

# **Nurse Practitioner-Led Clinic**

## **Annual Operating Plan Submission: 2022-2023**

NPLC Name:

Date of Submission:

Primary Health Care Branch  
Ministry of Health

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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 three sections:

PART A: 2021-2022 Annual Report - **mandatory**

PART B: 2022-2023 Service Plan - **mandatory**

PART C: 2022-2023 Governance and Compliance Attestation - **mandatory**

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.

## Part A: 2021-2022 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 2021-2022. Please also state the actual number of patients rostered on March 31, 2022.*

Patient rostering	Target March 31, 2022	Actual March 31, 2022
Number of rostered patients		
Is the NPLC rostering new patients?	Yes/No	
If <b>Yes</b> , please confirm the following:		
a. Number of NPs accepting new patients:		
b. Please estimate the NPLC's capacity to accept new patients (specify # of patients)		
c. The community has been made aware that the NPLC is accepting new patients, e.g., via a website or other public communication		
Additional details (optional):		

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

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 2021-2022.

## 1.2 Patient Rostering – Access for New Patients in 2021-2022

Please explain how new patients accessed NPLC services.

	Yes/No
Were patients who contacted the NPLC directly (self-referrals) accepted?	<input 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 type="checkbox"/>

### 1.3 French Language Services

Did the NPLC serve patients whose mother tongue is French, or patients who are more comfortable speaking French?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, provide an estimate of how many patients received services in French.			
What NPLC programs/services are provided in French?			

### 1.4 Accessibility to Cultural and Language Services

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

## 1.5 Regular and Extended Hours

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: Tues: Wed: Thurs: Fri: Sat: Sun:
When are NPLC services available after hours?	Extended hours:  Mon: Tues: Wed: Thurs: Fri: Sat: Sun:
Identify which programs are offered after hours:	
Additional information:	

## 1.6 Timely Access to Care

*Please provide information on how appointments were scheduled in 2021-2022.*

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/No	Yes/No
If yes, what percentage of patients can see a practitioner on the same day or next day, when needed? (Please indicate with an asterisk "*" if the value entered is an estimate)	%	%

## 1.7 Other Access Measures

Please provide information on other types of access measures provided in 2021-2022.

Other Access Measures	NP	Other IHP	
Percentage of NPLC practitioners who provided home visits?	%	%	
Which types of IHPs perform home visits?			
Number of home visits performed in 2021-2022			
Did the NPLC deliver care virtually in 2021-2022?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, was virtual care provided via telephone?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, was virtual care provided via video?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
What percentage of IHP services were provided virtually (e.g., telephone/video/online)?		%	
Emergency Department (ED) Diversion			
Did the NPLC have a strategy to divert rostered patients from the ED? (aside from advanced access)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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)			



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

## 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ontario Health – Home and Community Care	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	
Community Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes Education Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Mental Health and Addiction Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Health Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Senior Centre/Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FHT: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	

## 2.2 Local Planning and Community Engagement

*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?*

*Please describe the NPLC's involvement in Ontario Health-led initiatives.*

*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?*

*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.*

### **2.3 System Navigation and Care Coordination**

*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; Ontario Health collaboration for home care supports, other follow-up care, etc.*

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

Please provide information on your EMR

Which EMR vendor/version is being used?		
	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
OH – Home and Community Care	Choose an item.	
Emergency Department	Choose an item.	
Hospital	Choose an item.	
Laboratory Service	Choose an item.	
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/No
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)		
Lists of patients by laboratory results (e.g., HbA1C<9.0)		
Lists of patients who are due or overdue for tests or preventative care (e.g., flu vaccine, colonoscopy)		
Lists of all medications taken by an individual patient (including those ordered by other providers)		
Lists of all patients taking a particular medication		
Lists of all laboratory results for an individual patient (including those ordered by other providers)		
Provide patients with clinical summaries for each visit		

Did NPLC patients have access to the following patient-facing online services?	Yes	No
Direct email communication with the NPLC	<input type="checkbox"/>	<input type="checkbox"/>
Request prescription refills/renewals	<input type="checkbox"/>	<input type="checkbox"/>
Book appointments with NPLC providers	<input type="checkbox"/>	<input type="checkbox"/>

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

[illegible]

## 2.5 Data Management Support

Please provide information on any data-management support activities in 2021-2022.

<p>Did your organization use the services of a Quality Improvement and Information Management Support (QIIMS) position?</p>	<p>Yes/No</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>	

### **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 2021-22.*

*Is there anything else that the organization would like to communicate to the ministry regarding its activities in 2021-2022? Any challenges, opportunities and recommendations for the ministry can also be detailed in this space.*

## Part B: 2022-2023 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 2022-2023. 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 2022-2023, 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.*

- 2. Identify the strategic priorities for the NPLC that will apply to the 2022-2023 fiscal year.*



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

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 a brief project description including anticipated timelines and budget (if known).*

## Part C: 2022-2023 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

### Board Practices:

1. Date of last Annual General Meeting	
2. Frequency of Board meetings	
3. Date of Board's most recent strategic planning/operational review meeting	
4. Does the Board regularly review and update bylaws? How often?	
5. When was the last Board governance training session?	
6. Has the Board completed diversity and inclusion training?	

### Board Structures:

Does the Board have committee structures that focus on:	Yes/No
7. Governance	
8. Quality Improvement	
9. Finance/Audit	
10. Human Resources/Personnel	
11. Information Management	
12. Other (please specify)	

Strategic Planning:

	Y/N	Date created	Date of latest update	Comment	If 'No,' please provide an explanation
13. NPLC has a current strategic plan with clear goals, objectives, and monitoring?					
14. Latest Strategic Plan progress report has been reviewed by the Board?					

Board Governance:

	Y/N	Date created	Date of latest update	Comment	If 'No,' please provide an explanation
15. A third of the Board membership has experience serving on boards (or has received training)?					
16. NPLC has a current Board Policy manual?					
17. NPLC has a current document outlining the Board members' roles?					

18. NPLC has in place a Board Orientation Package for new Board members?					
19. NPLC has a current Board recruitment strategy document?					
20. NPLC has a conflict of interest policy/process in place at an organizational level?					
21. NPLC has a signed agreement with Board members acknowledging the Conflict of Interest and Code of Conduct Policies?					
22. NPLC has policies that reflect a systematic approach to Board performance monitoring, including method and frequency?					
23. NPLC has a Board performance self-evaluation tool? Please indicate date of last use in 'Comment' section.					

Board Fiduciary Functions:

	Y/N	Date created	Date of latest update	Comment	If 'No,' please provide an explanation
24. NPLC has a current document outlining the Administrative Lead and Lead NP job descriptions?					
25. NPLC has an Administrative Lead and Lead NP performance evaluation tool/process? Please indicate date of last evaluation in 'Comment' section.					
26. 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.					

27. 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?					
28. NPLC has a current Risk Management plan?					

## 2.0 Compliance Attestation

	Y/N	If “No,” please explain	Comments
29. 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.			
30. All funded positions are employees of the NPLC or an exemption attestation to this requirement has been executed.			
31. NPLC has demonstrated sound financial practices, including transparent financial reporting of revenues and expenditures, reasonable forecasting, securing approval prior to reallocating funds.			
32. 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.			



## APPENDIX A

### NPLC EXPENDITURE GUIDELINES - UPDATED 2022-2023

#### General

- The Accrual Basis of accounting records the effects of transactions as events that give rise to them occur, regardless of when cash is received or paid. The ministry policy allows for the accrual of anticipated settlements of unresolved expenditures incurred as of the close of the reporting period. The accrual must be based and supported upon a reasonable expectation of the costs associated with the settlement in accordance with Generally Accepted Accounting Principles (GAAP). Examples would be unresolved wage compensation situations where labour contracts have expired and negotiations for the new contract are not complete or at arbitration.
- Funds must be expended according to terms and conditions as stipulated in the funding agreement. Schedule A (annual human resource, overhead, and one-time budget) and any amendments to Schedule A form the basis of quarterly financial reports.
- All financial reports will be reconciled; significant variances (greater than 10%) between approved funding lines and actual expenditures must be detailed for approval.
- Any funding (or any part of funding) advanced and not spent in accordance with the terms of the Agreement, must be reported and may be dealt with by any one or combination of the following ways:
  - Will be offset by the ministry against any money owed by, or to become due from, the ministry to the NPLC
  - Will be repaid to the ministry by the NPLC within four (4) weeks of the NPLC's receipt of written notice from the ministry demanding such repayment
  - Is in accordance with the terms of the ministry's additional written instructions to the NPLC.
- **Effective April 1, 2020**, the NPLC Overhead budget has been merged into one budget category, allowing NPLCs more flexibility in managing overhead expenses.
- **Financial reporting, as outlined in Schedule D.1, remains unchanged: NPLCs must report overhead expenditures on a line-by-line basis in their quarterly reports.**

### Reallocation

- NPLCs are eligible to reallocate funds equaling up to the lesser of ten percent (10%) of the total annual budget or \$10,000 (the “tolerance threshold”) between and within eligible budget categories. Eligible reallocation of funding between approved budget lines should be noted at the bottom of the Quarterly Financial Reports.
- Eligible budget categories include:
  - Human Resources (**excludes physician stipend**)
  - Overhead Category
  - One-Time Category
- Requests to reallocate funds in excess of the tolerance threshold (applicable only to eligible reallocations) must be submitted to the ministry in writing, and the NPLC must obtain written ministry approval before proceeding. The ministry will consider the reallocation request according to the following criteria:
  - The NPLC is in good standing
  - The NPLC’s progress so far has met expectations
  - The reallocation request is within the scope of the originally approved outcomes for the NPLC
- A written response will be provided to the NPLC with the results of the review.
- NPLCs are not allowed to reallocate funds in any fashion other than what is stated above.
- Ineligible reallocations will be recovered at a time stipulated by the ministry.
- The ministry is not liable for any unapproved expenditure or reallocation.

### HST Rebates

- HST Rebates: NPLCs qualify as not for profit organizations since they receive at least 40% of their funding from the provincial government. This makes them eligible to claim rebates for the provincial and federal components of the HST paid or payable on most inputs used to provide exempt supplies. When providing financial statements, NPLCs should report actual costs **net** of the rebate and book the projected rebate as a receivable so that their financial statements reflect actual expenditures. NPLCs who choose not to book expenses net of the rebate **must first seek approval to reallocate the rebate** toward operational costs. NPLCs should contact the Canada Revenue Agency for information and forms. ***At the end of the fiscal year, the ministry will recover any HST rebate that the ministry did not approve for use by the NPLC.***