

Nurse Practitioner-Led Clinic

Annual Operating Plan Submission: 2018-2019

NPLC Name: Algoma NPLC

Date of Submission:

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
 - 2017-2018 Annual Report
 - 2018-2019 Service Plan
 - 2018-2019 Governance and Compliance Attestation
- The completed submission has been returned to the ministry on or before **May 31, 2018.**

Signature of NPLC Board Chair or alternate Board authority:



Wendelyn Payne

I have the authority to bind the corporation

Print NPLC Name:

Algoma NPLC

Date: Click here to enter a date.

MAY 17/18

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 four sections:

PART A: 2017-2018 Annual Report - **mandatory**

PART B: 2018-2019 Service Plan - **mandatory**

PART C: 2018-2019 Governance and Compliance Attestation – **mandatory**

PART D: 2018-2019 Human Resource Changes - **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 Local Health Integration Networks (LHINs) 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 no later than **May 31, 2018**.

Notes:

Opportunities for increases to NPLC operating budgets in 2018-2019 are limited. NPLCs are encouraged to base their 2018-2019 budgets on their existing allocation and to work closely with their ministry representative to address any unforeseen operational pressures using the in-year reallocation process. If a NPLC is seeking funding for any additional resources in 2018-2019, the request must be justified by the submission of a detailed business case.

Part A: 2017-2018 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 2017-2018. Please also state the actual number of patients rostered on March 31, 2018.

Patient rostering	Target March 31, 2018	Actual March 31, 2018
Number of rostered patients	1800	1829
Is the NPLC rostering new patients?	No	
If the target was not met, please explain why and outline your plan to meet this target:		
<p>A higher target will be set as we gain stability in our NP staffing levels and as they gain experience.</p>		

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

- We have partnered with the local College to provide primary care services to registered students who do not have a primary care provider in the City of Sault Ste. Marie
- Community based programming to manage chronic health conditions: Chronic Disease Self-Management Groups and Chronic Pain Self-Management Groups are run for registered and non-registered patients throughout the year.
- Annual Pap clinics and cervical cancer screening campaign for registered and non-registered patients
- Community flu vaccine clinics with partner groups during flu season
- Smoking Cessation group and program development with Algoma Public Health

1.2 Patient Rostering – Access for New Patients in 2017-2018

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, 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

Does the NPLC serve patients whose mother tongue is French, or patients who are more comfortable speaking French?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, provide an estimate of how many patients	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 will be delivered in French.		

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.

The linguistic and cultural needs of our patient population are addressed when possible. 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: 8:30 am – 4:30pm Tues: 8:30 am – 4:30pm Wed: 8:30 am – 4:30pm Thurs: 8:30 am – 4:30pm Fri: 8:30 am – 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:	
In previous years we offered extended hours on differing days of the week and patient feedback indicated this process was confusing to know when the clinic was open. As a result of this feedback we now have consistent extended hours being offered every Wednesday. We monitor our patient appointment preference as well as ER usage by our registered patients in an effort to gage the need for alternative hours of operation.	

1.6 Timely Access to Care

Please provide information on how appointments were scheduled in 2017-2018.

Timely Access to Care	NP	Other IHP
Does the NPLC currently schedule appointments on the same	Yes	Yes

day or next day (within 24 to 48 hours)?		
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)	20%* Based on QIP pt survey results	N/A%
	60%* Based on staff report	

1.7 Other Access Measures

Please provide information on other types of access measures provided in 2017-2018.

Other Access Measures	NP	Other IHP
Percentage of NPLC practitioners who currently provide home visits?	0%	0%*
Which types of IHPs perform home visits?		Our RSW has recently begun providing brief clinical services to school aged children who are registered patients of the NPLC directly in the community in an effort to bridge the gap of wait time for children's mental health and improve the outcomes of counselling as service is being offered in the child's environment.
Number of home visits performed in 2017-2018	0	9
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:

- Offering after hours appointments to extend the hours we are available to patients, including episodic appointments which are booked same day/next day
- Utilizing triaging of calls to determine needs of the patients and if care at the NPLC 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. New patients registering are also provided a face to face introduction appointment where services are reviewed including accessing same day/next day appointments.
- ED discharge follow-up process with Sault Area Hospital which allows ED physicians to request discharge care to NPLC patients
- Patient ID cards have been created and given to patients to bridge communication gaps between the NPLC and SAH, ensuring that registered patients of the NPLC are accurately identified and any pertinent documentation or notification of ED visit is communicated in a timely fashion.
- Utilize a reminder call system for upcoming appointments which ensures a lower “no-show” rate for appointments with the goal of minimizing unnecessary ED use.
- Collaborative partnership with Sault College to provide primary care services to registered students who are not from the Algoma Region. This has diverted students from utilizing walk in clinics/ED for non-urgent episodes.

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

Patients are made aware of our hours of operation through visible signage located on the front entrance of the clinic, our automated phone systems and the clinic website. Any printed materials distributed to patients (including the “New Patient Welcome Package”) also include our hours of operation.

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, Algoma Family Services, Sick Kids Psychiatry (OTN), Thrive Children's Rehab Centre, Algoma District School Board
LHIN – Home and Community Care	<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
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"/>	Tobacco Free Group,
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 checked="" type="checkbox"/>	North Channel NPLC; joint staff training and collaboration on patient care
Long-Term Care Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (specify)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sault College Student Health Services

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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How does 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.

1. Referrals: Utilizing referral protocols to link patients with other providers and organizations. We also use OTN services for specialties that are either not available locally or have a long wait time to access them.
2. Clinical team leaders: Utilizing IHP's, specifically RSW and RN to provide guidance to our patients on accessing and navigating community resources
3. 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.

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
LHIN – Home and Community Care	None	Case conferencing; standard information, D/C forms. NPLC has access to their patient record system in “read only” format.
Emergency Department	None	Remote access available to SAH EMR system only for providers with privileges; fax-based forms from SAH ED to request NP/IHP f/u post d/c.
Hospital	None	Remote access available to SAH EMR system for providers with privileges; case conferencing/IHP collaboration 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

Do 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	<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 is 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. This EMR has been purchased by a new EMR company and a migration to the new platform is anticipated later this year. The new EMR platform will have enhanced features and capabilities for data collection and the necessary IT supports will be available to assist in identifying the needs of our clinic.

2.4 Data Management Support

Please provide information on any data-management support activities in 2017-2018.

Does your organization use the services of a Quality Improvement and Information Management Support (QIIMS) position?	No
If yes, how has this role helped your organization with quality improvement, program planning, and performance measurement? Please describe any challenges and successes.	

The QIIMS role in the NE region has only recently been developed and we look forward to having access to a data management specialist.

3.0 Other

3.1 Other Information and Comments

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

The Algoma NPLC gathers patient feedback regarding different aspects of our practice and services, such as preferred appointment times and patient experience.

The Ministry of Health and Long-Term Care likes to promote the work done by NPLCs. Please describe any awards, acknowledgements or achievements from 2017-18.

In October of 2017 the Algoma NPLC celebrated our 5th anniversary of operation. We celebrate ongoing patient registration, growth of programming and services and retention of staff. We have 4 staff that have been with the clinic since opening day and this year we have retained 3 NP's with our 4th starting in June 2018.

We were able to register new patients with the clinic in 17/18 and ended the year surpassing our goal of 1800 registered patients (March 31/2018: 1889). We look forward to the coming year where we can assess the needs of our new patients and the community and develop programs and services to promote improved health and wellness.

Is there anything else that the organization would like to communicate to the ministry regarding its activities in 2017-2018? 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 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 will be looking towards the future to develop strategies to advocate for future expansion opportunities.
- 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:

- Approval of phase 2 of our capital funding application: business case proposal which will outline our expansion strategy which will be submitted later this year.
- We require continued MOH funding increases to adequately support wage parity for all positions in the NPLC model.
- Investment in the governors of our clinics and provide governance training for NPLC boards.

Part B: 2018-2019 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 2018-2019. 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 2018-2019, 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 Algoma NPLC Vision Statement "Together, improving quality of life through a collaborative health care team" is integrated in our communications with patients, staff and partners. Referencing our mission and vision statements in decision making for any changes to programs and services has ensured that we maintain the framework for providing a collaborative health care approach.

2. Identify the strategic priorities for the NPLC that will apply to the 2018-2019 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.

It has been identified that we have accomplished many of the strategic priorities set forth in the Strategic Plan 2016-2019. While we intend to begin working on a new Strategic Plan for 2019-2022 later this year, we felt that in order to accomplish some the current initiatives, we would need to expand our current Strategic Plan. In late 2017, our strategic planning committee has identified "fostering growth and development" as a priority for this year. This priority will assist us as we develop a business case to the MOHLTC for expansion opportunities.

The strategic priorities will support the Algoma NPLC in advancing the principles of access, integration/collaboration and quality improvement by aligning with our 2018-2019 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.

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.

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 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: 2018-2019 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 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:

1. Date of last Annual General Meeting	June 12, 2017
2. Frequency of Board meetings	Monthly (except July, August & December)
3. Date of Board's most recent strategic planning/operational review meeting	January 26, 2018
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	Yes
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
 yes
 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	2016	2018	The 2016-2019 strategic plan priorities were approved by the Board in October 2016.	
12. Latest Strategic Plan progress report has been reviewed by the Board?	Yes	n/a	2018		

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				
14. NPLC has a current Board Policy manual?	Yes	2011	2016	current works being done on Terms of Reference for standing committees	
15. NPLC has a current document outlining the Board members' roles?	Yes	2011	2016	& we are completing out transfer to a web based board manual	

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<p>16. NPLC has in place a Board Orientation Package for new Board members?</p>	<p>Yes</p>			<p>currently described process in bylaws. - a formal orientation guide is in the works.</p>	
<p>17. NPLC has a current Board recruitment strategy document?</p>	<p>Yes</p>	<p>2011</p>	<p>2014</p>	<p>added a board member application form last year</p>	
<p>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?</p>	<p>Yes</p>	<p>2015</p>	<p>2016</p>		
<p>19. NPLC has policies that reflect a systematic approach to Board performance monitoring, including method and frequency?</p>	<p>Yes</p>	<p>2017</p>	<p>2018</p>	<p>Evaluation tools of monthly board meetings are completed at the end of each meeting. Board chair evaluation to be is conducted annually Board member self evaluations and standing committee evaluations implemented in 2017-18</p>	
<p>20. NPLC has a Board performance self-evaluation tool? Please indicate date of last use in 'Comment' section.</p>	<p>yes</p>	<p>2014</p>	<p>2013 2017-18</p>	<p>currently doing whole board evaluation</p>	

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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	Admin Lead: March 2017 NP Lead: Jan 2017		
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	Last Evaluation: Admin Lead: April 2017 NP Lead: August 2016	We have a new NP Lead - his performance evaluation will be done in the fall/18. - Admin lead is currently on maternity leave.
23. 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.	Yes	2014	2018	Monthly report to Board of Directors, QIP and SP	- we updated our dashboard this year.
24. NPLC has a current Financial Policies document that outlines	Yes	2013	2016		<ul style="list-style-type: none"> • Financial Management Policy • Credit Card Policy <i>added</i>

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the process for budget approval and ongoing monitoring?									
25. NPLC has a current Risk Management plan?	No								

- Payroll compensation (board sign off for leadership team)


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		
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		A 2 day casual contract was given for a medical receptionist to assist us on a day we had no regular admin staff present at the clinic.
32. NPLC has demonstrated sound financial practices including: transparent financial reporting of revenues and expenditures, reasonable forecasting, securing approval prior to reallocating funds.	Yes		

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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.	No		

Name of Organization:

Name of Board Chair:	Wendelyn A Payne .
Signature of Board Chair: 	I have the authority to bind the Corporation
Date: MAY 17 / 18 .	

Part D: 2018-2019 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 2018-2019 - No net change in FTEs

Position	FTE (-/+)	Justification
Nurse Practitioner		
Registered Nurse	-0.2	This was requested and approved in 2017/208 submission. The RSW position has taken on smoking cessation tasks.
Registered Practical Nurse		
Pharmacist		
Psychologist		
Dietitian		
Health Educator/Promoter		
Mental Health/Social Worker (BSW)		
Social Worker (3 yrs. Ex + MSW)	+0.2	Increased workload from RN decrease; completing smoking cessation duties, ongoing provision of mental health services, program management and community education
Respiratory Therapist		
Podiatrist		
Case Worker/Manager		
Occupational Therapist		
Chiropractor		
Physician Assistant		
Physiotherapist		<i>was this in 2017?</i>
Kinesiologist		
Other: (specify)		
Other: (specify)		
Sub-Total	0	
Administrative Lead		
Finance Manager		
Office Administrator/Manager		
Program Administrator		
Receptionist/Clerical		<i>Do we usually request this here?</i>
Other: (specify)		
Other: (specify)		
Sub-Total	0	

NPLC Annual Operating Plan Submission: 2018-2019