

**Collaborative quality improvement plan (cQIP)**

# **Narrative for Ontario Health Teams**

March 27, 2024



**Maamwesying**  
ONTARIO HEALTH TEAM



**Ontario  
Health**

## QUALITY IMPROVEMENT ACHIEVEMENTS IN THE PAST YEAR

Maamwesying Ontario Health Team's core partners include: Maamwesying North Shore Community Health Services Inc., the North Shore Tribal Council, Benbowopka Treatment Centre, Atikameksheng Anishnawbek, Sagamok Anishnawbek, Serpent River First Nation, Mississauga First Nation, Thessalon First Nation, Batchewana First Nation, Brunswick House First Nation, and the Indigenous Friendship Centre of Sault Ste. Marie.

Core partnership agreements have been established "Ensuring that Indigenous Health Remains in Indigenous Hands".

The MOHT currently has access to the the OHT Data Dashboards, however the MOHT currently does not have a formally identified attributed population and therefore our data is not present within the available dashboard.

Due to First Nation Ownership, Control, Access and Permission (OCAP) principles and because the MOHT attributed population does not always access services where OHIP billing practices occur (i.e. Aboriginal Health Access Centres), the Ministry of Health has not been able to provide the MOHT with an attributed population data package. This lack of data means that the MOHT does not have a full and comprehensive picture of where our community members access health care services. To address this issue, with the support of the Ministry of Health, the MOHT has submitted and Applied Health Research Question (AHRQ) to IC/ES to look at a different way of capturing the MOHT attributed population data using both provincial and federal databases. To move forward with this AHRQ, revised Band Council Resolutions are required from

Partner First Nation Communities. The MOHT is currently in the process of obtaining these revised resolutions and submitting them to IC/ES. Once this step is complete, IC/ES will request permission from the Chiefs of Ontario to gain access to the required federal databases. Once this step is complete, IC/ES will request permission from the Chiefs of Ontario to gain access to the required federal databases. Once this access is granted, IC/ES will move forward with the research required to answer the AHRQ. A report will be provided to the MOHT, which will then be provided to the Ministry of Health with approval from the MOHT Leadership Council.

The MOHT is currently using the Maamwesying North Shore Community Health Services Inc. (MNSCHS) Electronic Medical Record (EMR) as our supplemental data source to support planning and performance monitoring. MNSCHS EMR data does not fully capture acute care or specialist data for our attributed population which causes gaps in knowledge when engaging in collaborative system initiatives such as Transitions in Care, Lower Limb Preservation and Emergency Department as first point of contact for mental health and addictions. This has been a strong area of focus with our partner hospitals to provide the MOHT with data for our attributed population presenting at the hospital. We currently only receive this data from one of our partner hospitals.

To address the need for strong acute care partnerships to fulfill Maamwesying OHT's full and coordinated continuum of care, Maamwesying OHT has entered into hospital partnership agreements and completed signing ceremonies with Health Sciences North (October 19, 2024), North Shore Health Network (November 28, 2023) and Espanola General Hospital and Regional Health Centre (January 12, 2024). On October 26, 2023 a

partnership agreement was signed between The Registered Nurses Association of Ontario (RNAO) and the MOHT in collaboration with four signatory partners of the MOHT, Espanola General Hospital, Maamwesying North Shore Community Health Services, Sagamok Anishnawbek, Serpent River First Nation and St. Joseph's General Hospital. This agreement is a four year year commitment in which all participants work towards designation. As the inaugural Indigenous-focused Best Practice Spotlight Organization OHT, the partnership will assist to improve outcomes in local Indigenous communities and model the way for future Indigenous-focused BPSO OHTs.

Six Kaizen Events have been completed to determine what is needed to ensure the successful implementation of the "self-identification" process for Indigenous clients presenting to the Emergency Department or upon admission. Self-Identification can result in systemic racism and we will provide cultural competency training by completing the Blanket Exercise at all Kaizen events and signing ceremonies with hospital partners.

The Blanket Exercise is based on using Indigenous methodologies and the goal is to build understanding about our shared history as Indigenous and non-Indigenous peoples in Canada by walking through pre-contact, treaty-making, colonization and resistance. Everyone is actively involved as they step onto blankets that represent the land, and into the role of First Nations, Inuit and later Métis peoples. By engaging on an emotional and intellectual level, the Blanket Exercise effectively educates and increases empathy. To date over 200 people have participated in the Blanket Exercise. We have two larger blanket exercise sessions planned for March; one with the North East Regional OHT Symposium and one with the

Lower Limb Preservation Symposium. Two more Kaizen events are planned for spring 2024 which will include Lady Dunn Health Centre and Chapleau Health Services.

The Maamwesying Ontario Health Team Lower-Limb Preservation Demonstration Project in collaboration with the North East Lower Limb Preservation Leadership Table (NELPT) aims to reduce avoidable non-traumatic lower-limb amputations and to improve equitable access to high quality best-practice early screening, risk factor modification, and integrated lower-limb wound care related to diabetes and peripheral vascular disease (PVD).

Maamwesying Ontario Health Team - LLP Project provided hands-on diabetes and peripheral vascular disease Best Practice education which included a lower-limb assessment, wounds assessments, topical wound care product availability and use, and how to differentiate between diabetes and PVD wounds. This was provided to all MOHT core partner communities. Our last education day is planned with Batchewana First Nation at the end of March 2024.

To empower our community members and elders to understand the importance of looking and caring for their feet on a daily basis, in-person education was presented during community events and “Lunch and Learn” sessions. The education session: “Your Feet and Diabetes” discussed what is diabetes, the effects of diabetes on the lower limbs, how to wash and assess their feet daily, how to create their own at-home foot assessment kits and when to seek medical attention. These sessions allowed for a question period and storytelling. A highlight of this is Chief Angus Toulouse of Sagamok Anishnawbek First Nation becoming a wound care advocate for his

community after attending a “Your Feet and Diabetes” session.

Preventative care screening has increased significantly with the implementation of a new preventative care toolbar in April 2023 which was added to the EMR. This fiscal year we will be using the data collected from additional responses captured by the toolbar which include: refused, advised, scheduled. We will focus on the clients who have refused and identify additional improvement strategies to encourage recommended testing. Data standardization continues to be a focus because we rely on this supplemental data source without the availability of our attributed population data from the OHT portal.

In the coming fiscal year we will be working closely with the North East Regional Cancer Care Program to offer mobile preventative care in our First Nation Communities which will eliminate the need for travel to obtain testing. The need to travel to complete Mammograms has been identified as a significant barrier to complete testing. With the addition of mobile screening our goal is to increase cancer screening.

## **PATIENT, FAMILY, CARE PARTNER, AND COMMUNITY ENGAGEMENT AND PARTNERING**

Maamwesying OHT's (MOHT) relative, family and community members are active and engaged participants in all aspects of MOHT decision-making, events, projects and initiatives. The MOHT has taken a culturally-based client and population health approach to quality improvement initiatives for the MOHT-attributed population.

The MOHT's "Client and Family Advisory Council" elected to change their title to "Relative and Family Advisory Council" as the term "relative" resonated more with Traditional Indigenous ways of being. The term relative is inspired by the phrase "all my relations", which is the understanding that we are all interconnected. The term relative supports the human-to-human and human-to-earth connections essential for wholistic health and wellness.

During preliminary reviews of the Minister's Patient, Family and Caregiver Declaration of Values with our Relative and Family Advisory Council (RFAC), we received feedback from the members who identified that the document did not resonate or adequately depict the values of our community members. The RFAC requested that the MOHT team reach out to Ontario Health and request permission to develop a unique Declaration based on Indigenous Cultural Values and Traditional Ways of Knowing and Being. Approval was received and the RFAC began work with a local Indigenous Artist to create a visual representation of their values (image attached). The foundation of our declaration of values is embedded with the following teachings: Seven Grandfather teachings, Sacred Fire, Grandmother teachings, Mother Earth, Turtle Island, Medicine Wheel, Clan System, Creators Law and Life Cycle.

The MOHT uses a standardized change management approach to ensure that front-line service providers are involved and engaged in the evaluation and identification of improvement for all projects and initiatives. For example, to facilitate improvement within the MOHT's Year 1 Target Population (Transitions in Care), MOHT front-line service providers, including those from Primary Care, Health and Wellness, Home and Community Care, Mental Wellness and

Addictions, and First Nation Community Health have been actively engaged and involved in the evaluation of the current state of these clinical services pathways. These providers are also supporting the identification and implementation of improvement initiatives that result from the current state assessments.



## **SUPPORTING UNATTACHED PATIENTS**

Maamwesying North Shore Community Health Services Inc's (MNSCHS) Primary Care Department provides the majority of the primary care within the MOHT's catchment area. MNSCHS is currently conducting a model of care review to establish the Most Responsible Provider (MRP) for clients and community members.

Improving access and flow continues to be a priority at MNSCHS. In 2023, we began the process of identifying a "Most Responsible Provider" for each of our clients. This work has allowed us to

optimize our system's capacity by identifying providers within our organization who have the capacity to take on new clients. We believe that an increased capacity for new clients will allow for more timely access to a primary care provider and relieve some of the burden on our surrounding emergency departments. Additionally, our primary care providers reserve one appointment time each day for same-day appointments in their schedules to avoid unnecessary hospitalizations and decrease visits to the emergency department. Episodic care needs are also addressed by our primary care providers at Maamwesying. We offer appointments for those who do not have a primary care provider or have a primary care provider elsewhere.

The model of care review will address:

- the supply versus demand to ensure that all Indigenous clients within our attributed population will have access to care if they choose to
- Identify potential additional capacity at a primary care model level
- Implement communication strategies to connect unattached clients to available/appropriate primary care capacity

This focus area attempts to maximize health outcomes, improve equitable access, and work towards ensuring all clients are attached to a primary care provider. This will lead to improved health services and more efficient use of health system resources.

The North East Virtual Care Clinic was implemented this past year to provide care to clients throughout the Ontario Health North East region who are experiencing an urgent medical condition and need access to timely care. The clinic serves client's who require timely

medical care such as: New or persistent cough, fever, rash or other similar symptoms and imminent concerns that are not life or limb threatening. The clinic services patients with or without a primary care provider and operates 7 days a week from 1-9 p.m.

## 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

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cQIP lead

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Other leadership as appropriate

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Other leadership as appropriate

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