. In-house vaccinations clinics have been made available to our patients as needed.

- Home visits have continued to be conducted as required and have increased due to the pandemic.

Here are some of the patient survey comments made during COVID19, in respect to care given by the North Channel NPLC:

- Great care always.

- The phone appointment is an excellent option.

- Really appreciate your care and calls to see how I was doing and explaining things to me

- I like the phone appointments, informative and easy to attend. Great people at the clinic.

- Appreciate the call.

- Love the phone call process.

- Really like how the Social Worker and NP collaborate on my plan of care.

- Would welcome telephone contact appointments when needed.

- Thank goodness for you. I've never had such good care.

All aspects of care will be adjusted if the number of COVID-19 cases increase, or recommendations are provided by APH or the MOH.

The North Channel NPLC has been actively involved in the planning and delivering community clinics during first and second vaccinations. There have been several in-house clinic days for patient who have missed the community clinics. Plans are being

made to assist in the delivery of the third dose and booster shots as well as delivery of vaccinations for 5 – 11-year-olds. These will be underway soon. Notably, the clinic has also continued to provide the annual flu shots to patients.

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 **January 30, 2023**

Tracy Buffone, Board Chair

Tracy Buffone, Quality Committee Chair or delegate

Mary Anne Beith, Executive Director/Administrative Lead

Other leadership as appropriate
