

Nurse Practitioner-Led Clinic

Annual Operating Plan Submission: 2022-2023

NPLC Name:

Date of Submission:

Primary Health Care Branch
Ministry of Health

TABLE OF CONTENTS

INTRODUCTION

PART A: 2021-2022 ANNUAL REPORT

- 1.0 Access
- 2.0 Integration and Collaboration
- 3.0 Other

PART B: 2022-2023 SERVICE PLAN

PART C: 2022-2023 GOVERNANCE AND COMPLIANCE ATTESTATION

APPENDIX A – NPLC EXPENDITURE GUIDELINES UPDATED 2022-2023

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 three sections:

PART A: 2021-2022 Annual Report - **mandatory**

PART B: 2022-2023 Service Plan - **mandatory**

PART C: 2022-2023 Governance and Compliance Attestation - **mandatory**

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.

Part A: 2021-2022 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

State your patient roster target for 2021-2022. Please also state the actual number of patients rostered on March 31, 2022.

Patient rostering

Number of rostered patients :

Target March 31, 2022 : **2500-2600 patients**

Actual March 31, 2022 : **2540 patients**

Is the NPLC rostering new patients?

Yes/No

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

a. Number of NPs accepting new patients: **3**

b. Please estimate

*the NPLC's capacity to accept new patients (specify # of patients) : **660 New patients***

c. *The community has been made aware that the NPLC is accepting new patients, e.g., via a website or other public communication : **Yes***

Additional details (optional):

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 2021-2022.

Yes, the clinic offers non-rostered individuals programs and services. We offer the following services to non-rostered patients:

Flu vaccine (The clinic provided in kind support to the mass immunization clinic initiative)

COVID vaccine (The clinic provided in kind support to the mass immunization clinic initiative)

Pain Management Sessions

Jessica Bauer Arthritis Society Program

Due to the COVID-19 pandemic we were only able to provide limited programs and services to non-rostered patients. Approximately, 250 non-rostered patients were served.

1.2 Patient Rostering – Access for New Patients in 2021-2022

Please explain how new patients accessed NPLC services.

	Yes/No
Were patients who contacted the NPLC directly (self-referrals) accepted?	Y
Were any new patients referred by Health Care Connect (HCC)?	Y
Were patients from other sources accepted? (e.g., hospital, home care, other physicians/specialists)	Y

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.		100	
What NPLC programs/services are provided in French?			
Primary Care Minor Procedures Pain Management			

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.

Yes, the NPLC strives to be inclusive to all patients and community members linguistic and cultural needs. The clinic is working towards having multiple languages options for our website and resources. Some of our staff are able to communicate in other languages as well.

1.5 Regular and Extended Hours

<p>What are your regular hours of operation when patients can access services (e.g., Mon: 9-5, Tues. 8-4, etc.)?</p>	<p>Hours of operation:</p> <p>Mon: 9-4 Tues 9-4 Wed 9-4 Thur: 9-4 Fri: 9-4 Sat: Sun:</p>
<p>When are NPLC services available after hours?</p>	<p>Extended hours:</p> <p>Mon: Tues: Wed: 4-7 Thurs: Fri: Sat: Sun:</p>
<p>Identify which programs are offered after hours:</p>	<p>Primary care, pain management, counselling, pharmacy</p>
<p>Additional information:</p>	
<p></p>	

1.6 Timely Access to Care

Please provide information on how appointments were scheduled in 2021-2022.

Timely Access to Care	NP	Other IHP
<p>Did the NPLC schedule appointments on the same day or next day (within 24 to 48 hours)?</p>	<p>Yes/No</p>	<p>Yes/No</p>

If yes, what percentage of patients can see a practitioner on the same day or next day, when needed? (Please indicate with an asterisk "*" if the value entered is an estimate)

82%

90%*

1.7 Other Access Measures

Please provide information on other types of access measures provided in 2021-2022.

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 2021-2022	0	0	
Did the NPLC deliver care virtually in 2021-2022?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, was virtual care provided via telephone?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, was virtual care provided via video?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What percentage of IHP services were provided virtually (e.g., telephone/video/online)?		75%*	
Emergency Department (ED) Diversion			
Did the NPLC have a strategy to divert rostered patients from the ED? (aside from advanced access)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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)			

Yes the NPLC implemented strategies to divert rostered patients from the ED by offering after-hours clinics, Triage/Episodic appointments, Hospital Discharge follow-up, and Urgent Counselling appointments.

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

Our hours of operation are available on our website, through our automated phone system and the screen in our waiting room area to provide patients with easy access to this information. We also have this information available on printed materials we provide to patients such as our brochures and pamphlets.

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 Understanding	Shared Programs and Services	Shared Governance	Other	Comments:
Children's Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ontario Health – Home and Community Care	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GHC for Pain Group
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"/>	Dr. Maloney for Pain, Post Hospital Discharge

Mental Health and Addiction Services	<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)
Public Health Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APH Covid-19 Vaccine Clinics
Senior Centre/Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Algoma Geriatric Clinic, Community Memory Clinic, Jessica Bauer Arthritis Society
FHT: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SFHT Chronic Pain Program
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"/>	

2.2 Local Planning and Community Engagement

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

The Algoma NPLC is actively involved in the planning activities of the Algoma OHT. In the last year, we provided in kind support to the mass immunization COVID clinics. Also, the clinic is participating in discussions to improve our regional performance regarding cancer screening. Finally, the clinic's Executive Director is on the leadership counsel. This allows the clinic to be informed of potential opportunities for collaboration

Please describe the NPLC's involvement in Ontario Health-led initiatives.

The clinic has been involved mainly in 3 OH-led initiative

1. QIP

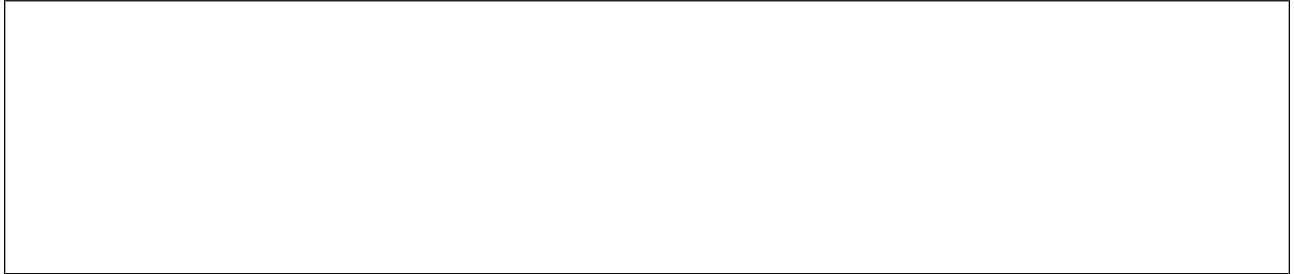
Safe transition. The clinic, the other primary care organizations and the local hospital are collaborating to improve the continuity of care for patient discharged from acute care. In the last year, we were able to develop a system which allows primary care and the hospital to track communications between acute and primary care. This is an essential steps in our efforts to follow up on all patients discharged from acute care within 7 days

2. Mass immunization Clinic

The clinic participated actively in the immunization clinics in our local efforts to effectively address the COVID crisis.

3. Wellness bus

The clinic's Executive director was actively involved in the planning and implementation of the Wellness bus. Also a formal request for permanent to the ministry for funding for a full time nurse practitioner who would be assigned to the wellness bus.



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 OHT recently finalized a community partnership toolkit. This is a step-by-step guide on how to start engaging with patients and the community to obtain input for planning and determining priorities. Our goal is to launch our patient advisory committee by January 2023

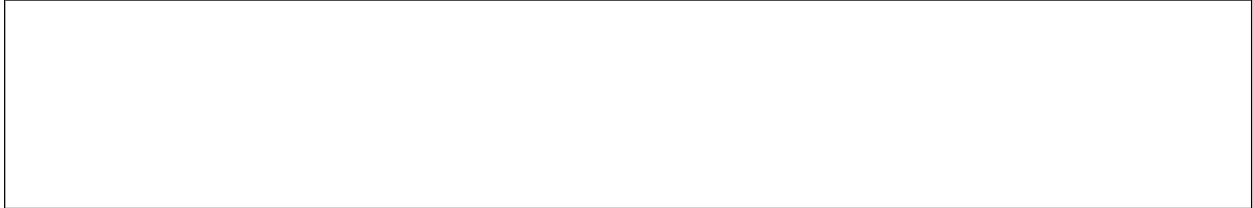
Ontario Health Team (OHT) Involvement: Is the NPLC involved in any activities related to the development of Ontario Health Teams? Please describe the extent of the NPLC's participation in OHT implementation as applicable.

The NPLC is not involved in the development of other OHTs

2.3 System Navigation and Care Coordination

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; Ontario Health collaboration for home care supports, other follow-up care, etc.

The Algoma NPLC and the other primary care organization are collaborating with our local hospital to make sure the transition post discharge is as safe as possible. Communication between the hospital and primary care has been optimized, primary care organization have improved their internal processes and quarterly meetings have been scheduled to track progress.



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

Please provide information on your EMR

Which EMR vendor/version is being used?		
QHR Technologies - 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
OH – 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	Read-only	Discharge summaries are integrated into our EMR through HRM. Additionally, a brief discharge notices is 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?		Yes/No
Were you able to generate the following patient information with the current medical records system?		Yes/No
Lists of patients by diagnosis (e.g., diabetes, cancer)		Y
Lists of patients by laboratory results (e.g., HbA1C<9.0)		Y
Lists of patients who are due or overdue for tests or preventative care (e.g., flu vaccine, colonoscopy)		Y
Lists of all medications taken by an individual patient (including those ordered by other providers)		Y
Lists of all patients taking a particular medication		Y

Lists of all laboratory results for an individual patient (including those ordered by other providers)	Y
Provide patients with clinical summaries for each visit	Y

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"/>
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.

We are able to utilize our EMR's data query processes for gathering data and implementing programs such as Diabetes education, PAP appointments, Mammograms, Colorectal cancer screening, etc. for those patients who are identified as eligible and has not had testing completed. We are also able to retrieve lists of patients for our chronic pain program and services. We have signed up for a trial of Accuro Engage which is a bundle of services such as online virtual visits integrated into our EMR, online booking and patient messaging. We will implement these services and survey our patients to see the impact on patients' access.

2.5 Data Management Support

Please provide information on any data-management support activities in 2021-2022.

Did your organization use the services of a Quality Improvement and Information Management Support (QIIMS) position?	Yes/No
If yes, how did this role help your organization with quality improvement, program planning, and performance measurement? Please describe any challenges and successes.	
We did utilize our QIIMS representative to stay informed on Quality Improvement related information. We also worked through some of our concerns with the validity of our query searches to improve the accuracy of our patient data.	
Our QIIMS representative also provided assistance with our efforts to transition to ICD10 codes.	
Our QIIMS representative organized the QIP indicators that the North-Eastern NPLC group will be working on for the next 5 years. The indicators are:	

- *Cervical Cancer Screening
- * Colorectal Cancer Screening
- * Breast Cancer Screening
- * Interdisciplinary Health Care
- * Active Opioid Prescriptions
- * Hospital Discharge Follow-Up

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 2021-22.

The NPLC is a proud member of the Algoma OHT leadership council. We are excited and confident that this novel inter-organizational model will yield a regional system better equipped to meet the goals set forth by the Quadruple aim. The NPLC was involved in the successful joint efforts to immunize our community against the COVID-19 and the flu.

Is there anything else that the organization would like to communicate to the ministry regarding its activities in 2021-2022? Any challenges, opportunities and recommendations for the ministry can also be detailed in this space.

Opportunities:

- *As a member of the Algoma OHT, we look forward to the ongoing collaboration with other organizations on the health team to provide integrated care to patient populations in our community*

Challenges:

- *Space continues to be a challenge as we currently operate out of 2800 square feet.*
- *NPLC's are currently unable to roster patients and due to that we are unable to efficiently monitor performance.*
- *Regionally the supply of mental health services has been severely lacking. The inability to provide timely physcotherapy is also present in our organization. Patients often have to wait for 6 months before they can see our Social Worker.*

Recommendations:

- *5% Permanent increase in operational funding to cover protentional expansion of the clinic*
- *Enabling rostering for NPs*
- *Additional funding of 0.6 FTE for Social Work.*

Part B: 2022-2023 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 2022-2023. 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 2022-2023, 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 of the Algoma NPLC is: "An innovative leader in excellent comprehensive primary care." The Vision, as part of our Strategic Plan for 2019-2022, is posted on our clinic website and on the wall of our clinic in our board/staff room. We frequently reference it at team meetings and board meetings. This allows staff and board members to ensure its integration into decision making and daily activities.

2. *Identify the strategic priorities for the NPLC that will apply to the 2022-2023 fiscal year.*

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.
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.
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 favourably impact our staff, patients, and community.

4. Provide quality comprehensive primary care

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

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

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

During 2022-2023 we will continue to offer and expand our Chronic pain program to our patient as well as community members not rostered to our clinic. This program is run collaboratively with staff from our organization as well as community partners. Our clinic will be developing a healthy weight loss program which will guide patient through the weight loss journey and focus on educating patients on strategies to maintain healthy lifestyles during and after the program's fruition.

2. Increase accessibility through innovation. -

Our clinic continues to be committed to investigating innovative ways to help increase our patients access to care in the right place, by the right person at the right time. In 2022-2023 we will be integrating phlebotomy services in house for our patients. We continue to look into options to make online booking for our patients accessible and solutions to the budgetary constraints associated. Our clinic has collaborated with Ocean and Ontario Health to implement eReferrals. This innovation will allow patients to access updates on the status of their referrals. We have implemented and utilized HRM for medical information coming from external organizations. We will be investigating ClinicalViewer in 2022-2023 as well. This will allow clinicians to gain access to valuable information which will be used to further improve patient care.

3. Foster growth and development. -

The Algoma NPLC is dedicated to the growth and development of not only the services for our patients but also the ability to help our community members in need of comprehensive care. We are currently in the process of a capital expansion project. There are many benefits a larger space would provide both our clinic's patients but also our community. With a larger space we could accommodate an additional NP to our team allowing us to increase our patient roster. This would help mitigate the critical shortage of primary care providers our community has been experiencing for years. Additionally, we would have the space required to offer more allied health services such as physiotherapy, chiropractor, dietician/nutritionist and additional social worker services. We currently offer OTN visits for our patients to see specialists they would have to wait years to see in only weeks or months. We would have additional space to provide more of these services in a dedicated space.

4. Provide quality comprehensive primary care –

Although a QIP submission was not required for 2022-2023, our clinic maintains a strong commitment to working on improving the quality of the services we provide to our patients. We will be harnessing the strengths of our team members to focus on improving our cancer screening patient outcomes. One of the strategies we will be implementing is to have a lead for each QIP indicator that will be responsible for keeping our numbers on track for improvement. We have been and will continue working with the Algoma OHT on a community QIP indicator.

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 Algoma NPLC has submitted a capital expansion project application in 2016-2017. We were given a planning grant of \$175,000 in 2018. We have completed the last steps of our business case. We have done architectural assessments of potential spaces being considered. Many of the spaces that were being considered have since been leased or sold. We continue to look for additional suitable spaces however we have submitted a business case to the Ministry requesting an increase to our operational budget. The market value of rent and utilities have gone up significantly impacting our ability to absorb the increased costs into our budget. Our concerns for this increased cost does not only apply to our expansion but also where we currently reside. As stated in our business case submitted to the Ministry, our landlord Sault College is actively exploring ways to expand their current programs. This expansion of their programs will require more space thus making our eviction a very likely possibility.

Part C: 2022-2023 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

Board Practices:

1. Date of last Annual General Meeting	June 8, 2021
2. Frequency of Board meetings	Once per month
3. Date of Board's most recent strategic planning/operational review meeting	March 21 st & 23 rd 2022
4. Does the Board regularly review and update bylaws? How often?	Once per year
5. When was the last Board governance training session?	Governance Training Available on Alliance for Healthier Communities portal.
6. Has the Board completed diversity and inclusion training?	Ongoing First Nation education & Governing for Health Equity Training

Board Structures:

Does the Board have committee structures that focus on:	Yes/No
7. Governance	Yes
8. Quality Improvement	No
9. Finance/Audit	Yes
10. Human Resources/Personnel	Yes
11. Information Management	No
12. Other (please specify)	Capital Expansion, Strategic Planning, Nominating

Strategic Planning:

	Y/N	Date created	Date of latest update	Comment	If 'No,' please provide an explanation
13. NPLC has a current strategic plan with clear goals, objectives, and monitoring?	Y	2019	2021	Original 2019-2022 Strategic Plan was extended to 2023 due to COVID-19 pandemic	
14. Latest Strategic Plan progress report has been reviewed by the Board?	Y	2022	In draft form	New Strategic Plan sessions took place March 2022. Draft is currently being worked on and will be presented and discussed with Board September 2022.	

Board Governance:

	Y/N	Date created	Date of latest update	Comment	If 'No,' please provide an explanation
15. A third of the Board membership has experience serving on boards (or has received training)?	Y				
16. NPLC has a current Board Policy manual?	Y	2011	2021		
17. NPLC has a current document outlining the Board members' roles?	Y	2011	2021		

NPLC Annual Operating Plan Submission: 2022-2023

18. NPLC has in place a Board Orientation Package for new Board members?	Y	2013	2021		
19. NPLC has a current Board recruitment strategy document?	Y	2011	2022		
20. NPLC has a conflict of interest policy/process in place at an organizational level?	N			In development	
21. NPLC has a signed agreement with Board members acknowledging the Conflict of Interest and Code of Conduct Policies?	Y	2011	2021		
22. NPLC has policies that reflect a systematic approach to Board performance monitoring, including method and frequency?	Y	2017	2021	Annual development of the board evaluation plan which consists of : Board meeting evaluations conducted monthly, at the end of each meeting. Board Chair evaluation conducted annually Board evaluation conducted annually. Standing committee evaluation conducted annually.	
23. NPLC has a Board performance self-evaluation tool? Please indicate date of last use in 'Comment' section.	Y	2015	2021	Will be completing evaluation in May 2022.	

Board Fiduciary Functions:

	Y/N	Date created	Date of latest update	Comment	If 'No,' please provide an explanation
24. NPLC has a current document outlining the Administrative Lead and Lead NP job descriptions?	Y	2020	2020	ANPLC now has an Executive Director – NP Lead position instead of Admin Lead and NP Lead as the leadership of the clinic. This role has a job description.	
25. NPLC has an Administrative Lead and Lead NP performance evaluation tool/process? Please indicate date of last evaluation in 'Comment' section.	Y	2011	2020	The Algoma NPLC no longer has an Admin Lead position. The clinic is now led by an Executive Director/NP Lead.	
26. NPLC has a current Performance Measures document (beyond required ministry quarterly and QIP annual reporting) monitored by the Board on an ongoing basis? Please provide brief description of document in 'Comment' section.	Y	2014	2020	The ANPLC utilizes a Dashboard report to update the board on the performance of the clinic on a monthly basis. This dashboard report includes information such as number of patients for NPs as well as the other allied health team. It also includes monthly rostered patients totals.	

NPLC Annual Operating Plan Submission: 2022-2023

<p>27. NPLC has a current Financial Policies document that outlines the process for budget approval, report approval and ongoing monitoring, and has a delegation of authority policy in place that indicates any delegations of financial oversight or financial operations?</p>	<p>Y</p>	<p>2013</p>	<p>2021</p>		
<p>28. NPLC has a current Risk Management plan?</p>	<p>Y</p>	<p>2020</p>	<p>2020</p>		

2.0 Compliance Attestation

	Y/N	If "No," please explain	Comments
29. 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.	Y		Communicated to staff during orientation and reviewed annually at team meetings. There is a three step complaint policy that each staff member has access to. For patient communication it is discussed during the onboarding process.
30. All funded positions are employees of the NPLC or an exemption attestation to this requirement has been executed.	Y		
31. NPLC has demonstrated sound financial practices, including transparent financial reporting of revenues and expenditures, reasonable forecasting, securing approval prior to reallocating funds.	Y		
32. 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.	Y		

APPENDIX A

NPLC EXPENDITURE GUIDELINES - UPDATED 2022-2023

General

- The Accrual Basis of accounting records the effects of transactions as events that give rise to them occur, regardless of when cash is received or paid. The ministry policy allows for the accrual of anticipated settlements of unresolved expenditures incurred as of the close of the reporting period. The accrual must be based and supported upon a reasonable expectation of the costs associated with the settlement in accordance with Generally Accepted Accounting Principles (GAAP). Examples would be unresolved wage compensation situations where labour contracts have expired and negotiations for the new contract are not complete or at arbitration.
- Funds must be expended according to terms and conditions as stipulated in the funding agreement. Schedule A (annual human resource, overhead, and one-time budget) and any amendments to Schedule A form the basis of quarterly financial reports.
- All financial reports will be reconciled; significant variances (greater than 10%) between approved funding lines and actual expenditures must be detailed for approval.
- Any funding (or any part of funding) advanced and not spent in accordance with the terms of the Agreement, must be reported and may be dealt with by any one or combination of the following ways:
 - Will be offset by the ministry against any money owed by, or to become due from, the ministry to the NPLC
 - Will be repaid to the ministry by the NPLC within four (4) weeks of the NPLC's receipt of written notice from the ministry demanding such repayment
 - Is in accordance with the terms of the ministry's additional written instructions to the NPLC.
- **Effective April 1, 2020**, the NPLC Overhead budget has been merged into one budget category, allowing NPLCs more flexibility in managing overhead expenses.
- **Financial reporting, as outlined in Schedule D.1, remains unchanged: NPLCs must report overhead expenditures on a line-by-line basis in their quarterly reports.**

Reallocation

- NPLCs are eligible to reallocate funds equaling up to the lesser of ten percent (10%) of the total annual budget or \$10,000 (the “tolerance threshold”) between and within eligible budget categories. Eligible reallocation of funding between approved budget lines should be noted at the bottom of the Quarterly Financial Reports.
- Eligible budget categories include:
 - Human Resources (**excludes physician stipend**)
 - Overhead Category
 - One-Time Category
- Requests to reallocate funds in excess of the tolerance threshold (applicable only to eligible reallocations) must be submitted to the ministry in writing, and the NPLC must obtain written ministry approval before proceeding. The ministry will consider the reallocation request according to the following criteria:
 - The NPLC is in good standing
 - The NPLC’s progress so far has met expectations
 - The reallocation request is within the scope of the originally approved outcomes for the NPLC
- A written response will be provided to the NPLC with the results of the review.
- NPLCs are not allowed to reallocate funds in any fashion other than what is stated above.
- Ineligible reallocations will be recovered at a time stipulated by the ministry.
- The ministry is not liable for any unapproved expenditure or reallocation.

HST Rebates

- HST Rebates: NPLCs qualify as not for profit organizations since they receive at least 40% of their funding from the provincial government. This makes them eligible to claim rebates for the provincial and federal components of the HST paid or payable on most inputs used to provide exempt supplies. When providing financial statements, NPLCs should report actual costs **net** of the rebate and book the projected rebate as a receivable so that their financial statements reflect actual expenditures. NPLCs who choose not to book expenses net of the rebate **must first seek approval to reallocate the rebate** toward operational costs. NPLCs should contact the Canada Revenue Agency for information and forms. ***At the end of the fiscal year, the ministry will recover any HST rebate that the ministry did not approve for use by the NPLC.***