

**SMITHS FALLS NURSE PRACTITIONER-LED CLINIC**

**ANNUAL REPORT**

**October 18, 2014**

**Message from Nancy Unsworth, NP-PHC  
Executive Director**

***This report covers the period April 1, 2013 to March 31, 2014 and is extended to  
September 31, 2014.***

The Smiths Falls Nurse Practitioner-Led Clinic is a not-for-profit clinic awarded in 2010 and opened doors in the fall of 2012. We began under the Nursing Secretariat and have now been transitioned from the Salaried Models and Programs Unit of the Primary Health Care Branch to the Interprofessional Programs Unit of the same branch. This is intended to support improved alignment across the ministry-managed interprofessional primary health care organizations. We had the pleasure of meeting with our Senior Program Consultant, Greg Powers and Maxine Chan a few weeks ago and seized the opportunity to highlight an example of the complexity of patient population.

We provide comprehensive, high quality, and coordinated primary health care services to a population who have difficulty accessing a primary care provider (i.e. unattached patients) as mandated by the Ministry of Health. It is now that we see the result of our initial community needs assessment and strategic planning processes come to fruition. We are definitely seeing improved patient health outcomes as we continue in the pursuit of health promotion, illness prevention and chronic disease management through exemplary integrated holistic patient-focused care. We are ever mindful of the social determinants of health in our unique patient population. The patients registered to our clinic are able to access any or all of our interdisciplinary care providers and services (nurse practitioners, consulting physician, nurses, dietitian, social worker and pharmacist) as needed according to their health and wellness trajectory. Our belief is in a model of health and wellbeing in a collaborative partnership with each patient at the forefront and center of their care. We strive to improve the social support and conditions affecting our patient's healthy wellness within their respective communities. We embrace the patient, family and community looking to develop healthy public policy within a population health framework to improve health outcomes all the way around.

As we have now been established a little over the 2 year mark, we have indeed developed a strong connection to both formal health-system partners and community partners such as Community & Primary Health Care, Tri-County Mental Health and Addiction Services, Rideau-Tay Health Link, Country Roads Community Health Center, Rideau Services Community Health Center/ Rideau Valley Diabetes Services, Perth and Smiths Falls District Hospital Services, chiropractic, physiotherapy, naturopathic, hearing and eyesight services as well as numerous referrals to many specialty services. It is our belief that primary health care is best offered as close to home as is possible. Being mindful of our patient population we have incorporated the use of e-consults and the Ontario Telemedicine Services when and as appropriate. It is without a doubt that we have reduced our target population's reliance on the local emergency departments. As a service to our community we offer an open invitation to anyone interested

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in participating in our Chronic Disease Self-Management Program, whether they are registered to our clinic or not. This 6 week health promotion and management program is targeted to those living with or caring for someone living with a chronic condition or at risk of developing a chronic condition. It is our hope that this will increase community capacity as well as optimizing individual health outcomes.

### **Our Board of Directors**

The Smiths Falls Nurse Practitioner-Led Clinic is governed by a strong and committed Board of Directors who is vested in primary care and community health and wellness. Our Board ensures we are responsive to our local population health care needs and follow our mandate as per the Ministry of Health. The past year has been busy for the Board as they have engaged in further self-development. Our Board Chair has been active in the recruitment of new members with an emphasis on community engagement while maintaining the 51% balance of Nurse Practitioners involved with the Board. The Board has completed the development of a comprehensive evaluation tool to monitor and support the Executive Director position. They are now considering a self-evaluation process.

This past year our Executive Director, Nancy Unsworth and Administrative Lead, Leann Brennan, were honored to participate on the Steering Committee in the creation of the Rideau Tay Health Link (RTHL). In support, our Board Chair, Ruth Kitson participated in two Board-to-Board meetings involving the 13 organizations within the RTHL, to educate, plan and prepare further to ensure success. This is an exciting example of how 'local governance' promotes the continued involvement of Ontario's Action Plan for excellence in health care. This is primary health care at its best, a dream come true from our perspective. Our patient experience survey continues to be an essential to ensuring we shape our services according to patient need.

### **Primary Health Care Model of Collaboration**

At the Smiths Falls Nurse Practitioner-Led Clinic, we continue to experience a melding of professional practices as we develop into an increasingly cohesive, seamless and holistic health care team. The patient experience is paramount and we have put emphasis on patient empowerment as collaborative care partners vested in their own optimal health care outcomes. The chronic diseases of diabetes, hypertension, dyslipidemia and COPD continue as the most prevalent among our patient population.

### **Strategic Plan**

The past year has continued to be challenging as we have continued with patient intake and attempted to manage an unprecedented demand variation. The patient experience is paramount to us and we have worked diligently to decrease our intake wait time in accordance

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to our available staff. The clinic's patient roster has incurred some fluctuation over the last 2.5 years, however the total patients registered has since stabilized and we continue to grow our practice as we work diligently to fulfill our mandate of 3200 patients. The clinic is experiencing a successful controlled intake through 3 main streams: Health Care Connect, Community and Primary Health Care (CPHC Mobile Unit) and Perth and Smiths Falls District Hospital (PSFDH). There continues to be an overwhelmingly positive response as word of mouth spreads. The clinic sees an average of 25-30 applicants per week wishing to register; a typical applicant has a wait period of only 2-3 weeks from submitting a completed application, review of the intake and scheduling of the Meet and Greet appointment.

Being a new and somewhat unfamiliar model of care, the clinic has understandably experienced some staff turnover; however we are now fully staffed clinically. We are also recruiting for one temporary administrative staff member.

We have offered and participated in many ongoing educational events. We are a host to students from various disciplines, i.e. pharmacy, nursing and nurse practitioners.

We are happy to report we have renewed our policy for our employee benefit plan and have remained just under budget.

The clinic financials/expenditures 2013/2014 have been within the budgetary parameters as per our Evergreen Agreement.

We continue to work with our electronic medical record in terms of consistency regarding data pull and Quality Assurance, as well as our programming and ongoing staff role development and integration.

### **Ongoing Quality Improvement**

**Access and Efficiency:** Over the last 1.5 years, the clinic has worked with Health Quality Ontario in an effort to implement and maintain access and efficiency, as this has been recognized as one of the gaps in primary care in terms of quality and high health care cost.

**Intersectoral Integration:** The clinic in working with the hospital has been successful in securing a free flow of data related to 1: patient admission and discharge and 2: emergency room visits. This has given us capacity to educate the clients as to appropriate use of the emergency room. Follow up within 1 week of hospital discharge enables us to minimize the chance for complications related to the hospital admission and prevent readmission to hospital.

**Patient Centered:** Using data from surveys developed with patient-centered questions has allowed us to look at areas for improvement. The consideration of social determinants of health in relation to health outcomes has allowed us to be responsive to our client

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demographic and to foster the clinic vision of a holistic approach to health care, with active patient engagement.

Programming: Both nursing and the Allied Health Professionals have been busy rolling out programming specific to our target goals. We have established the STOP program (smoking cessation), Hypertension and INR programs, Chronic disease Self-Management Program, immunization programs for children and adults, Diabetes Education Plans, prenatal program packages and well-baby well child visits, as well as symptom specific action plans for asthma sufferers and patients with Chronic Obstructive Pulmonary Disease.

### **Looking to the Future**

Patient intake: target 85% (2,720 patients) by October 2015.

Open access will be maintained with acute care patients being seen within 2 days.

Software development & data management will continue: clinical templates, recalls and patient outcomes measurements.

Continuation of program development, implementation and evaluation.

Continuous quality improvement: clinic process, communication, integration and collaboration.

Continued response to patient and staff satisfaction surveys.

Continued networking with our community partners building primary care leadership and collaboration including the Rideau-Tay Health Link.

### **Acknowledgements**

We gratefully acknowledge the support given from the Ministry of Health and Long-Term Care Interprofessional Programs Unit of the Primary Health Care Branch. Finally, we sincerely thank the Board members and the staff of the Smiths Falls Nurse Practitioner-Led Clinic for their dedication and commitment throughout the past year.

To the Board Chair and Board Members, you are the wind beneath our wings.

[http://www.youtube.com/watch?feature=player\\_detailpage&v=c9ZMDPf9hZw](http://www.youtube.com/watch?feature=player_detailpage&v=c9ZMDPf9hZw)