



**Ontario
Health**

Nurse Practitioner-Led Clinic

Annual Operating Plan Submission: 2024-2025

Part B:

2024-2025 Nurse Practitioner-Led Clinic

Governance and Compliance Attestation

NPLC Name: Algoma Nurse Practitioner-Led Clinic

Date of Submission:

Region: North East (Algoma)

Ontario Health

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1.0 Introduction

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 Ontario Health

The **governance assessment** (section 2.0) 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 3.0) evaluates the degree of compliance that the NPLC has exhibited with respect to its funding agreement with Ontario Health. Any supporting documentation should be included with the submission.

Please note Ontario Health 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.

2.0 Governance Attestation

Board Practices:

Date of last Annual General Meeting (AGM)	June 20, 2023
Frequency of Board meetings (suggested 4-8 per year, outside of AGM)	Once Per Month
Date of Board’s most recent strategic planning/operational review meeting	March 21, 2022
Does the Board regularly review and update bylaws? How often?	Yes. Annually.
When was the last Board governance training session?	Ongoing into 2024
Has the Board completed diversity and inclusion training?	Governing for Health Equity Training

Board Structures:

Does the Board have committee structures that focus on:	Yes/No
Governance	Yes
Quality and Performance	No
Finance/Audit	Yes
Human Resources/Personnel	Yes
Information Management	No
Other (please specify)	Capital Expansion, Strategic Planning and Nominating

Strategic Planning:

	Y/N	Date created	Date of latest update	Comment	If 'No,' please provide an explanation
NPLC has a current strategic plan with clear goals, objectives, and monitoring?	Y	2022	2024		
Latest Strategic Plan progress report has been reviewed by the Board?	Y	2023	2024	Strategic Plan progress is reviewed at every monthly board meeting	

Board Governance:

	Y/N	Date created	Date of latest update	Comment	If 'No,' please provide an explanation
A third of the Board membership has experience serving on boards (or has received training)?	Y				
NPLC has a current Board Policy manual with written terms of reference?	Y				

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NPLC has a current document outlining the Board members’ roles?	Y	2011	2021		
NPLC has in place a Board Orientation Package for new Board members?	Y	2013	2021		
NPLC has a current Board recruitment strategy document?	Y	2011	2022		
NPLC has a conflict of interest policy/process in place at an organizational level?	Y	2022	2022		
NPLC has a signed agreement with Board members acknowledging the Conflict of Interest and Code of Conduct Policies which has been signed in the last year?	Y	2009	2021		
Each Board agenda has a conflict of interest declaration?	Y	2011	2015		
NPLC has policies that reflect a systematic approach to Board performance	Y	2017	2021	Annual development of the board evaluation plan which consists of: Board meeting evaluations conducted monthly, at the end of each meeting. Board Chair evaluation conducted	

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monitoring, including method and frequency?				annually Board evaluation conducted annually. Standing committee evaluation conducted annually.	
NPLC has a Board performance self-evaluation tool? Please indicate date of last use in 'Comment' section.	Y	2015	2021	This will be completed at the June 2024 board meeting.	

Board Fiduciary Functions:

	Y/N	Date created	Date of latest update	Comment	If 'No,' please provide an explanation
NPLC has a current document outlining the Administrative Lead and Lead NP job descriptions?	Y	2020	2020	ANPLC has an Executive Director – NP Lead position instead of Admin Lead and NP Lead roles. This role has a job description.	
NPLC has an Administrative Lead and Lead NP performance evaluation tool/process and has evaluated the Administrative Lead's performance within the last year?	Y	2011	2024	ANPLC no longer has an Admin Lead position. It is led by an Executive Director – NP Lead.	
NPLC has a current Performance Measures document (beyond	Y	2014	2024	A dashboard report is used to provide updates on the performance of the clinic to the board members monthly.	

<p>required ministry quarterly and QIP annual reporting) monitored by the Board on an ongoing basis? Please provide brief description of document in 'Comment' section.</p>				<p>This report provides details on the number of rostered patients, implementation, and feedback of digital tools to improve the patients experience, budget, staff, and patient opinions.</p>	
<p>NPLC has a current Financial Policies document that outlines the process for budget approval, report approval and ongoing monitoring, and has a delegation of authority policy in place that indicates any delegations of financial oversight or financial operations?</p>	Y	2013	2021		
<p>NPLC has a Risk Management plan in place, including a process to identify, minimize and mitigate risks and the Board has reviewed it (and updated it as necessary) in the last 2 to 3 years?</p>	Y	2020	2024	<p>We recently did a Risk Management assessment and implementation of recommendations is currently ongoing.</p>	

3.0 Compliance Attestation

	Y/N	If “No,” please explain	Comments
The NPLC has a public complaints and dispute resolution policy/process in place? In the comments section, please describe how it is communicated to staff and patients.	Y		The complaints and dispute resolution process are available upon request from patients or staff. It is also available on the clinic’s website along with any required forms for ease of access and the step-by-step process.
All funded positions are employees of the NPLC or an exemption to this requirement has been executed.	Y		
NPLC has demonstrated sound financial practices, including transparent financial reporting of revenues and expenditures, reasonable forecasting, securing any requisite approval prior to reallocating funds.	Y		
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	Y		

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EMR access for the QIIMS in all partner NPLCs.			
NPLC has a privacy policy? If yes, please describe in the comments section, how it is communicated to staff and patients.	Y		The NPLC’s privacy policy is available for patients, community members and staff to review in our waiting room and on our website. Our staff are required to review this policy upon being hired and reviewed annually.
The NPLC Board has reviewed and agreed to this attestation document prior to its signing.			