

Algoma

Nurse Practitioner-Led Clinic

Monthly Leadership Team Board Report – March 2021

The Pulse

The current COVID 19 pandemic continues to impact our activities. Staff morale remains overall fairly good.

Clinic Activities:

Unfortunately, the province announced a shut down for 4 weeks. Therefore, our in-clinic patient traffic has to be decreased to 10 patients/day. Telemedicine and phone appointments will be favoured.

COVID19 update:

- We continue to offer rapid testing to our staff and their children to protect our workforce. Without a negative test, it would be self-isolation for 2 weeks if an individual is sick in their household.
- Individuals 60 and older are now eligible for immunization. Astrazeneca is available in pharmacies and some primary care agencies but in very short supply (300)
- Overall, the typical availability of vaccine in the region in a given week is 1400-2000 doses.

Human Resources

Office Administrator: Jen had to be terminated. Recruitment for a replacement is ongoing

Nurse Practitioner:

Maternity leave 1: temp NP started on April 1st

Maternity leave 2: temp NP confirmed for 06-2021 to 09-2021

Potential candidate for 09-2021 to 09-2022

RSW permanent part time: waiting for MOH's response for funding

Contractor NP: contractor NP working(3.5 hours twice a week). (2 additional NPs from the community have reached out to offer as needed coverage)

Dashboard

- We are still working towards improving our mastery of our data miner tool on the EMR. Our query analysis continues to bring some inaccuracy in filters. We are working through them.

Total caseload: 2117. We are contacting patients due for preventive care. Turns out many patients have relocated and or transferred to another provider.

New patients since last Board meetings: 17 patients

Potential patients on waitlist: 601 patients

Intake days will be planned for the Summer 2021 and the Fall 2021

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Capital Expansion:

Potential solution to Funding limitation:

- Reallocation of physician funding to rental cost
- current rental cost: 49,644
- cheapest rental cost with potential sites: $17 \times 6000 = 102,200$
- difference between current rental and cheapest potential site: 52,556
- HR variance (historically where our surplus comes from) = 34,000
- extent of potential deficit: 18000,
- physician funding + historical variance: 76000
- $76000 - 52556 = 23444$ (new variance)

If the board agrees with reallocating the physician funding to overhead, we would now be able to afford the new location's rental costs.

OHT:

1. work is ongoing re: safe transitions indicators
2. Mass immunization is ongoing and is coordinated by the OHT
3. The wellness bus is now launched
4. Preliminary conversations with Dr Steward re: clinical access

Strategic Plan:

- Online scheduling being explored (Digital strategy)
- 2nd cohort of our chronic pain education program is ongoing
- NPLC, along with GHC, SFHT and SAH, will offer education to local primary care providers on SAFE Chronic pain management. Potential launch 03/2022 as our survey to the community indicates that clinicians would prefer an in person event
- Planning has started to set the foundation to the creation of a interdisciplinary chronic pain management team in our region.
- Updating website (demo)

QIP:

see patient experience survey document