



## OVERVIEW

Mary Berglund Community Health Centre Hub (MBCHCH), as a partner in the Health Care System, is a primary health care organization which operates within a community development framework by building upon and strengthening the local community. We provide a continuum of integrated services that improve the health and wellbeing of people. We provide holistic, integrated and comprehensive health care. MBCHCH improves the health of people through the provision of primary health care, prevention of illnesses, and the promotion of health, such that people: have improved access to integrated primary health care; receive appropriate treatment to address their primary health care needs; are better able to assume responsibility for own health care, have increased understanding of the factors affecting their health and how these can be prevented, addressed and overcome.

As an organization we strive to embed our core values throughout all the services that we provide to our clients, staff and community members.

This fiscal year marks the end of a 5 year strategic plan. An extensive community engagement component was completed late in the fall of 2019 and early winter 2020. We will be launching a new strategic plan on April 1, 2020 with a renewed vision, mission and values that encompasses the work we do for our people.

The MBCHCH is a community-based organization that fosters innovation and collaboration. As a small, rural health centre, the MBCHCH has been innovative in its approach to serving the

community of Ignace and surrounding area and has been actively involved in advancing local health hub partnerships. We have developed programs that deliver health care around the patient's journey and focus on health outcomes that are important to people.

Our multidisciplinary team is comprised of 1 part time Physician, and 2 locum Physicians, 2 Registered Nurses, 1 Registered Telemedicine Nurse, 1 RPN/Lab Technician, 1 Social Worker, 1 Health Promoter, 1 part time Physiotherapist, Reception, Medical Records, Accounts, Data Coordinator and the Executive Director.

Services are funded by the North West Local health Integration Network. Our community enhancement programs such as food bank and community garden are funded through the generosity of local and regional donors.

A locally elected board of directors governs our operations. The facility which houses three other organizations, includes the North Western Health Unit, a private pharmacy and the Dryden Regional Mental Health and Addictions Therapist.

We strive to involve community members in planning and delivering programs. We build community and encourage individuals to become leaders. We partner with organizations within the community and within the region. All staff use health promotion and illness prevention approaches and consider the social determinants of health as they affect each individual, family and group. The Health Link approach to care is embedded into our daily practices.

Hours of operation are 8:30-4:30 daily with extended hours

8am-7pm Wednesday, and we offer 2 Saturday clinics per month.

## **DESCRIBE YOUR ORGANIZATION'S GREATEST QI ACHIEVEMENT FROM THE PAST YEAR**

The team at MBCHCH is extremely proud of consistent commitment to providing quality programs and services in a broad context. We are a very small team at the Health Centre and all of the team members carry a vast scope of work within their job duties. We have been able to maintain the significant increases in all of our cancer screening initiatives through better developed processes. We increase our access to care with additional home visits which are provided by every provider both clinically and programming. The culture of data collection with the entire team has changed and the team is excited each quarter to find out where we are at.

## **COLLABORATION AND INTEGRATION**

One of MBCHCH's success factors is our proactive Collaboration & partnerships. We acknowledge that we do not operate in isolation and recognize that we are more effective at meeting the needs of our community when we work together and build effective relationships and partnerships that complement the work of our organization. As we work with our external partners we also work together as a collaborative team. Through this collaborative and cohesive approach we offer care that is more integrated, accessible,

and equitable across our region.

MBCHCH is committed to working with our health care partners to ensure quality integration of services and timely and effective information transfer at care transitions. We are leveraging technology and are committed to expanding virtual care options that will allow for more seamless transitions. This is reflective in our QIP indicator that addresses effective transitions by ensuring that our clients who are discharged from a hospital are followed up within 7 days of discharge.

The MBCHCH participates directly at the sub-region planning table for the Kenora Sub Region, and the Dryden Area Health Hub. We have been an active participant in the local Health Link Steering Committee and are committed to develop coordinated care plans for clients with complex care needs across sectors. We have recently been an active member of the Primary Care ED Network for Quality Improvement where we are aiming to look at quality across the primary care sector with common quality indicators. This has been exciting work to date and the organization anticipates greater collaboration and integration with this approach.

MBCHCH participates at the Dryden and area Situation Table along with many community agencies. This table provides a forum for identifying individuals at high risk for crisis and intervenes to wrap services around them.

We recognize the importance of continuity of services and integration of primary care with other social services to ensure clients needs are met. Many of our clients face challenges with the

social determinants of health (e.g. adequate housing, income, access to education, social supports etc.)and we are proud to offer assistance with our partnerships with Ontario Works, our local OPP, the Northwestern Health Unit, Dryden Mental Health Services, Regional Food Distribution Association, Local Emergency Medical Services, Early ON child centre and both our French and English schools.

## **PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS**

The Mary Berglund Community Health Centre Hub engages with the community regularly through ongoing activities, programs and focus groups. We are governed by a locally elected Board of Directors with an intimate knowledge and connection of community residents. We continue to host public engagement sessions for planning, education and promotion.

We host an annual community harvest dinner to offer socialization and engage the community of Ignace. As part of the evening we celebrated our volunteers, talked about the need for client feedback, had our satisfaction surveys available as well as placemats at each setting which were designed for the client to provide feedback, suggestion and comments. This year was our biggest turnout yet with almost a quarter of our community in attendance. We have a feedback box in our main lobby and feedback forms are specific to provider related services.

This year, using a three prong approach, the community

engagement process involved a variety of venues which took place between November - January. The purpose was to help gauge public input and opinion with respect to our programs and services, community challenges and suggestions to improve service. One to one conversations took place with 35 community members at our Annual Harvest Dinner, 6 participants with our Healthy Community Working Group and 21 members of the Silver Tops Senior Centre. In addition to this, a web based survey was publicly launched which was completed by 188 participants. Three creative focus groups were held with 9 staff members, 6 board members, as well as with 7 high school students. We are proud of these achievements as the feedback received represents approximately 25% of our total population.

## WORKPLACE VIOLENCE PREVENTION

Mary Berglund Community Health Centre Hub is committed to the prevention of workplace violence and workplace harassment. We are committed to provide a safe and secure working environment for our employees, clients, students, volunteers and visitors. Our yearly staff risk assessment survey on workplace safety and violence identifies emerging areas of concerns for us to address. Our staff have received risk assessment training. Incident reports are collated and reviewed on a regular basis to see emerging trends.

We collaborate with local OPP to take steps to improve protocols for response to events which may require lockdown or evacuation procedures. We have completed an analysis of environment to determine the need for improvement of security measures. Panic alarms and direct OPP contact emergency buttons are in all areas of building, including tenant space. Our policies have been reviewed with the Board and team members.

## ALTERNATE LEVEL OF CARE

Our programs and services with the model of care assist clients to remain in the community, avoid hospitalization and Alternate Level of Care (ALC) designation.

The Community Health Centre is open extended hours every Wednesday – 8:00 am to 7:00 pm and alternate Saturdays from 9 am - 1pm. We offer same day appointment booking slots and initiated tracking the number of same day appointments.

We manually tracked the number of appointments we were able to accommodate with same day bookings. In the first three quarters of this year, we have accommodated 1011 same day with 33% of the patients stating had we not been able to accommodate, they would have proceeded to ER.

We have provided 343 home visits to date this year, including seniors, mental health, healthy baby, palliative and primary care.

We have a team trained in palliative care and are engaged in the best practice CAPACITI program. Palliative services are offered to clients should they choose home for care.

Our team was trained in the Geriatric Memory Clinic this year to work with clients, their caregivers, primary care providers and other members of their care team to:

- Improve the senior's safety and ability to live independently and successfully in their own home
- Improve the quality of life experienced by the senior and their caregivers and family while living in their home
- Reduce the frequency of preventable visits to local Emergency Departments
- Reduce the frequency of preventable admissions and re-admissions to hospital
- Shorten lengths of stay in hospital
- Delay admission to Long-Term Care Homes as long as safely possible

## VIRTUAL CARE

This year has been a year of growth with virtual technology at the health centre and we are proud of the results we have achieved. Connecting Ontario was fully implemented so that our providers now have timely access to client records from hospital. We struggle with consistent Provider coverage and have needed to be creative with virtual solutions to ensure we are able to offer Physician or Nurse Practitioner coverage. We have expanded use of virtual appointments through PCVC and OTN. We have been able to retain a locum physician who provides OTN coverage one week out of every month with positive client satisfaction rates. We have renovated an additional space to a new telemedicine room so now are able to have 2 spaces to utilize. We implemented the CAMH Telepsychiatry program where we have regular time slots and consult spaces monthly. We have expanded use of Telederm and have trained additional team members. EConsult now being used by our Providers. We are also in the process of migrating to a new EMR system(PS Suites) and have received a demonstration on the OCEAN platform which we are intending to implement the summer of 2020.

## CONTACT INFORMATION

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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 \_\_\_\_\_

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Board Chair

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Quality Committee Chair or delegate

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Executive Director/Administrative Lead

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Other leadership as appropriate

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