

Nurse Practitioner-Led Clinic

Annual Operating Plan Submission: 2017-2018

NPLC Name: Algoma NPLC

Date of Submission: April 28, 2017

FINAL

Primary Health Care Branch
Ministry of Health and Long-Term Care

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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
 - 2016-2017 Annual Report
 - 2017-2018 Service Report
 - 2017-2018 Governance and Compliance Attestation
- The completed submission has been returned to the ministry on or before **April 28, 2017**.

<p>Signature of NPLC Board Chair or alternate board authority:</p>  <p><i>I have the authority to bind the corporation</i></p> <p>Print NPLC Name: Algoma Nurse Practitioner-Led Clinic</p>	<p>Date:</p> <p>MAY 1 / 17</p>
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Introduction

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

- PART A: 2016-2017 Annual Report - **mandatory**
- PART B: 2017-2018 Strategic Priorities and Vision - **mandatory**
- PART C: 2017-2018 Governance and Compliance Attestation – **mandatory**
- PART D: 2017-2018 Requested Human Resource Changes - **optional**
- PART E: 2017-2018 Proposed Operating Budget Amendment – **optional**

The healthcare sector 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 partners and LHINs in person-centered 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-centered primary care services and programs.

The Annual Operating Plan Submission must be submitted electronically to the NPLC's Senior Program Consultant no later than **April 28, 2017**.

Notes:

The government is committed to supporting initiatives that enhance priority areas of access, quality and integration of primary care; as such opportunities for new funding increases are limited. NPLCs should therefore base their 2017-18 plans on their approved 2016-17 base budget. You are encouraged to work with your ministry contact to address any anticipated operational cost increases, and to utilize the in-year reallocation request form or submit a business case for proposed changes to your operating budget.

Part A: 2016-2017 Annual Report

1.0 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 2016-2017. Please also include the actual number of patients rostered on March 31, 2017.

Patient rostering	Target March 31, 2017	Actual March 31, 2017
Number of rostered patients	1600	1614 active 44 waitlist
Is NPLC rostering new patients?		Not at this time; anticipated for June 2017.
If the target was not met, please explain why and outline your plan to meet this target.		
We have maintained 2 full-time NP's for the majority of the '16-'17 fiscal year and met our target to register 800 patients per NP. We have recruited 2 more NP's who will be starting in May 2017 and we will aim to double our Target and Actual for the '17-'18 fiscal year.		

Are NPLC programs/services available to non-rostered members of the broader community? Please explain.

Yes. We partner with local agencies and groups to offer services to our larger community. We have some programs directed at the community as a whole because these areas have been identified as gaps in healthcare services.

These community-directed programs include:

- Annual PAP clinics and cervical cancer screening campaign every October
- Community-based Chronic Disease Self-Management programs

- Community Flu vaccine clinics with partner groups during flu season
- Sault College immunization clinics for students

1.2 Patient Rostering – Access for New Patients in 2016-2017

Please explain how new patients accessed NPLC services.

	Yes/No
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, CCAC, 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
Does 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	2%	
What NPLC programs/services are provided in French?		
We do not provide programs or services in French at this time. We have recently hired 2 francophone NP's and look forward to incorporating FLS services in '17-'18 as well as being able to advertise this to our community; FLS health services has been identified as a gap in SSM.		

1.4 Accessibility to Cultural and Language Services

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

Yes, we address linguistic and cultural needs of our patient population as the majority are English-speaking.

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 – 4:30pm Thurs: 8:30am – 4:30pm Fri: 8:30am – 4:30pm Sat: Closed Sun: Closed
When are NPLC services available after hours?	Extended hours: offered 1 evening/week Mon: Tues: 5-7pm Wed: 5-7pm Thurs: 5-7pm Fri: Sat: Sun:
Identify which programs are offered after hours:	- NP appointments (all types including episodic). - RSW appointments - RN appointments
Additional information:	
We find it difficult to extend hours on a daily basis with the small number of staff; for safety reasons, we require a minimum number of staff on site when seeing patients and to cover longer days/hours, we wouldn't have the consistent coverage needed to do this more than 1 evening/week. We regularly ask our patients what their preferred appointment times are to ensure we are addressing their needs when we can. To date, the majority of patients have identified 9AM – 12PM as their preferred appointment time.	

1.6 Timely Access to Care

Please provide information on how appointments were scheduled in 2016-2017.

Timely Access to Care	NP	Other IHP
Does the NPLC currently schedule appointments on the same day or next day (within 24 to 48 hours)?	Yes	No
If yes, what percentage of patients are 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)	*80-90%	N/A%

1.7 Other Access Measures

Please provide information on other types of access measures provided in 2016-2017.

Other Access Measures	NP	Other IHP
Percentage of NPLC practitioners who currently provide home visits?	0%	0%
Which types of IHPs perform home visits?		None
Number of home visits performed in 2016-2017	0	0
Emergency Department (ED) Diversion		
Does the NPLC have a strategy to divert rostered patients from the ED? (aside from advanced access)	Yes	
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)		
Our strategy to divert patients from the ED include:		
<ul style="list-style-type: none"> Offering after-hours clinics to extend the hours we are available to patients, including episodic appointments booked same-day/next-day and into the extended hour times. 		

- Utilizing triaging of calls to determine needs of the patient and if care at the clinic is appropriate and safe.
- Utilizing the best clinician available to provide the care/service needed to appropriately complete an assessment and initiate a plan of care.
- Provide patient awareness through pamphlets, clinic website and reminders about appropriate use of ED services.
- We have incorporated an ED discharge follow-up process with Sault Area Hospital – it is a fax-based system that allows ED physicians to request discharge follow-up to NPLC patients and also to notify the clinics of patients attending the ED.
- Patients are able to sign up for reminder calls of their upcoming appointments which ensures a lower “no-show” rate for regular appointments and hopefully deferring unnecessary ED use.

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

Patients are aware of our hours of operation through visible clinic signage on our front door, our automated phone system, and on our clinic's website. We also include our hours of operation on printed materials for patients.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children's Aid Society of SSM and Algoma; Algoma Family Services, Children's Psychiatry services (OTN)
Community Care Access Centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 Program
Developmental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
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 Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAMH OTN psychology clinics; STOP program; Sick Kids OTN

Public Health Unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Free Group, Post-partum mood disorder group, Infection Control Committee
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; CDSM at senior's 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 checked="" type="checkbox"/>	Thessalon NPLC – shared staff training opportunities
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 System Navigation and Care Coordination

Is the NPLC involved in Health Links?	Yes
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Describe up to three of the NPLC's most important or commonly used processes to navigate patients through the health care system. Examples include: referral protocols to link patients with other appropriate providers or organizations; coordination with hospital for post-discharge primary care; collaboration with CCAC for home care supports, other follow-up care, etc.

The top 3 processes used by the Algoma NPLC to support system navigation for our patients include:

1. 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; this improves patient navigation to these services.
2. Clinical team leaders: Utilizing our IHP's, specifically RSW and RN to provide guidance to our patients on accessing community resources and assisting them to navigate through the system.

3. Team education: we invite community agencies to come and provide education/training to our clinic team enhancing our knowledge of their services and how to access them. This also builds relationships with those agencies for future partnerships.

2.3 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

	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
Community Care Access Centre	None	Case conferencing; standard information, D/C forms. We have access to their patient record system as "read-only".
Emergency Department	None	Remote access available to hospital Meditech system only for providers with privileges; fax-based form to request NP follow-up after ED discharge.
Hospital	None	Remote access available to hospital Meditech system for providers with privileges; case conferencing when appropriate.
Laboratory Service	Full integration	
Other (specify):	Choose an item.	

Are 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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Are 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)	Yes
Lists of patients by laboratory results (e.g., HbA1C<9.0)	Yes and No
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

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

The Algoma NPLC transitioned to the AOHC Nightingale platform which provided access to the EMR's data management tool, "Data Miner". We continue to try and learn how to best use this complex tool. It is a lengthy, cumbersome task to try and pull useful patient statistics to assist us in planning. We do not have IT support to do this and the learning curve is quite steep. Not having adequate support to focus on using the data miner application is a limiting factor in allowing our clinic to enhance our data collection processes. Our clinic makes use of EMR options such as "alerts" and "recall lists" to manage clinical components to anticipate patient need.

2.4 Data Management Support

Please provide information on any data-management support activities in 2016-2017.

Does your organization use the services of any data management specialist?	No
If yes, how has this role helped your organization with quality improvement, program planning, and performance measurement?	

We would greatly appreciate the opportunity to access a data management/support specialist.

3.0 Other

3.1 Other Information and Comments

The Ministry of Health and Long-Term Care likes to promote the work done by NPLCs. Please describe any awards, acknowledgements or achievements from 2016-17.

In 2016, we completed our 5th year participating in the National Cervical Cancer Awareness campaign by offering week-long PAP campaign clinics for all women in SSM. Each year, we have been one of the only participants in our community to be a PAP clinic site. We have partnered with our local health unit to advertise and build this campaign in our community each year, and the number of patients seen has grown to our largest clinic yet with over 40 women participating.

Public Engagement Strategy: Does the NPLC have a formal mechanism to include patient and community input into NPLC planning and priorities?

At this time we do not have a formal mechanism to include patients and community partners in our planning and priority setting activities. However, we do gather patient feedback regarding different aspects of our practice and services, such as preferred appointment times and patient experience.

Does the NPLC have a formal process to include input from the Local Health Integration Network (LHIN) and other system and community partners?

No, at this time we do not have a formal process for including input from the NE LHIN or other system/community partners in our strategic plan or operational planning processes.

Is there anything else that the organization would like to communicate to the ministry regarding its activities in 2016-2017? Any challenges, opportunities and recommendations for the ministry can also be detailed in this space.

Opportunities:

- We continue to have a group of dedicated individuals on both our team and Board of Directors who are ready to continue to commit to the vision and NPLC model of care.
- We continue to foster community partnerships as well as look to embark on new local and provincial opportunities when they arise.
- We completed our strategic plan for 2016-2019 which included both board and staff engagement.
- The Board and staff appreciated the first installment of recruitment and retention funding received from the MOH and look forward to the continued priority of attaining parity with similar positions across Ontario.
- By the end of the '16-'17 fiscal year, we had recruited 4 full-time NP's!

Challenges:

- The initial investment in R&R funding was appreciated, however it continues to pose a lack of wage parity with similar positions in other sectors and could pose difficulties in retention of staff members, including NP's.
- Space continues to be a challenge as we currently operate out of 2800 ft² – for a clinic of our size, this space is quite limiting. We have been extremely creative to make it work for our patients and team; however we could be more efficient and effective in a more suitable space.
- 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 not available to support the volunteer board members in fulfilling their role at the clinic.

Recommendations:

- We require continued MOH funding increases to adequately support wage parity for all positions in the NPLC model.
- Approval for capital investment to expand our current space would enhance the Algoma NPLC's ability to run most effectively.
- The MOH should be investing in the governors of our clinics and provide governance training for NPLC boards.

Part B: 2017-2018 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 2017-2018. 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 2017-2018, 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 was updated in 2016 to:
"Together, improving quality of life through a collaborative health care team." This has been clearly articulated with staff, patients and partners. Staff members have a copy of the vision and mission and Strategic Plan for 2016-2019 and it has also been discussed at team meetings. It is on our website for easy access for patients and community partners and we have our values painted on the walls throughout the clinic. We are very proud of our vision, mission and values.*

2. Identify the strategic priorities for the NPLC that will apply to the 2017-2018 fiscal year.



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

These strategic priorities will support the Algoma NPLC in advancing the principles of access, integration/collaboration and quality improvement by aligning with our 2017-2018 Quality Improvement Plan. Our QIP will direct most of our activities and planning around these principles.

The Algoma NPLC is a collaborative, interdisciplinary team-based model of care delivery that incorporates many health care providers. Integrated care is delivered by all members of our team founded on providing timely, patient-centred, innovative, excellent primary care. Patients can see any of the providers on our team which allows us to provide greater access to primary care; the use of a common electronic medical record (EMR) facilitates continuity of care and shared care planning for our team.

We also work in collaboration with many health care partners. Through referral and case conferencing with those in the patients' circle of care, integration with the wider health care sector is achieved. Services are provided to patients who need assistance with navigating the health care system by many of our team members including the

social worker and registered practical nurses.

The Sault Ste. Marie Health Link began its pilot stage in 16/17; Algoma NPLC was a partner in this endeavour and participated on the steering committee, in training events and also by identifying registered patients who qualified for the program. The business case for our local health link program is now in the approval phase and we look forward to continuing our partnership to improve care coordination for our identified patients.

In addition, patients can access care through their primary care provider, but also have the opportunity to access services through our extended hours/evening clinics. Mental health services, nursing services and primary care services are all available in these extended hours to improve access for our patients.

We have also implemented a QIP committee this year that is led by members of our team; they are very engaged in moving forward our quality improvement change ideas and working with our entire team and our patients.

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 us with a project description including anticipated timelines and budget.

The Algoma NPLC has submitted a capital funding application for expansion of our current clinical space. We would like to expand into an additional 1100 ft² that is adjacent to our current leased space. We have agreement from our landlord to access this space, however are awaiting approval and funding from the Ministry to continue moving forward in the capital funding process which would allow us to better assess anticipated timelines and budget.

We currently do not have a staff room for our team; we have providers utilizing shared office space and have had to change 3 clinic exam rooms into office space to adequately support our clinicians and programs. We also pay for offsite storage as we do not have any storage space in our current location.

Part C: 2017-2018 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 efforts to strengthen organizational capacity to support quality improvement, all NPLCs are required to complete and submit this attestation. 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 and Long-Term Care.

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 would be greatly appreciated.

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:

Date of last Annual General Meeting	June 13, 2016
Frequency of Board meetings	Monthly (except July, August & December)
Date of Board's most recent strategic planning/operational review meeting	April 2, 2016
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
Quality Improvement	Yes
Finance/Audit	Yes
Human Resources/Personnel	Yes
Information Management	No
Governance	Yes

Strategic Planning:

	Y/N	Date created	Date of latest update	Comment	If 'No', please provide an explanation
NPLC has a current strategic plan with clear goals, objectives and monitoring?	Yes	2016	2016	The 2016-2019 strategic plan priorities and strategies were approved by the Board in October 2016.	
Latest progress report has been reviewed by the Board?	N/A			A progress report has not been presented at the time this report was completed.	

Board Governance:

	Y/N	Date created	Date of latest update	Comment	If 'No', please provide an explanation
A third of the Board members has experience serving on boards (or has received training)?	Yes				
NPLC has a current Board Policy manual?	Yes	2011	2016		
NPLC has a current document outlining the Board members' roles?	Yes	2011	2016		
NPLC has a current Board recruitment strategy document?	Yes	2011	2014		
NPLC has a signed agreement with Board members acknowledging the Conflict of Interest and Code of Conduct Policies?	Yes	2015	2016		
NPLC has policies that reflect a systematic approach to Board performance monitoring, including method	No				Under development

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and frequency?					
NPLC has a Board performance self-evaluation tool? Please indicate date of last use in 'Comment' section.	Yes	2014	2015		2015 – next evaluation due in Spring 2017
NPLC uses a skills matrix to identify gaps on the Board	Yes	2011	2014		

Board Fiduciary Functions:

	Y/N	Date created	Date of latest update	Comment	If 'No', please provide an explanation
NPLC has a current document outlining the Administrative Lead and Lead NP job descriptions?	Yes	2011	Admin Lead – Mar. 2017 NP Lead – Jan. 2017		
NPLC has an Administrative Lead and Lead NP performance evaluation tool/process? Please indicate date of last evaluation in 'Comment' section.	Yes	2011	2016	Last evaluations Completed: NP Lead – August 2016 Admin Lead – April 2017	
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'	Yes	2014	2016	Monthly dashboard report to board of directors, QIP and SP	

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section.		2013	2014		
NPLC has a current Financial Policies document that outlines the process for budget approval and ongoing monitoring?	Yes			- Financial Management Policy - Credit Card Policy - Monthly payroll compensation board sign-off for leadership team	
NPLC has a current Risk Management plan?	No				
NPLC has policies that reflect a systematic approach to Board performance monitoring, including method and frequency?	**Repeated Question				

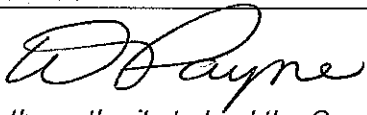
3. Compliance Attestation

	Y/N	If "No", please explain	Comments
NPLC has provided ministry with proof of incorporation (letters patent)	Yes		
NPLC has provided ministry with contact information for the two elected officers who are able to bind the corporation	Yes		
NPLC has a conflict of interest policy/process in place?	Yes		
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?	Yes		In the clinic policy manual and posted in our welcome area.
NPLC has provided ministry with timely submissions of their last 4 quarterly reports	Yes		
NPLC has provided ministry with audited documents within the allotted timeframe outlined in their funding agreement	Yes		
NPLC has repaid all funds owing to ministry and is in good standing	No		Interim recoveries have been made and in progress to confirm outstanding reconciliations.
All positions funded are employees of the NPLC or an exemption attestation to this requirement has been executed	Yes		
NPLC has provided ministry with proof of adequate insurance coverage	Yes		

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NPLC has demonstrated sound financial practices including: transparent financial reporting of revenues and expenditures, reasonable forecasting, securing approval prior to reallocating funds	Yes		
NPLC does not operate in a deficit	Yes		
NPLC has an average vacancy rate of less than 20% over the past 2 years	Yes		

Name of Organization:

Name of Board Chair:	Wendy Payne
Role of Board Chair:	"The chair shall preside at all meetings of the board and the Executive Committee." – By-law #1
Signature of Board Chair:	 <i>I have the authority to bind the Corporation</i>
Date:	MAY 1 / 17.

Part D: 2017-2018 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.

1.1 Reconfigured Human Resources Request for 2017-2018 - No net change in FTEs

Position	FTE (-/+)	Justification
Nurse Practitioner		
Registered Nurse	-0.2	With this change, RN will continue to provide the following services: diabetes clinics and foot care (RN is CDE certified), smoking cessation and STOP program, CDSM and pain management groups, QIP program development and monitoring, OTN dermatology, HTN program, injections, cryotherapy, RPN coverage when required
Registered Practical Nurse		
Pharmacist		
Psychologist		
Dietitian		
Health Educator/Promoter		
Mental Health/Social Worker (BSW)		
Social Worker (3 yrs. Ex + MSW)	+0.2	RSW has been temporarily increased to 1.0 for a number of years with NP vacancy funds. We would like to continue to provide full-time services including enhancing the following services: mental health counselling appointments, system navigation services, CDSM programming, OTN psychiatry program management, implement homecare mental health services
Respiratory Therapist		
Chiropodist/Podiatrist		
Case Worker/Manager		
Occupational Therapist		
Chiropractor		
Physician Assistant		
Physiotherapist		
Kinesiologist		
Other: (specify)		
Other: (specify)		
Sub-Total	0	

NPLC Annual Operating Plan Submission: 2017-2018

Administrative Lead		
Finance Manager		
Office Administrator/Manager		
Program Administrator		
Receptionist/Clerical		
Other: (specify)		
Other: (specify)		
Sub-Total	0	

1.2 New Human Resource Request for 2017-2018 - Increase in FTEs

Position	FTE (-/+)	Justification
Nurse Practitioner		
Registered Nurse		
Registered Practical Nurse		
Pharmacist		
Psychologist		
Dietitian		
Health Educator/Promoter		
Mental Health/Social Worker (BSW)		
Social Worker (3 yrs. Ex + MSW)		
Respiratory Therapist		
Chiropodist/Podiatrist		
Case Worker/Manager		
Occupational Therapist		
Chiropractor		
Physician Assistant		
Physiotherapist		
Kinesiologist		
Other: (specify)		
Other: (specify)		
Sub-Total	0	
Administrative Lead		
Finance Manager		
Office Administrator/Manager		
Program Administrator		
Receptionist/Clerical		
Other: (specify)		
Other: (specify)		
Sub-Total	0	

Part E: 2017-2018 Proposed Operating Budget Amendment - Optional

The 2017-2018 Proposed Operating Budget Amendment (attached) is an optional section of the Annual Operating Plan Submission Package.