

Nurse Practitioner-Led Clinic

Annual Operating Plan Submission: 2019-2020

NPLC Name: Algoma Nurse Practitioner-Led Clinic

Date of Submission: September 25, 2019

Primary Health Care Branch
Ministry of Health

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Board Approval of Submission

By providing the signature of the Board Chair, the Board of the NPLC certifies the following:

- The Board has formally approved the following Annual Operating Plan Submission
- All mandatory parts of the submission have been completed
 - 2018-2019 Annual Report
 - 2019-2020 Service Plan
 - 2019-2020 Governance and Compliance Attestation
 - Mental Health Feedback Questionnaire
- The completed submission has been returned to the ministry before **5 p.m. on Wednesday, September 25, 2019.**

Signature of NPLC Board Chair or alternate Board authority:



I have the authority to bind the corporation

Print NPLC Name:

Wendelyn Payne.

Date: Click here to enter a date.

Sept 25 / 19

Introduction

The Nurse Practitioner-Led Clinic (NPLC) Annual Operating Plan Submission is part of each NPLC's accountability requirements to the Ministry of Health. The submission is comprised of five sections:

- PART A: 2018-2019 Annual Report - **mandatory**
- PART B: 2019-2020 Service Plan - **mandatory**
- PART C: 2019-2020 Governance and Compliance Attestation - **mandatory**
- PART D: Mental Health Feedback Questionnaire - **mandatory**
- PART E: 2019-2020 Human Resource Changes - **optional**

Ontario's health care system has undergone significant transformation and improvement in key areas of accessibility, integration, quality and accountability. NPLCs play an integral role in enhancing primary care by organizing services around the following principles:

- **Enhancing patient access** through reducing the number of unattached patients, increasing house calls and community outreach, offering timely appointments, etc.
- **Local integration and collaboration** with health care providers, community and local partners in person-centred planning, care coordination and program/service delivery.
- **Improved quality** through the implementation of improvement activities identified in Quality Improvement Plans and through the design and delivery of person-centred primary care services and programs.

The Annual Operating Plan Submission must be submitted electronically to the NPLC's Senior Program Consultant before **5 p.m. on Wednesday, September 25, 2019**.

Part A: 2018-2019 Annual Report

1. Access

Increasing access to comprehensive primary health care has been a key priority of Ontario's interprofessional programs. Considerable progress has been made in attaching patients to a family health care provider. Access is about providing the right care, at the right time, in the right place and by the right provider, through activities such as offering timely appointments, providing services close to home, after-hours availability, and a compassionate approach to bringing on new patients.

1.1 Patient Rostering

Patient rostering	Target March 31, 2019	Actual March 31, 2019
Number of rostered patients	2100	2108
Is the NPLC rostering new patients?	No	

If **Yes**, please confirm the following:

a. Number of NPs accepting new patients:

b. Please estimate the NPLC's capacity to accept new patients (specify # of patients)

Additional details (optional):

During the 2018-2019 fiscal year we did not have the NP capacity to care for a greater patient roster. The Algoma NPLC is on paper at full complement but we have had difficulty finding NP coverage for maternity leaves. We assessed that a more prudent approach to rostering was warranted. In October of 2019 we have a planned potential intake of a limited number of patients (40 patients planned) dependent on consistent NP staffing levels. Registering new patients will resume at the beginning of the new fiscal year (ie. April 2020).

If the target was not met, please explain why and outline your plan to meet this target:

N/A

Are NPLC programs/services available to non-rostered members of the broader community? Please explain. Please provide an estimate of non-rostered patients served in 2018-2019.

The Algoma NPLC offers the following programs/services to non-rostered members of the community:

- Annual PAP clinics and cervical cancer screening campaign for registered and non-registered patients
- Community flu vaccine clinics with partner groups during flu season
- Chronic Pain Management clinic run for registered and non-registered patients throughout the year
- TB screening programming for nursing students from the community college.

An estimate of non-rostered patients served in 2018-2019 is 200.

1.2 Patient Rostering – Access for New Patients in 2018-2019

Please explain how new patients accessed NPLC services.

	Yes
Were patients who contacted the NPLC directly (self-referrals) accepted?	<input checked="" type="checkbox"/>
Were any new patients referred by Health Care Connect (HCC)?	<input checked="" type="checkbox"/>
Were patients from other sources accepted? (e.g., hospital, home care, other physicians/specialists)	<input checked="" type="checkbox"/>
Were any new patients referred by Health Links?	<input type="checkbox"/>

1.3 French Language Services

	Yes	No
Did the NPLC serve patients whose mother tongue is French, or patients who are more comfortable speaking French?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, provide an estimate of how many patients received services in French.	10	
What NPLC programs/services are provided in French?		
We currently have 1 full time Nurse Practitioner who identifies as francophone. Patients who prefer a French speaking primary care provider are registered under his care and services are delivered in French.		

1.4 Accessibility to Cultural and Language Services

Did the NPLC address the linguistic and cultural needs of the population being served, where possible? Please explain.

The linguistic and cultural needs of our patient population are addressed when possible. As stated previously, we do have one Nurse Practitioner who identifies as francophone. This enables the NPLC to offer French primary care services to those who prefer. Our population is primarily English speaking and all services are provided in English. We do have patients who identify with communication barriers and we work collaboratively to ensure their care needs are met.

1.5 Regular and Extended Hours

	NPLC
What are your regular hours of operation when patients can access services (e.g., Mon: 9-5, Tues. 8-4, etc.)?	Hours of operation: Mon: 8:30am – 4:30pm Tues: 8:30am – 4:30pm Wed: 8:30am – 7:30pm Thurs: 8:30am – 4:30pm Fri: 8:30am – 4:30pm Sat: Closed Sun: Closed
When are NPLC services available after hours?	Extended hours: Mon: Tues: Wed: 4:30pm – 7:30pm Thurs: Fri: Sat: Sun:
Identify which programs are offered after hours:	-All primary care and allied health services are offered in extended hours
Additional information:	
N/A	

1.6 Timely Access to Care

Please provide information on how appointments were scheduled in 2018-2019.

Timely Access to Care	NP	Other IHP
Did the NPLC schedule appointments on the same day or next day (within 24 to 48 hours)?	Yes	Yes
If yes, what percentage of patients is able to see a practitioner on the same day or next day, when needed? (Please indicate with an asterisk "*" if the value entered is an estimate)	73.44% *Based on EMR records 54.35% *Based on the QIP survey	N/A

1.7 Other Access Measures

Please provide information on other types of access measures provided in 2018-2019.

Other Access Measures	NP	Other IHP
Percentage of NPLC practitioners who provided home visits?	0%	0%
Which types of IHPs perform home visits?		N/A
Number of home visits performed in 2018-2019	0	0

Emergency Department (ED) Diversion

Did the NPLC have a strategy to divert rostered patients from the ED? (aside from advanced access)	Yes
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Please describe the strategy: (Examples: after-hours clinic, ED Reports (CTAS 4, 5), triaging, patient awareness procedures (phone calls, posters, website, reminders), hospital discharge follow-up)

The strategies that are in place to divert patients from the ED include:

Episodic Appointments

The NPLC offers episodic appointments that are available to patients for same/next day booking.

After Hours Clinic

The NPLC extends the hours by offering an after-hours clinic one night a week. This after-hours clinic includes episodic appointments.

Triaging

Staff at the NPLC triage calls to determine needs of the patients and to determine if providing care at the clinic is appropriate and safe.

Patient Awareness

The clinic provides patient awareness through pamphlets, the clinic website, and reminders about ED services. New patients who register with the NPLC are also provided with a face to face introductory appointment where services are reviewed. This includes discussion about

accessing same day/next day appointments.

Hospital discharge follow-up

The ED discharge follow-up process with Sault Area Hospital that allows ED physicians to request discharge care to NPLC patients.

Patient ID Cards

The NPLC has created patient ID cards that are given to all patients. This aids in bridging the communication gaps between the NPLC and SAH. It ensures that registered patients of the clinic are accurately identified and any pertinent documentation or notification of ED visit is communicated in a timely fashion.

Reminder Call System

A reminder call system is used at the NPLC for upcoming appointments, which ensures a lower "no-show" rate for appointments with the goal of minimizing unnecessary ED use.

How are patients made aware of hours of operation? (Examples: visible clinic signage, voicemail, patient pamphlets, practice website or other means)

The hours of operation are available on signage outside of the clinic, on the website and through the automated phone system to provide easy access for patients. Additionally, the hours of operation are also available on printed materials given to patients (Brochures, "Patient Welcome Packages").

2.0 Integration and Collaboration

Collaboration with community partners is a key priority for NPLCs. As the entry point to the health care system for many Ontarians, primary health care providers need to partner with other health and social service organizations in the communities they serve.

These partnerships can improve patient navigation, expand the suite of supports available to patients, and facilitate seamless transitions in all steps of the patient's journey. Meanwhile, care providers benefit from more efficient and coordinated service delivery.

2.1 Service Integration and Collaboration with Other Agencies

For those agencies that you are either collaborating or integrated with, please check the appropriate box if you have coordinated care plans, memorandums of understanding, shared programs and services, or shared governance.

	Coordinated Care Plan	Memorandums of	Shared Programs and	Shared Governance	Other	Comments:
Children's Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LHIN – Home and Community Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature of memorandum of understanding is pending regarding the care coordinator integration at the NPLC.
Community Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Community Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health Links
Developmental Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Living Algoma
Diabetes Education Centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADEC
Local Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sault Area Hospital
Mental Health and Addiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAMH (OTN) Psychiatry, STOP program, Sick Kids (OTN)

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Services						
Public Health Unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Senior Centre/Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Algoma Geriatric Clinic, Community Memory Clinic, CPSMP offered at the Senior Drop in Centre
FHT: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Superior FHT
NPLC: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long-Term Care Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please describe any involvement in LHIN-led initiatives (e.g. sub-region work)

None at this time

2.2 Local Planning and Community Engagement

What process/mechanism did the NPLC have in place to include input from the Local Health Integration Network (LHIN) and other community partners into program and service planning, including health human resources planning?

A care coordinator, LHIN funded position, should be integrated to the team in the fall of 2019. The care coordinator will be working cooperatively with the patient, other agencies, primary care provider, and contracted service provider organizations to develop integrated care plans.

Please describe NPLC involvement in LHIN-led initiatives (e.g. sub-region work)

During 2018-2019 we have not participated in LHIN-led initiatives. However, the NPLC and the Algoma Ontario Health Team have been selected to go forward with the OHT full application. We look forward to potential opportunities to participate with other organizations to provide integrated and coordinated care delivery.

Public Engagement Strategy: What was the process/mechanism that the NPLC had in place to include patient and community input into NPLC planning and priorities?

The Algoma NPLC has a patient comment box that is located in the clinic waiting room. Patients are given the opportunity to provide feedback on services and care at the NPLC and provide any suggestions they may have. The input that is gathered from the comment box is then taken into consideration when decisions are made at the clinic regarding planning and priorities.

Additionally, the Board of Directors has been examining the feasibility of opening a board position to a patient of the clinic. This process would directly allow patient input be used in the planning and priorities at the NPLC. A final decision on this should be reached in the fall of 2019.

2.3 System Navigation and Care Coordination

Was the NPLC involved in Health Links?
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Yes

How did the NPLC help navigate patients through the health care system? Please provide up to three examples, i.e.: referral protocols to link patients with other appropriate providers or organizations; coordination with hospital for post-discharge primary care; LHIN collaboration for home care supports, other follow-up care, etc.

Referrals

Utilizing referral protocols to link patients with other providers and organizations. We also use OTN services for specialities that are either not available locally or have a long wait time to access them.

Clinical team leaders

Utilizing IHP's, specifically RSW and RN to provide guidance to our patients on accessing and navigating community resources

Team education

We invite community agencies to come and provide education/training to our clinic team enhancing our knowledge of their services. We encourage our team members to attend community agencies/events to educate them on our services and build partnerships for future endeavours.

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2.4 Digital Health Resources - Clinical Management System/Electronic Medical Records

Please provide information on your EMR

Which EMR vendor/version is being used? AOHC version of Nightingale On Demand. We are in the process of transitioning to Accuro.

	Level of integration 1) None 2) Read-only 3) Full integration	If no EMR integration, are other data-sharing arrangements in place (e.g., case conferencing)? Please provide any other comments
LHIN – Home and Community Care	Read-only	Case conferencing; standard information, D/C forms. NPLC has access to their patient record system in “read only” format.
Emergency Department	None	Brief discharge notice submitted by the SAH ED (faxed).
Hospital	Read-only	NP’s with hospital privileges have read-only access to hospitals diagnostic imaging, lab reports, and consultation notes.
Laboratory Service	Read-only	Reports are pushed directly into the EMR.
Other (specify):	Choose an item.	

Were you able to electronically exchange patient clinical summaries and/or laboratory and diagnostic test results with other providers outside of the practice?	No
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Were you able to generate the following patient information with the current medical records system:	Yes/No
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Lists of patients by diagnosis (e.g., diabetes, cancer)	Yes
Lists of patients by laboratory results (e.g., HbA1C<9.0)	Yes
Lists of patients who are due or overdue for tests or preventative care (e.g., flu vaccine, colonoscopy)	Yes
Lists of all medications taken by an individual patient (including those ordered by other providers)	No
Lists of all patients taking a particular medication	Yes
Lists of all laboratory results for an individual patient (including those ordered by other providers)	No
Provide patients with clinical summaries for each visit	Yes

Did NPLC patients have access to the following patient-facing online services?	Yes	No
Direct email communication with the NPLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
View patient test results (The option to view results with Life Labs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Request prescription refills/renewals	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Book appointments with NPLC providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please explain how the EMR was used for tabulating patient statistics, identifying and anticipating patient needs, planning programs and services, etc.

Our current EMR platform, NOD provides a complex data management tool “data miner” which has significant limitations on the data it is able to extrapolate. We are in the process of converting to Accuro which has superior data analysis and gathering capacity.

2.5 Data Management Support

Please provide information on any data-management support activities in 2018-2019.

Did your organization use the services of a Quality Improvement and Information Management Support (QIIMS) position?	Yes
If yes, how did this role help your organization with quality improvement, program planning, and performance measurement? Please describe any challenges and successes.	

The QIIMS position was a great resource for the Algoma NPLC. In April 2018, a collaboration and data sharing agreement was created and a Steering Committee composed of the administrative and/or clinical leads from each of the NPLCs in the Northern region was created. There were many successes working with this position including:

1. They were able to help us bypass the tabulating limitations of NOD, which enabled us to obtain more accurate data for the different mandatory QIP indicators.
2. Supported the Algoma NPLC in standardizing codes and helped determine the best methods for cleaning up current EMR data.
3. They facilitated in the clinics understanding of the importance in using data to make informed decisions regarding quality improvement and program planning at the NPLC.
4. Developed standardized/customized queries/searches for quarterly reporting and QIP indicators
5. This position aided in streamlining the patient experience survey process at the clinic to standardize across NPLCs; and
6. Created an outcomes indicator framework for the Ontario NPLC model

3.0 Other

3.1 Other Information and Comments

The Ministry of Health likes to promote the work done by NPLCs. Please describe any awards, acknowledgements or achievements from 2018-19.

In the 2018-2019 fiscal year, the Algoma NPLC has surpassed the target for the number of patients rostered at the clinic (2108 March 31/19). During this fiscal year we registered 279 new patients.

Historically, the Algoma NPLC has struggled to have 4 permanent NPs. In the past fiscal year, we have been very pleased to retain 4 permanent NPs. Maintaining this staffing level is important to the growth of the NPLC and the care that is provided to the patients.

Is there anything else that the organization would like to communicate to the ministry regarding its activities in 2018-2019? Any challenges, opportunities and recommendations for the ministry can also be detailed in this space.

Opportunities:

- We continue to have a group of dedicated and knowledgeable individuals on our team and Board of Directors who commit to the Vision and NPLC model of care.
- Ongoing fostering of community partnerships to address the growing needs of our patients and develop innovative strategies to the delivery of primary care services.
- The Board and staff appreciated this year's installment of recruitment and retention funding and look forward to the continued priority of attaining parity with similar positions across Ontario.
- With the approval of the application of our capital funding grant, we will be exploring growth and development opportunities.

Challenges:

- Space continues to be a challenge as we currently operate out of 2800 square feet. We are currently working on a capital expansion plan to obtain a space that is sufficient to meet the growth of the clinic. This will allow us to provide optimal care to the patients of the clinic.
- The Algoma NPLC has endured a 4.6% decrease to our annual budget for the 2019-2020 fiscal year. Our projections indicated that there was a significant risk of over expenditure in HR related spending. Therefore, the FTE of our second RPN (vacant at the time) had to be reduced from 1.0 to 0.6. Unfortunately, this will certainly impact directly and/or indirectly patient's access to care.
- As we are working towards expansion of clinic space we are faced with the challenge of having to manage future increased rental cost without indication of proportional additional funding.
- Currently NPLCs are unable to tell their performance and quality story due to the inability to roster patients.
- Governance support and education – NPLC community led boards require support and education. It is difficult to recruit and retain board members when proper education and training is limited in its availability.

Recommendations:

- Additional funding to cover potential increase in rent, once the capital expansion project is completed.
- Investment in the governors of our clinics and provide governance training for NPLC boards.
- Continue to work with the NPLCs across the province in order to find effective methods to capture performance/quality data.

Part B: 2019-2020 Service Plan

The objective of Part B is to capture your organization's vision and strategic priorities as well as program and service commitments in 2019-2020. Organizational factors such as articulating a clear vision and establishing clear priorities are often associated with higher performance. Part B therefore provides you with the opportunity to describe the results of visioning and priority setting exercises for your organization and how these translate into program and service commitments and associated measures.

In this section, NPLCs are provided with the opportunity to identify their strategic priorities and broader vision for 2019-2020, with an emphasis on the activities planned in the areas of access and integration, collaboration and quality improvement.

- 1. If available, please describe the Vision of the NPLC. Please indicate if this has been clearly articulated to staff, patients and partners.*

The Vision Statement at Algoma NPLC was updated in 2019 to: "An innovative leader in excellent comprehensive primary care". This vision has been thoroughly communicated with the staff, patients, and partners of the NPLC. It is posted around the clinic as well as on our website to ensure direct and easy access for all patients and partners. Staff members of the NPLC have also been provided with copies of the vision, mission, and values of the clinic, as well as the strategic plan for 2019-2022. This enables staff to reference the vision to ensure integration into daily activities.

2. Identify the strategic priorities for the NPLC that will apply to the 2019-2020 fiscal year.

Algoma
Nurse Practitioner-Led Clinic
Lead and Grow

Strategic Plan
2019-2022

Vision

An innovative leader in excellent comprehensive primary care.

Mission

Provide respectful and caring health services that improve the lives of our patients and community members.

Values

Excellence, Respect, Patient-Centred, Collaboration, Holistic and Innovative

Strategic Directions

Goals

1. Find new paths in health promotion and disease prevention.

Finding new paths is about going beyond simply treating disease and about empowering patients with the knowledge and skills needed to make informed decisions to enhance their quality of life.

1. By 2020, develop or implement individual and group programming for pain management, type 2 diabetes management and depression/anxiety
2. By 2020, devising tools to measure improvement in patient's health literacy and quality of life after attendance to one of the programs
3. By 2021, enable self-scheduling and promote it to have at least 30% utilization by patients
4. By 2020, implement a walking program

2. Increase accessibility through innovation.

With an innovation compass, move towards more effective ways to provide optimal care in the right place by the right person at the right time.

1. By the end of 2019, transition to a new EMR
2. By 2020, create a task force to assess feasibility of home visits
3. By the end of 2019, offer in house phlebotomy services for our patients
4. Ensure completion of physical space expansion to provide comprehensive care by 2021

3. Foster growth and development.

By prioritizing growth and development we are investing in the future of our organization and patients. Our goal is to build and deploy our resources to favorably impact our staff, patients and community.

1. Find 2 opportunities to expand interdisciplinary team to broaden our services by 2020
2. By 2020, explore 1 annual opportunity to partner in programs/initiatives in the community to expand services
3. By 2021, continue to build patient roster to about 2600
4. Measure corporate patient complexity
5. By 2021, organize quarterly team development activities
6. By 2020, use our website as an effective, up to date educational communication tool
7. Actively take part in the discussions on the implementation of the upcoming health care structure changes in Saull Ste. Marie

4. Provide quality comprehensive primary care

We believe in providing comprehensive primary care because it embraces health promotion, disease prevention and rehabilitative care.

1. By 2021, devise QIP indicators that will inform us on our ability to improve health and quality of life
2. By 2020, all NPs will have hospital privileges
3. By 2019, participate in a community QIP indicator

3. Please explain how the strategic priorities identified in Question 2 support the objectives of advancing access, integration/collaboration and quality improvement, as applicable.

Advancing Access

With an innovation compass the clinic will move towards more effective ways to provide optimal care in the right place by the right person at the right time. For example, attending appointments is problematic for a good portion of our frail patient population. We plan to create a task force to assess feasibility of home visits. Additionally, we are currently at maximum capacity in our current clinic space. Physical expansion would allow us to broaden our allied health team and therefore enhance our service offering.

Integration and Collaboration

The Algoma NPLC along with the other signatories of the Algoma Ontario Health Team are already working to improve health care delivery in the Algoma region. We are actively looking for ways to work as one connected team where we can provide seamless care delivery to our community. Access to information, system navigation, safe patient transitions, and overall care coordination are our current priorities. We look forward to continuing this partnership and collaboration to improve person centred care.

Quality Improvement

We are going to continue to work with the Alliance for healthy communities, the Nurse Practitioner-Led Clinic Association, Health Quality Ontario/ICES to find a solution to the systemic inability to capture NPLC performance data. Beyond collecting required QIP data our clinic has decided to also focus on chronic disease outcomes data. For example, pre and post CBT program attendance and collective HbA1C tracking are just two examples of potential indicators that we will be tracking as they would objectively inform us on our ability to positively impact our patient's overall health.

4. Does the NPLC plan on undertaking a capital project (major renovation/construction/lease-hold improvement/re-location to a new or existing space) within the next two to three years? If yes, please provide a brief project description including anticipated timelines and budget (if known).

The ANPLC received capital grant funding to explore expansion options. We are currently entering the early phase of this project where we will determine if expanding our current leased space will provide us with sufficient opportunity to grow our clinic to achieve the goals set forth in our strategic priorities. Alternative options for expansion will also be investigated such as relocating the clinic to another site.

Part C: 2019-2020 Governance and Compliance Attestation

Strengthening accountability in NPLCs is a key component of enhancing the quality and performance of the primary care sector. Sound governance practices play an important role in enhancing accountability, performance and the overall functioning of an organization. As part of the efforts to strengthen organizational capacity to support quality improvement, all NPLCs are required to complete and submit this attestation annually. The purpose of this document is to demonstrate sound governance practices and compliance with terms of the NPLC funding agreement with the Ministry of Health.

The **governance assessment** (section 1.0) requests confirmation that key governance practices are in place within the organization, along with supporting information. This is to reflect the key role that governance plays in accountability and the overall functioning of an organization. Key areas covered include: Strategic Planning, Board Self Evaluation, Board Fiduciary Functions, Governance Policies and Operational Maturity.

The **compliance assessment** (section 2.0) evaluates the degree of compliance that the NPLC has exhibited with respect to its funding agreement with the ministry. Any supporting documentation should be included with the submission.

Please note the ministry may follow up with requests for substantiating documentation and other validation activities as part of this review. Your cooperation with this process is greatly appreciated.

The purpose of this attestation is for all NPLCs to demonstrate sound governance and the organizational maturity to ensure public funds are spent appropriately.

1.0 Governance Attestation

The Governance Assessment Attestation below must be signed by the individual who has the authority to bind the corporation, typically the Chair of the Board of Directors. It is recommended that the Governance Assessment Attestation involve the participation of all members of the Board of Directors and others, as appropriate.

A part of the ministry's assessment of the attestation, the following documents must be submitted with the Annual Operating Plan. Please check the following boxes to attest that each of the documents is included in the submission:

- Strategic Plan
- Risk Management Plan
- Financial Policy

Board Practices:

1. Date of last Annual General Meeting	June 10, 2019
2. Frequency of Board meetings	Monthly (except July, August, & December)
3. Date of Board's most recent strategic planning/operational review meeting	April 8, 2019
4. Does the Board regularly review and update bylaws? How often?	Yes, annually

Board Structures:

Does the Board have committee structures that focus on:	Yes/No
5. Governance	Yes
6. Quality Improvement	No (Whole board involvement)
7. Finance/Audit	Yes
8. Human Resources/Personnel	Yes
9. Information Management	No
10. Other (please specify) – Executive Committee, Strategic Planning Committee, Nominating Committee	Yes

Strategic Planning:

	Y/N	Date created	Date of latest update	Comment	If 'No,' please provide an explanation
11. NPLC has a current strategic plan with clear goals, objectives and monitoring?	Yes	2019	2019	The 2019-2021 strategic plan priorities were approved by the board in April 2019.	
12. Latest Strategic Plan progress report has been reviewed by the Board?	No				The Strategic plan was just recently implemented in April 2019. Progress will be assessed during Q3 and Q4.

Board Governance:

	Y/N	Date created	Date of latest update	Comment	If 'No,' please provide an explanation
13. A third of the Board members has experience serving on boards (or has received training)?	Yes			Regular involvement with the Alliance for Healthy communities (participating in conferences and education opportunities geared for board members)	
14. NPLC has a current Board Policy manual?	Yes	2011	2019	- Updates were made on Terms of Reference for standing committees - Updated to a web-based board manual	
15. NPLC has a current document outlining the Board members' roles?	Yes	2011	2016		

NPLC Annual Operating Plan Submission: 2019-2020

16. NPLC has in place a Board Orientation Package for new Board members?	Yes				- Currently described process in policies/procedures (orientation checklist)	
17. NPLC has a current Board recruitment strategy document?	Yes	2011	2016			
18. NPLC has a conflict of interest policy/process in place and a signed agreement with Board members acknowledging the Conflict of Interest and Code of Conduct Policies?	Yes	2015	2019			
19. NPLC has policies that reflect a systematic approach to Board performance monitoring, including method and frequency?	Yes	2017	2018		- Evaluation tools of monthly board meetings are completed at the end of each meeting. All of the following are conducted annually: - Board Chair evaluation -board member - Board committee - Whole board evaluation All of the above are conducted annually	

NPLC Annual Operating Plan Submission: 2019-2020

20. NPLC has a Board performance self-evaluation tool? Please indicate date of last use in 'Comment' section.	Yes	2014	2019	- Completed annually	
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Board Fiduciary Functions:

	Y/N	Date created	Date of latest update	Comment	If 'No,' please provide an explanation
21. NPLC has a current document outlining the Administrative Lead and Lead NP job descriptions?	Yes	2011	2017	- There is no longer an Admin Lead position at the NPLC - The clinic is now led by an ED/ NP Lead	
22. NPLC has an Administrative Lead and Lead NP performance evaluation tool/process? Please indicate date of last evaluation in 'Comment' section.	Yes	2011	2016	- There is no longer an Admin Lead position at the NPLC - Due to unforeseeable changes in the leadership structure the performance evaluation of the ED/NP Lead has been deferred to October 2019.	
23. NPLC has a current Performance Measures document (beyond required ministry quarterly and QIP annual reporting) monitored by the Board on an ongoing	Yes	2014	2018	Monthly report to Board of Directors and dashboard presentation.	

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<p>basis? Please provide brief description of document in 'Comment' section.</p>					
<p>24. NPLC has a current Financial Policies document that outlines the process for budget approval and ongoing monitoring?</p>	<p>Yes</p>	<p>2013</p>	<p>2019</p>		
<p>25. NPLC has a current Risk Management plan?</p>	<p>No</p>				<p>- Board is planning to give attention to a risk management plan this fiscal year</p>


2.0 Compliance Attestation

	Y/N	If "No," please explain	Comments
26. Does the organization have a public complaints and dispute resolution policy/process in place? If yes, how has this policy been communicated to NPLC staff and patients? Please provide details in the comments section.	Yes		Communicated to staff during orientation. There is a three step complaint policy that each staff member has access to. For patient communication it is discussed during the onboarding process.
27. NPLC has provided ministry with timely submissions of their last 4 quarterly reports.	Yes		
28. NPLC has provided the ministry with Annual Operating Plan Submission by the established deadline for the past 2 years.	Yes		
29. NPLC has provided ministry with audited documents within the allotted timeframe outlined in their funding agreement.	Yes		
30. NPLC has repaid all funds owing to ministry and is in good standing.	No		Interim recovery has been made. Currently in progress to confirm outstanding reconciliations.
31. All positions funded are employees of the NPLC or an exemption attestation to this requirement has been executed.	Yes		

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32. NPLC has demonstrated sound financial practices including: transparent financial reporting of revenues and expenditures, reasonable forecasting, securing approval prior to reallocating funds.	Yes		
33. NPLC does not operate in a deficit.	Yes		
34. NPLC has an average vacancy rate of less than 20% over the past 2 years.	Yes		
35. If sharing a Quality Improvement and Information Management Support (QIIMS) position, the NPLC has in place a signed partnership agreement, a joint work plan, and EMR access for the QIIMS in all partner NPLCs.	Yes		
36. The NPLC is partnering and consulting with its Local Health Integration Network (LHIN) on health planning and is participating in LHIN-led initiatives (e.g. sub-region work)	No		

Name of Organization:

Name of Board Chair:	Wendelyn Payne
Signature of Board Chair:	 I have the authority to bind the Corporation
Date:	Sept 25 / 19

Part D: Mental Health Feedback Questionnaire

The government made a commitment to the people of Ontario to take mental health and addictions as seriously as any health issue and has committed to investing \$3.8 billion over 10 years on mental health and addictions services. As part of this investment, it will build a mental health and addictions system focused on core services, embedded in a stepped-care model, and a robust data and measurement framework.

Primary care providers (PCPs) are often the first line of support for people facing mental health and addictions issues. PCPs diagnose, provide medical advice and connect patients with specialists and other support services. Approximately 900 mental health professionals are members of interprofessional teams across the province, and the ministry is exploring ways to deepen the role of primary care for treating depression and anxiety and enhance primary care's capacity to directly respond to the presentations of depression and anxiety among their clients.

As part of these efforts, the ministry is looking for your input regarding the provision of mental health services in your team and requests that you respond to the questions listed below.

Your responses will be used by the ministry to develop and implement a provincially-consistent clinical psychotherapy training program, and to inform planning for the expansion of the structured psychotherapy program across the province.

Based on your responses, in the coming months, the ministry will be sending an invitation to Nurse Practitioner-Led Clinics and other interprofessional primary care organizations to participate in the clinical training program, along with additional information on the delivery mode, eligibility criteria, implementation details, reporting requirements and participation instructions.

Organization Name	Algoma Nurse Practitioner-Led Clinic
Key Contact	Dominic Noel
Title	Executive Director/ NP Lead
Phone Number	705-942-4717 Ext. 3003
Email Address	<u>dnoel@algomanplc.ca</u>
Date	September 19, 2019

How many mental health clinicians (FTEs) does your team have?

We currently have 1.0FTE mental health clinician.

Of these mental health FTEs, how many are regulated health care professionals able to practice psychotherapy as defined in the Controlled Act of Psychotherapy (psychologist, nurse, social worker, psychotherapist registered with the College of Registered Psychotherapists of Ontario, occupational therapist)?

Please indicate below how much of each FTE's time is spent on providing psychotherapy.

Mental Health Workers	Number of FTEs	% of Time Spent Providing Psychotherapy
a. Psychologist	a.	a.
b. Nurse Practitioner	b.4.0	b. 10-20%
c. Social Worker	c. 1	c. 80%
d. Psychotherapist	d.	d.
e. Occupational Therapist	e.	e.
f. Others – please specify	f.	f.

Do any of the FTEs practicing psychotherapy use Cognitive Behavioural Therapy (CBT); if so, what are their CBT qualifications?

Yes, the social worker uses Cognitive Behavioural Therapy. They have completed a CBT course through New Skills Academy.
The NPs use CBT tools to counsel patients. None, for the moment, have gone through formal training.

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How many of these mental health clinician FTEs perform functions other than psychotherapy (e.g. case coordination, referrals, patient navigation)? For each mental health worker, please list other functions and indicate the percentage of time spent on these functions.

Mental Health Workers	Description of Other Functions	% of Time Spent on Other Functions
a. Psychologist	a.	a.
b. Nurse Practitioner	c. Mental health related functions: Referrals, pharmacology. Managing their caseload	c. 80-90%
d. Social Worker	c. Case coordination, referrals, patient navigation, advocacy and support.	c. 5% for each function
e. Psychotherapist	d.	d.
f. Occupational Therapist	e.	e.
g. Others – please specify	f.	f.

Part E: 2019-2020 Requested Human Resource Changes - Optional

As NPLCs continue to improve programs and services to better meet the needs of patients, they may need to adjust their staffing resources. Requests for any change to previously approved management, administration and interdisciplinary health provider staffing resources and specialist sessions must be approved by the ministry prior to implementing any change.

NPLCs cannot hire any new staffing resources or change any staff positions until the ministry has provided approval.

1.0 Reconfigured Human Resources Request for 2019-2020 - No net change in FTEs

Position	FTE (-/+)	Cost per position based on NPLC's compensation guide (-/+)	Justification
Nurse Practitioner			
Registered Nurse			
Registered Practical Nurse	-0.4	-20,987.60	Due to the recent decrease in operational base budget, it was determined that a decrease in our 2 nd RPN FTE from 1.0 to 0.6 would help offset the funding cut. This change was implemented while the position was vacant
Pharmacist			
Psychologist			
Dietitian			
Health Educator/Promoter			
Mental Health/Social Worker (BSW)			
Social Worker (3 yrs. Ex + MSW)			
Respiratory Therapist			
Podiatrist			
Case Worker/Manager			
Occupational Therapist			
Chiropractor			
Physician Assistant			
Physiotherapist			
Kinesiologist			
Other: (specify)			
Other: (specify)			
Sub-Total	-0.4	-20,987.60	
Administrative Lead	-1.0	-90,330	During the 2018-19 fiscal year, the board reviewed the clinic's dual leadership structure. The results of this

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			assessment informed their decision to eliminate the admin lead position and replace it with an office/HR administrator position. This change was implemented while this position was vacant
Finance Manager			
Office Administrator/Manager	+1.0	+56,005	During the 2018-19 fiscal year, the board reviewed the clinic's dual leadership structure. The results of this assessment informed their decision to eliminate the admin lead position and replace it with an office/HR administrator position. This change was implemented while this position was vacant
Program Administrator			
Receptionist/Clerical			
Other: (specify)			
Other: (specify)			
Sub-Total	0	-34,325	