



Nurse Practitioner-Led Clinic

Annual Operating Plan Submission: 2024-2025

NPLC Name: Algoma Nurse Practitioner-Led Clinic

Date of Submission:

Region: North East (Algoma)

Ontario Health

**Version française disponible sur demande*

INTRODUCTION

PART A: 2023-2024 ANNUAL REPORT

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PART B: 2024-2025 GOVERNANCE AND COMPLIANCE ATTESTATION

Introduction

The Nurse Practitioner-Led Clinic (NPLC) Annual Operating Plan Submission is part of each NPLC's accountability requirements to Ontario Health. The submission is comprised of three mandatory sections:

PART A: 2023-2024 Annual Report

PART B: 2024-2025 Governance and Compliance Attestation

The 2024-2025 Annual Operating Plan submission continues to focus on increasing patient access, attachment, quality improvement and integrated service delivery through partnerships. NPLCs are being asked to describe your activities in alignment with these priorities, including but not limited to:

- Increasing access to care for unattached patients, patients with poorer health outcomes/health status;
- Ability to provide care to equity deserving populations with a demonstrated focus on reaching patients with poorer health outcomes;
- Efficient, effective and skills-based governance;
- Team-based models of interprofessional primary care that maximize efficacy, scope of practice and collaboration;
- Integration and collaboration with the broader health care system, including OHTs and PCNs, as well as a commitment to participate in population-based planning for health services delivery;
- A commitment to using available data and evaluation for continuous quality improvement;
- The use of digital health to support care delivery and provide Ontarians with choice in how they interact with the health care system; and
- Support for the training and education of primary care clinicians including IPCT health professionals, where possible.

Part A: 2023-2024 Annual Report

1.0 Access

Increasing access to comprehensive primary care has been a key priority of Ontario’s interprofessional primary care teams. 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 an equitable approach to bringing on new patients.

1.1 Geography and Population

To help Ontario Health get to know your organization and the population it serves better please provide the following information.

Brief description of the geography served by your organization.	The Algoma Region.
Brief description of the population served by your organization.	Diverse population consisting of all age ranges and unattached patients.

1.2 Patient Rostering

State your patient roster target for 2023-24. Please also state the number of patients you have rostered as of March 31, 2024.

Patient rostering	Target March 31, 2024	Actual March 31, 2024	
Number of rostered patients	3200	3019	
If the target was not met, please explain why and outline your plan to meet this target:			
Active intakes stopped to allow for unattached newborn rostering.			
Capacity Questions		Yes	No
Is the NPLC rostering new patients?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes , please confirm the following:			
Number of Nurse Practitioners (NPs) accepting new patients:		4	

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Please estimate the NPLC’s capacity to accept new patients (specify # of patients)	181
Additional details (optional):	
While we are accepting new patients, the only new patients that we are accepting are unattached newborns.	

1.3 Patient Rostering – Access for New Patients in 2023-2024

How were new patients referred to NPLC services. Please check all that apply:	
Self-referrals	<input type="checkbox"/>
Health Care Connect (HCC)	<input checked="" type="checkbox"/>
Hospital	<input checked="" type="checkbox"/>
Home care	<input type="checkbox"/>
Other physicians/specialists	<input type="checkbox"/>
Other, please list:	<input type="checkbox"/>

Waitlist process		
Does the NPLC maintain a wait list of new patients seeking programs and services?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, total number of patients waitlisted	1249	
If yes, total average of days on waitlist	814	
Additional details – example – do only specific services and programs have waitlists:		

1.4 Non Rostered Patients

Are NPLC programs/services available to non-rostered members of the broader community?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide An estimate of non-rostered patients served in 2023-2024.		

Additional information (optional):

Yes, select programs/services have been made available to non-rostered members of the Algoma community. These programs include a Chronic Pain, PAP campaign, Healthy Aging and specific GYNE services provided to non registered patients. The PAP campaign was Led by the Algoma Ontario Health Team. The estimated number of non-rostered patients accessing these programs and services is approximately 48 for Healthy Aging, 20 participants for chronic pain program, 176 participants for GYNE services, and 64 participants for the PAP campaign for 2023-2024.

1.5 French Language Services

Is the NPLC located and/or serving a French Language Services Designated area of Ontario?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did the NPLC provide programs and/or services in French for 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 , please provide the following:		
Provide an estimate of how many patients accessed programs and/or received services in French.	110	
What programs/services are provided in French.	Primary Care Minor Procedures Pain Management	

1.6 Accessibility to Cultural and Language Services

	Yes	No
Did the NPLC address the linguistic and cultural needs of the population being served, where possible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the NPLC provide specific programs and services to Indigenous Communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did the NPLC provide specific programs and services to Newcomer Communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are translation services offered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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If yes to any of the above please explain including which translation provider you currently use and for which languages:

At the clinic, some of our staff members speak other languages and are able to effectively communicate with patients in those language. We are currently working with our website development team to establish our website in a variety of languages, making our website as accessible as possible.

1.7 Regular and Extended Hours

What are your hours of operation when patients can access Interdisciplinary Health Providers (IHP) services?

	Regular Hours	After Hours
Monday	9am-4pm	
Tuesday	9am-4pm	
Wednesday	9am-4pm	4pm-7pm
Thursday	9am-4pm	
Friday	9am-4pm	
Saturday		
Sunday		
Identify which programs are offered during after-hours:		
Primary Care Pain Management Pharmacy		
Additional information about after-hours service hours (optional):		

How are patients made aware of hours of operation? Please check all that apply	
Visible clinic signage	<input checked="" type="checkbox"/>
Voicemail	<input checked="" type="checkbox"/>
Patient pamphlets	<input checked="" type="checkbox"/>
Website	<input checked="" type="checkbox"/>
Other, please provide: waiting room tv screen	<input checked="" type="checkbox"/>

1.8 Timely Access to Care

Please provide information on how appointments were scheduled in 2023-2024.

Does the NPLC offer appointments to see a NP on the same day or next day (within 24 to 48 hours)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the estimated percentage of patients that were able to see a NP on the same day or next day, when needed?	71%	
Does the NPLC offer appointments to see other IHPs on the same day or next day (within 24 to 48 hours)?	Yes	No

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, what is the estimated percentage of patients that were able to see other IHPs on the same day or next day, when needed?	70%	
Additional information (optional):		

1.9 Other Access Measures

Please provide information on other types of access measures provided in 2023-2024.

Home Visits – Within the NPLC who provided home visits to patients? Select all that apply:			
NPs	<input type="checkbox"/>	Physiotherapist and/or Occupational Therapist	<input type="checkbox"/>
RNs and/or RPNs	<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	No home visits performed	<input checked="" type="checkbox"/>
Dietician	<input type="checkbox"/>	Other, please list:	<input type="checkbox"/>
Number of home visits performed by NPs in 2023-2024?	0		
Number of home visits performed by other IHPs in 2023-2024?	0		

Virtual Care	Yes	No
Did the NPLC deliver IHP services care virtually in 2023-2024?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was virtual care provided via telephone?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was virtual care provided via video?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
What the estimated percentage of IHP services that were provided virtually (e.g., telephone/video/online)?	45%	
Additional information (optional):		

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Emergency Department (ED) Diversion		
Did the NPLC have a strategy to divert enrolled/rostered patients from the ED for non emergency services (CTAS 4 and 5) (aside from advanced access)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, please describe the strategy: (Examples: after-hour clinics, ED Reports (CTAS 4, 5), triaging, patient awareness procedures (phone calls, posters, website, reminders), hospital discharge follow-up, outside use reports follow up)		
<p>The NPLC has continued to offer our implemented strategies to divert rostered patients from the ED. Our NP’s increased their episodic appointments by 1 per day(total 4 new slots/day). This increase allowed patients to access urgent care in an efficient manner that also ensured that they did not need to attend the ED. We continue to offer after-hours clinics, triaging/episodic appointments, hospital discharge follow-up and urgent counselling appointments. We continue to use contractor NP’s to offer same day/next day appointments to our patients as well where financially possible.</p>		

CTAS = Canadian Triage and Acuity Scale

1.10 System Navigation and Care Coordination

To enable access to care throughout the health system, how did the NPLC support patient navigation to services? Please share 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; collaboration for home care supports, other follow-up care, etc.

<p>The Algoma NPLC remains steadfast in its effort to make sure transitions in the healthcare sector is as safe as possible. Patients who are discharged from the hospital are followed up within 7 days and referred to resources as needed. Additionally, our partnership with CAMH has provided an effective pathway for patients to have access to mental health specialty care.</p>
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2.0 Integration and Collaboration

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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:
Ontario Health Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Healthy Aging, Chronic Pain, PAP Campaign
Children’s Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ontario Health - Home and Community Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GHC & SFHT for Chronic Pain, AFS Youth Hub
Community Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thrive
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"/>	Post Hospital Discharge
Mental Health and Addiction Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAMH (OTN) Psychiatrist, Sick Kids (OTN), AFS, Ontario Structured Care Plan, Partnership with Local Psychotherapist Clinic
Public Health Unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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, Healthy Aging
FHT: (specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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NPLC: (specify in comments)	<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 in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2.2 Local Planning and Community Engagement

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

At this time, the NPLC is not involved in the implementation of OHTs

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

The Algoma NPLC is actively involved in the planning activities of the Algoma OHT. The Director is currently on the leadership counsel as the Primary Care chair, which rotates between the community primary care organizations representatives. This involvement allows the clinic to be informed of potential opportunities for collaborations within our community and surrounding areas.

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

The OHT partners utilize a community partnership toolkit that the OHT has developed and made available to all. This is a guide that provides step-by-step directions on how to start engaging with patients and the community to obtain important input for planning and determining priorities. Our goal is to launch our patient advisory committee by April 2025.

2.3 Digital Health Resources

Clinical Management System/Electronic Medical Records		
Have there been any major changes to your clinical management or electronic medical records systems since the 2022-2023 Annual Report submitted in May 2023?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide a brief description of the major changes to your clinical management system or electronic medical record system:		
Online Appointment Booking Tool was implemented and made available for patients for a variety of appointment types with our current providers.		

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Did NPLC patients have access to the following patient-facing online services?	Yes	No
Email communication with the physicians, NPs or IHPs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescription refills/renewals requests	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appointment booking for physicians NPs or IHPs	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2.4 Data Management Support

Please provide information on any data-management support activities in 2023-2024.

Did your organization use any of the following services data management specialists, decision support staff or other practice support staff?			
Quality Improvement and Information Management Support (QIIMS)			<input checked="" type="checkbox"/>
Medical office assistant			<input type="checkbox"/>
No			<input type="checkbox"/>
Other, please specify:			<input type="checkbox"/>
If yes, how did this role help your organization with quality improvement (QI), program planning, and performance measurement? Please check all that apply:			
QI Plans (QIPs)	<input checked="" type="checkbox"/>	Office efficiency	<input type="checkbox"/>
Program planning	<input type="checkbox"/>	Billing	<input type="checkbox"/>
performance measurement	<input checked="" type="checkbox"/>	Clinical / Decision Support	<input type="checkbox"/>
Administrative Burden	<input type="checkbox"/>	Other QI initiatives	<input checked="" type="checkbox"/>
Additional information about data management support (optional):			

3.0 Other

3.1 Other Information and Comments

Does your organization have unionized staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are you aware of who to contact at Ontario Health for ongoing day-to-day operational issues?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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Please indicate how the operational funding provided in the 2023-24 fiscal year was allocated to stabilize and maintain direct patient services. Select all applicable categories:			
Rent/Lease	<input checked="" type="checkbox"/>	Building Maintenance	<input type="checkbox"/>
Medical Supplies	<input checked="" type="checkbox"/>	Equipment	<input type="checkbox"/>
Insurance	<input checked="" type="checkbox"/>		
Others (please specify):			

In the last fiscal year have you had challenges with recruiting and retaining clinical staff?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
In the last fiscal year have you had challenges with recruiting and retaining administrative staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Additional information (Optional):		

Is there anything else that the organization would like to communicate to Ontario Health regarding its activities in 2023-2024? Any awards, achievements, challenges, opportunities, and/or recommendations for Ontario Health can also be detailed in this space.

Challenges:

1. We are in the midst of a capital expansion project and we have lost several potential locations due to timeline delays. A number of the potential sites we have looked into, that would be advantageous to our clinic needs and appropriate and accessible location, we have been unable to pursue further due to the budget restrictions that we currently face. At the beginning of our capital expansion process the average rental cost for a commercial space that would fit our need in our region was approximately \$18.50/sq. ft at the low end in our bargaining efforts. The majority of the locations with ideal location and adequate accessibility for the patient needs have increased throughout this process and the current average is \$20-\$25/sq. ft. Additionally, the commercial utilities cost at the beginning of the capital expansion process, in our region, ranged between \$7-8 /sq. ft. This cost has increased, as well as the cost of living, which now ranges between \$10-12/sq. ft.

Opportunity/Recommendation:

1. The clinic has number of Nurse Practitioner candidates that have expressed interest in permanent employment providing primary care at our clinic. However, due to a lack of funding and recent refusal of our EOI proposal, we are unable to offer them this employment opportunity. The need for these Nurse Practitioners is greatly needed in the community that we serve as there was a recent dismissal of over 10,000 patients from the Group Health Clinic. There was already a devastating need in the community for primary care providers before this dismissal of patients happened, which has put a drastic strain on the emergency department and emergency services in the community. This has directly affected patient wait times for health services to those who need it. Our personal waitlist at the clinic has been impacted in such a way that due to massive influx of requests for registrations we have had to cease registration at our clinic due to the large volume.

Part B: 2024-2025 Governance and Compliance Attestation

Strengthening accountability in Nurse Practitioner Led Clinics 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. All Nurse Practitioner Led Clinics are required to complete and submit the Governance and Compliance attestation annually.

Please complete the Governance and Compliance Attestation with accurate information on current board and governance structures and practice.