

## **Nurse Practitioner-Led Clinic**

### **Annual Operating Plan Submission: 2020-2021**

NPLC Name: Algoma Nurse Practitioner-Led Clinic

Date of Submission: September 30, 2020

Primary Health Care Branch  
Ministry of Health

*\*Version française disponible sur demande*

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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
  - 2019-2020 Annual Report
  - 2020-2021 Service Plan
  - 2020-2021 Governance and Compliance Attestation

<p><b>Signature of NPLC Board Chair or alternate Board authority:</b></p>  <p><i>I have the authority to bind the corporation</i></p> <p>Print NPLC Name: Algoma Nurse Practitioner-Led Clinic</p>	<p><b>Date:</b> <a href="#">Click here to enter a date.</a></p> <p><i>Sept. 30, 2020</i></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. The submission is comprised of four sections:

PART A: 2019-2020 Annual Report - **mandatory**

PART B: 2020-2021 Service Plan - **mandatory**

PART C: 2020-2021 Governance and Compliance Attestation - **mandatory**

PART D: 2020-2021 Human Resource Changes - **optional**

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

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

Please submit the completed Annual Operating Plan Submission electronically to the NPLC's Senior Program Consultant **by mid-September 2020**. In recognition of the challenges posed by the COVID-19 pandemic, the ministry is being flexible with the timeline and is not imposing a specific due date.

## Part A: 2019-2020 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 2019-2020. Please also state the actual number of patients rostered on March 31, 2020.*

Patient rostering	Target March 31, 2020	Actual March 31, 2020
Number of rostered patients	2140	2037
Is the NPLC rostering new patients?	No	
<b>If Yes, please confirm the following:</b>		
a. <i>Number of NPs accepting new patients: this fall 3 NPs will be accepting new patients</i>		
b. <i>Please estimate the NPLC's capacity to accept new patients (specify # of patients) We would like to be back at 2100 patients by march 2021</i>		
c. <i>The community has been made aware that the NPLC is accepting new patients, e.g. via a website or other public communication We have a good number of registration forms waiting to be processed (300-400)</i>		
<i>Additional details (optional):</i>		
<p>In 2019-2020 AOP we mentioned that we opted for a prudent approach in regards to Intaking new patients. The rationale for this decision was a concern about maintaining Capacity to provide care with 2 of our NPs going on maternity leave. However, as Indicated, in the previous AOP, we did intake 45 patients in the fall of 2019.</p>		

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

Unfortunately, as a result of multiple factors, we lost approximately 100 patients. The 2 main reasons for loss of patients were patients finding a physician and relocations. We have a good relationship with the FHTs in our region so we attempted to address the issue. The outcome of our discussions was that there is currently no way to verify a patient rostered to an NPLC. Until this obstacle to patient retention in NPLC is addressed, this kind of exodus toward physician based model is likely to continue. We also identified that there is a need to further promote the care NPs can provide and clearly communicate to patients that NPs are not a temporary primary care fix until they are accepted in a physician practice.

Additionally, our NP coverage for both our maternity leaves consisted of 2 novice NPs who just graduated from university. Given the level of complexity of our patient roster, it would have been unwise to increase our numbers. Finally, the COVID19 pandemic significantly interfered with our plans to intake new patients.

With the return of both permanent NPs this fall, the objective is to add an additional 50-100 patients to our caseload by March 2021.

*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 2019-2020.*

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

- Community Flu vaccine clinics with partner groups during the fall of 2019.
- Mental Health and pain management programming are being planned with partner organizations to offer these services to the community.

An estimate of non-rostered patients served in 2019-2020 is 200.

## **1.2 Patient Rostering – Access for New Patients in 2019-2020**

*Please explain how new patients accessed NPLC services.*

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

### 1.3 French Language Services

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

### 1.4 Accessibility to Cultural and Language Services

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

### 1.5 Regular and Extended Hours

	NPLC
What are your regular hours of operation when patients can access services (e.g., Mon: 9-5, Tues. 8-4, etc.)?	Hours of operation: Mon: 830am-430pm Tues: 830am-430pm Wed: 830am-730pm Thurs: 830am-430pm Fri:830am-430pm Sat: Closed Sun: Closed
When are NPLC services available after hours?	Extended hours: Mon: Tues: Wed: 430-730 Thurs: Fri: Sat: Sun:
Identify which programs are offered after hours:	All primary care and allied health services are offered in extended hours
<b>Additional information:</b>	
N/A	



### 1.6 Timely Access to Care

Please provide information on how appointments were scheduled in 2019-2020.

Timely Access to Care	NP	Other IHP
Did the NPLC schedule appointments on the same day or next day (within 24 to 48 hours)?	Yes	Yes
If yes, what percentage of patients is able to see a practitioner on the same day or next day, when needed? (Please indicate with an asterisk "*" if the value entered is an estimate)	87.45% * Based on EMR Records  41% *Based on QIP Survey	N/A

### 1.7 Other Access Measures

Please provide information on other types of access measures provided in 2019-2020.

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 2019-2020	0	0
Did IHPs provide any virtual care (e.g. telephone/video/online)?		Yes
<b>Emergency Department (ED) Diversion</b>		
Did 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)

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

#### Episodic Appointments

Each NP has episodic appointments that are available to patients daily. If a patient calls requesting an episodic appointment, they are triaged by the RPN to determine urgency of appointment.

#### After Hours Clinic

The NPLC extends hours of operation one night a week to provide increased access to care. Episodic appointments are also available to patients during these extended hours.

#### Triaging

Patients are triaged through reception, RPNs, and other providers when necessary, to determine if providing care at the clinic is appropriate and safe.

#### Patient Awareness

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

#### Hospital Discharge Follow-Up

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

We have optimized our internal process for the management of discharges from the hospital. As per the recommendation from HQO, if timely notification is received, patients who are discharged from the hospital receive a follow up from the most appropriate clinician within 7 days of their discharge. This intervention should help improve continuity of care and make transitions from hospital to home safer. Ultimately, this should decrease the rehospitalization rates and ER visits

Patient ID Cards

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

Appointment Reminder System

An appointment reminder system is used to remind patients of upcoming appointments at the NPLC. Reminders are sent by either phone, text or email, depending on patient preference. This system ensures a lower “no show” rate for appointments with the goal of minimizing unnecessary ED use.

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

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

## 2.0 Integration and Collaboration

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

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

### 2.1 Service Integration and Collaboration with Other Agencies

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

	Coordinated Care Plan	Memorandums of 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"/>	
LHIN – Home and Community Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature of memorandum of understanding is still pending as we are trying to understand how the transition to the OHT will impact our relationship with the LHIN. However, collaboration with the care coordinator is ongoing
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"/>	PACT, community living Algoma
Developmental Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Living Algoma

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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) Psychiatry, 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"/>	
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"/>	Shared Chronic Pain Management and Mental Health Programming with Superior FHT
NPLC: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long-Term Care Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

None at this time

**2.2 Local Planning and Community Engagement**

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

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The NPLC is regularly engaged in discussions with other primary care organizations and professionals. These interactions continue to show a dire need for a chronic pain management program in our community. Planning work led by the NPLC in collaboration with a FHT and allied professionals from other primary care organizations is still ongoing. The tentative go live date is beginning of November 2020.

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

During 2019-2020 the Algoma NPLC did not participate in any LHIN-led initiatives. However, the NPLC is a part of the Algoma Ontario Health Team. We have had a prominent involvement in the application and planning process. We look forward to the new opportunities to participate with other organizations in the community to provide integrated and coordinated care delivery.

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

The Algoma NPLC has a patient comment box that is located in the clinic waiting room. Patients are given the opportunity to provide feedback on services and care at the NPLC and provide any suggestions they may have. Additionally, patients filling out a patient experience survey have the opportunity to leave comments at the end of their survey. The input that is gathered from these comments is then taken into consideration when decisions are made at the clinic regarding planning and priorities.

*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 Algoma NPLC has been heavily involved in the development of the Algoma Ontario Health Team. Members of our team have been a part of working groups created to complete the initial OHT application, and the final approved submission. Our Executive Director is a part of the OHT Leadership Council, as well as leading collaboration with these organizations to determine quality improvement initiatives within the Algoma OHT. We are also collaborating with other primary care organizations within the Algoma OHT to highlight the importance of primary care within Ontario Health Teams.

**2.3 System Navigation and Care Coordination**

Was the NPLC involved in Health Links?	No
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*How did the NPLC help navigate patients through the health care system? Please provide up to three examples, i.e.: referral protocols to link patients with other appropriate providers or organizations; coordination with hospital for post-discharge primary care; LHIN collaboration for home care supports, other follow-up care, etc.*

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

Clinical team leaders  
Utilizing IHP’s, specifically RSW and RN to provide guidance to our patients on accessing and navigating community resources.

Post discharge follow ups:

Patients are contacted after a hospitalization or an ER visit to inquire about potential needs requiring primary care follow-up or referral to community partners

Team education

We invite community agencies to 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.

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

*Please provide information on your EMR*

Which EMR vendor/version is being used?		
Accuro EMR		
	<b>Level of integration</b> 1) None 2) Read-only 3) Full integration	If no EMR integration, are other data-sharing arrangements in place (e.g., case conferencing)? Please provide any other comments
LHIN – Home and Community Care	Read-only	Case conferencing; standard information, D/C forms. NPLC has access to their patient record system in “read only” format.
Emergency Department	Read-only	Discharge summaries are integrated into our EMR through HRM. Additionally, a brief discharge notices is submitted by the SAH ED (faxed).



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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
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)		Yes
Lists of patients by laboratory results (e.g., HbA1C<9.0)		Yes
Lists of patients who are due or overdue for tests or preventative care (e.g., flu vaccine, colonoscopy)		Yes
Lists of all medications taken by an individual patient (including those ordered by other providers)		no
Lists of all patients taking a particular medication		Yes
Lists of all laboratory results for an individual patient (including those ordered by other providers)		yes
Provide patients with clinical summaries for each visit		Yes

Did NPLC patients have access to the following patient-facing online services?	Yes	No
Direct email communication with the NPLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
View patient test results	<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.**

2019-2020 was the clinic's first year using Accuro EMR. Accuro provides data extraction service that is superior than that of NOD. It is more user friendly, and is able to more accurately represent our patient statistics. As we had used NOD data miner for so long, it has been a learning curve to ensure we are building appropriate queries in Accuro. With the help of our QIIMS specialist, we have now built queries that provide more accuracy for our quarterly reporting statistics. We have also been able to use these patient statistics to make informed decisions regarding preventative care requirements (Ex/ cancer screening) and quality

improvement initiatives like the follow up assessment offered to patients within 7 days after discharge from the hospital, when timely notification is received.

During the first month of the COVID-19 pandemic, we were able to use these patient statistics to identify vulnerable patients within our clinic. We were then able to reach out to these patients to determine if they had any concerns or needs during these unprecedented times.

## 2.5 Data Management Support

*Please provide information on any data-management support activities in 2019-2020.*

<p>Did your organization use the services of a Quality Improvement and Information Management Support (QIIMS) position?</p>	<p>Yes</p>
<p>If yes, how did this role help your organization with quality improvement, program planning, and performance measurement? Please describe any challenges and successes.</p>	
<p>The QIIMS position has been a great resource for the Algoma NPLC. In April 2018, a collaboration and data sharing agreement was created and a Steering Committee composed of the administrative and/or clinical leads from each of the NPLCs in the Northern region was created. There were many successes working with this position including:</p> <ol style="list-style-type: none"> <li>1. They were able to assist in creating customized queries to tabulate patient statistics in our new EMR system. This yielded statistics with greater accuracy for quarterly reporting and QIP indicators.</li> <li>2. Supported the Algoma NPLC in standardizing codes and aided data clean up when transitioning to our new EMR system.</li> </ol>	

3. This position aided in streamlining the patient experience survey process at the clinic to standardize across NPLC's; and
4. Created an outcomes indicator framework for the Ontario NPLC model

### **3.0 Other**

#### **3.1 Other Information and Comments**

*The Ministry of Health likes to promote the work done by NPLCs. Please describe any awards, acknowledgements or achievements from 2019-20.*

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

In February 2020, we finalized an agreement with the local branch of the Arthritis Society which aims to provides in kind treatment to patients living with functional limitations or chronic pain resulting from an Arthritis related conditions. The services will be available for both clinic-rostered and community patients

*Is there anything else that the organization would like to communicate to the ministry regarding its activities in 2019-2020? Any challenges, opportunities and recommendations for the ministry can also be detailed in this space.*

Opportunities:

- Ongoing fostering of community partnerships to address the growing needs of our patients and develop innovative strategies to the delivery of primary care services.
- 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 the patient populations in our community.
- 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 further explore growth and development opportunities.
- We are excited to explore how leveraging digital technology will help us provide more patient centered care (online scheduling, telemedicine, online access to medical information)

Challenges:

- Space continues to be a challenge as we currently operate out of 2800 square feet. We are currently working on a capital expansion plan to obtain a space that is sufficient to meet the growth of the clinic. This will allow us to provide optimal care to the patients of the clinic.
- With our 4.6% decrease to our annual budget for the 2019-2020 fiscal year, we have kept our second RPN at a 0.6 FTE. This has increased the workload of our 1.0 FTE and risks impacting directly and/or indirectly patient's access to care.
- As we are working towards expansion of clinic space we are faced with the challenge of having to manage future increased rental cost without indication of matching additional funding.
- Currently NPLCs are unable to tell their performance and quality story due to the inability to roster patients. (inability physician based provincial tools)
- Governance support and education – NPLC community led boards require support and education. It is difficult to recruit and retain board members when proper education and training is limited in its availability.

Recommendations:

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

## Part B: 2020-2021 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 2020-2021. 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.

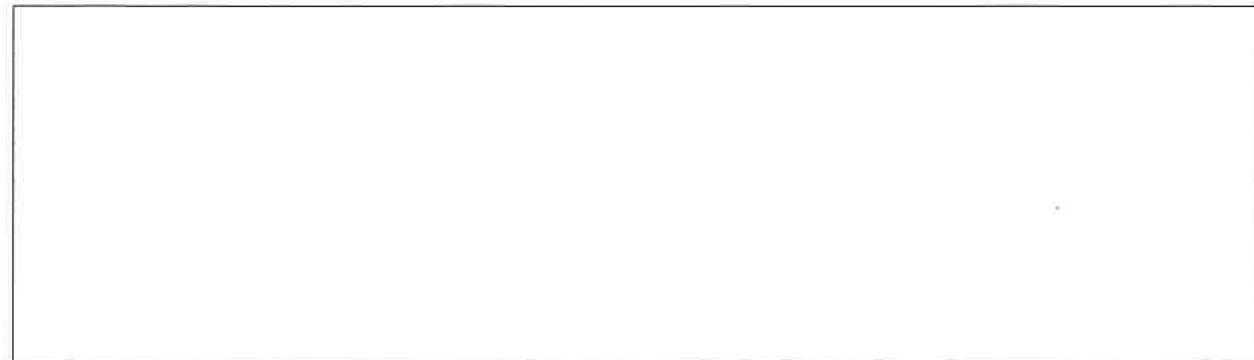
In this section, NPLCs are provided with the opportunity to identify their strategic priorities and broader vision for 2020-2021, with an emphasis on the activities planned in the areas of access and integration, collaboration and quality improvement.

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

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

2. *Identify the strategic priorities for the NPLC that will apply to the 2020-2021 fiscal year.*

- *FIND NEW PATHS IN HEALTH PROMOTION AND DISEASE PREVENTION*
- *INCREASE ACCESSIBILITY THROUGH INNOVATION*
- *FOSTER GROWTH AND DEVELOPMENT*



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

**FIND NEW PATHS IN HEALTH PROMOTION AND DISEASE PREVENTION**

It is now accepted that most chronic diseases are a result of habits. This implies that changes in habits have the potential to be powerful strategies to improve disease prevention and chronic disease management. However, these changes need to be supported with adequate education on the essentials of healthy lifestyle. During 2020-2021, we want to focus on providing education to patients that will empower and compel them to integrate, in their lifestyle, health strategies that will improve their overall health and specifically enhance the management of their chronic disease, whether it is depression diabetes, COPD, hypertension or coronary artery disease. For example, we are planning to offer the Craving Change program to our patients who recognize that their troublesome eating habits are a result of emotional dysregulation. Additionally, we will endeavor to continue our efforts to identify and implement indicators that can inform us on the effectiveness of different initiatives. For example, the number of patients who have increased their intake of fruits and vegetables or number of exercise sessions per week after seeing our nurse for healthy lifestyle encounters. We also want to fine-tune tracking health outcomes of patients living with chronic diseases.

We are also collaborating with other health organization to create a group program for patients living with chronic pain and another one for individuals living with anxiety and depression. These exciting opportunities will undoubtedly increase access to care that is not currently available in our region.

**INCREASE ACCESSIBILITY THROUGH INNOVATION**

The Clinic will continue its move towards more effective ways to provide optimal care in the right place by the right person at the right time.

The COVID 19 pandemic has changed healthcare delivery in many ways. An important lesson it highlighted is the underutilization of telemedicine specialty programs. During 2020-2021, with the help of OTN, the NPLC will endeavor to expand its relationship with healthcare providers and medical specialists who

are offering telemedicine consultation. This innovation will certainly shorten wait time, significantly enhance access to specialty care and improve disease management as a result of more timely expert assessments.

**FOSTER GROWTH AND DEVELOPMENT**

the NPLC is currently in the planning phase of a capital expansion project. This work is indispensable to our ability to further improve the comprehensive care offered to the community. Here are just 3 examples of expected benefits from the expansion. Firstly, a larger space would improve access by making in house phlebotomies possible. It would also allow us to have a space dedicated to OTN consultations. Finally, the expansion would enable us to offer group programming in house and potentially welcome new members to our team.

The NPLC is currently funded for 4 NPs. The Sault Ste. Marie community has unfortunately been facing a critical shortage of primary care providers for years. This access challenge can be partly addressed by adding an additional NP to our team. Also, the complexity of our patient population requires a comprehensive approach to primary care that is only possible via the participation of a strong allied health team. Additional funding for part time physiotherapy, social work and/or nutrition would continue to enhance the access and the quality of the care the clinic offers to the community.

Foster growth and development also means creating strong relationships with OHT and community partners. As mentioned elsewhere, these relationships are essential to key quality improvement components of a patient's trajectory within the healthcare system. For example, optimal communication between primary care and acute care can be a potent protector against rehospitalization and ER visits. Furthermore, collaboration with partners will help us create and implement strategies and services which will improve access to care.

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

*The ANPLC submitted a capital expansion project application 2016-2017. The planning grant (175,000\$) was provided in 2018. We are now moving towards completing the last step of the business case. The main objective of this step is to obtain an architectural assessment of the potential spaces being considered. The current tentative deadline for this step is December 2020.*

## **Part C: 2020-2021 Governance and Compliance Attestation**

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

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

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

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

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



## 1.0 Governance Attestation

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

### Board Practices:

1. Date of last Annual General Meeting	June 8, 2020
2. Frequency of Board meetings	Monthly (except July, August, & December)
3. Date of Board's most recent strategic planning/operational review meeting	April 8, 2019
4. Does the Board regularly review and update bylaws? How often?	Yes, annually

### Board Structures:

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

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?	Y	2019	2019	The 2019-2022 Strategic Plan Priorities were approved by the board in April 2019	
12. Latest Strategic Plan progress report has been reviewed by the Board?	Y		June 8, 2020	The Executive Director provides updates on the strategic plan progress report monthly to the board.	

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)?	Y				
14. NPLC has a current Board Policy manual?	Y	2011	2020	Updates were made on Terms of Reference for standing committees, board policies, organizational chart.	
15. NPLC has a current document outlining	Y	2011	2016		

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the Board members' roles?						
16. NPLC has in place a Board Orientation Package for new Board members?	Y					Currently described process in by-laws
17. NPLC has a current Board recruitment strategy document?	Y	2011	2016			
18. NPLC has a conflict of interest policy/process in place and a signed agreement with Board members acknowledging the Conflict of Interest and Code of Conduct Policies?	Y	2011	2019			
19. NPLC has policies that reflect a systematic approach to Board performance monitoring, including method and frequency?	Y	2017	2018			- Evaluation tools of monthly board meetings are completed at the end of each meeting. - Board Chair evaluation conducted annually - Board evaluation conducted annually
20. NPLC has a Board performance self-evaluation tool?	Y	2014	2019			- Completed annually. Last used June 2020.

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Please indicate date of last use in 'Comment' section.					
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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?	Y	2011	2020	-There is no longer an Admin Lead position at the NPLC - The clinic is now led by an ED/ NP Lead. Job description has been updated to reflect the new role	
22. NPLC has an Administrative Lead and Lead NP performance evaluation tool/process? Please indicate date of last evaluation in 'Comment' section.	Y	2011	2016	- October 1 <sup>st</sup> 2019	
23. NPLC has a current Performance Measures document (beyond required ministry quarterly and QIP annual reporting) monitored by the Board on an ongoing basis?	Y	2014	2018	Monthly report to Board of Directors and dashboard presentation.	

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Please provide brief description of document in 'Comment' section.					
24. NPLC has a current Financial Policies document that outlines the process for budget approval, report approval and ongoing monitoring?	Y	2013	2020		
25. NPLC has a current Risk Management plan?	Y	2020	2020	A new risk management plan was created by operations and approved by the board May 2020.	


## 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.	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.
27. NPLC has provided ministry with timely submissions of their last 4 quarterly reports.	Y		
28. NPLC has provided the ministry with Annual Operating Plan Submission by the established deadline for the past 2 years.	Y		
29. NPLC has provided ministry with audited documents within the allotted timeframe outlined in their funding agreement.	Y		
30. NPLC has repaid all funds owing to ministry and is in good standing.	N		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	Y		

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requirement has been executed.			
32. NPLC has demonstrated sound financial practices including: transparent financial reporting of revenues and expenditures, reasonable forecasting, securing approval prior to reallocating funds.	Y		
33. NPLC does not operate in a deficit.	Y		
34. NPLC has an average vacancy rate of less than 20% over the past 2 years.	Y		
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.	Y		
36. The NPLC is partnering and consulting with its Local Health Integration Network (LHIN) on health planning and is participating in LHIN-led initiatives (e.g. sub-region work)	N		The NPLC is actively involved in health planning discussion within the OHT leadership council.

**Name of Organization:**

<b>Name of Board Chair:</b>	<b>Doug Abbott</b>
<b>Signature of Board Chair:</b>	 <i>I have the authority to bind the Corporation</i>

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Date:

*Sept 30, 2020*



## **Part D: 2020-2021 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 2020-2021 - No net change in FTEs**

Position	FTE (-/+)	Cost per position based on NPLC's compensation guide (-/+)	Justification
Nurse Practitioner			
Registered Nurse			
Registered Practical Nurse			
Pharmacist			
Psychologist			
Dietitian			
Health Educator/Promoter			
Mental Health/Social Worker (BSW)	+0.4	\$29,659.2	Please see attached business case
Social Worker (3 yrs. Ex + MSW)			
Respiratory Therapist			
Podiatrist			
Case Worker/Manager			
Occupational Therapist			
Chiropractor			
Physician Assistant			
Physiotherapist			
Kinesiologist			
Other: (specify)			
Other: (specify)			
<b>Sub-Total</b>	<b>0</b>		
Administrative Lead			
Finance Manager			
Office Administrator/Manager			
Program Administrator			
Receptionist/Clerical			
Other: (specify)			
Other: (specify)			
<b>Sub-Total</b>	<b>0</b>		