

Ingersoll
Nurse Practitioner-Led Clinic

Strategic Plan 2013-2016



Ingersoll Nurse Practitioner-Led Clinic

8/1/2013

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Introduction

A word from our Board of Directors

As we look forward and plan for the upcoming several years, let us take a moment and remember how we got to where we are today:

- May 10, 2010 Health Minister, Deb Matthews, put out a call for applications for new Nurse Practitioner-Led Clinics
- May 2010 Cate Melito, Executive Director of the Woodstock and Area Community Health Centre (WACHC) and Gord Adam, Board Member for Ingersoll and area discussed the possibility of making application and decided to proceed
- June 22, 2010 the WACHC Board gave approval to sponsorship of the application, using WACHC resources
- June 25, 2010 the application was submitted to the Ministry of Health/Long Term Care
- September, 2010 approval was given by the Ministry and more work continued
- December 3, 2010 the Ingersoll Nurse Practitioner-Led Clinic (Ingersoll NPLC) received its Letter of Incorporation
- September 1, 2011 the Ingersoll NPLC received its Notice re Funding from the Ministry
- November 28, 2011 staff began employment and training
- Late January, 2012 the Ingersoll NPLC moved into the clinic location at the Pharmasave Wellness Centre
- February, 2012 staff began to see patients at the new clinic site

From the Minister's call for applications to patients being cared for in our new clinic, about twenty-one months passed and a lot of hard work by many individuals was done. We owe a debt of gratitude to Cate Melito and the staff of WACHC for the initial legwork on the application and throughout the Capital Grant period. The Ingersoll NPLC Board would also especially like to thank Shelly Redman and Lisa Longworth; without their hard work, persistence and resolute determination, it would have taken a lot longer to happen.

Strategic planning can be an exciting and uplifting exercise. It is a time to congratulate ourselves on what we do well, and to put change in motion in those areas where we believe we can improve. It is a time to consolidate our successes and to vision what else needs to be accomplished, and how we can do it. The Ingersoll NPLC came about through the efforts of many committed people. The future of the Ingersoll NPLC will be determined by our committed, caring staff following this strategic planning blueprint.

Overview of Our First Two Years

The Ingersoll Nurse Practitioner-Led Clinic was developed with the initial support and encouragement of the Board and leadership team of the Woodstock and Area Community Health Centre, together with other valued community partners who envisioned a rural community that had choices to access health care. Its development began in the fall of 2010 after a successful application to the Ministry of Health and Long Term Care submitted through the support of the Woodstock and Area Community Health Centre, as part of the Wave 3 Funding for provincially funded Nurse Practitioner-Led Clinics. The application and development phase involved community needs assessments, focus groups, community mapping, social services and healthcare partner discussions, and building bricks and mortar.

In December 2011, a full compliment employee team was hired with a variety of experience that would match the needs of the community and the planned services of the Ingersoll Nurse Practitioner-Led Clinic and they continue to be invaluable in the success of the clinic. Since opening its doors to welcome patients on February 1, 2012 we have focused on balancing effective, patient-centred health care service delivery while developing community collaboratives that address the social determinants of health at the root cause of many health problems in our community.

The past year has been successful at the Ingersoll Nurse Practitioner-Led Clinic, as we are currently providing care to just under 2,000 patients, and anticipate being at full capacity of care by fall 2014. While registering and beginning as care provider to these patients, we have worked to develop partnerships with community stakeholders to improve capacity and increase access to both social and health care services. In addition to excellent primary health care, we have expanded to host Canadian Mental Health Services Oxford onsite which provides local service and group programs for both patients and community members. A partnership with the local police service members has supported equipment in our fitness centre to be utilized by staff, community, patients and partner employees. Utilizing space creatively has provided the opportunity to invite the Ontario Early Years Centre to provide services to children 0-6 and their families, and speech and language access for better school readiness. Developing a partnership with the Children's Aid Society Oxford has increased capacity to offer Ingersoll based violence prevention programs and a safe location for family visits to happen. Our continued relationship with Addiction Services of Thames Valley and the Woodstock and Area Community Health Centre allow us to be an integral part of improving local access to quality treatment for addictions and mental health.

Building on the first few years accomplishments included in this report, the Ingersoll Nurse Practitioner-Led Clinic is now looking forward to how our clinic will evolve in the years to come.

"The INPLC is certainly an example of service and leadership for all agencies in Oxford County. Insistence on being open to partnerships, dedication to working cooperatively through the challenges that collaboration can bring, sharing resources, and building professional relationships have been the year one achievement of your team. Collaborative discussion, planning and the welcome that CMHA employees received during the transition to shared space at the clinic provides CMHA professionals first-hand knowledge of the quality of healthcare that our own clients receive at INLPC."

~Mike McMahon, Executive Director CMHA Oxford

Featured Accomplishments – The First Two Years

Counterweight Program

The Counter Weight Program has, perhaps been one of our patients' biggest successes. The Counterweight Program is an evidence based weight management program that helps patients who are overweight or obese, lose 5-10% of their starting body weight in 6 months and keep it off. The program is offered by our RPN and Personal Fitness Trainer who supports healthy eating, exercise and active weight loss for 3 – 6 months followed by long term weight loss maintenance and healthy lifestyle changes.

The Counterweight Program is designed to help patients learn how to regain control of their unhealthy weight by learning to make sustainable changes to eating habits and activity levels to improve health status.

The Ingersoll Nurse Practitioner-Led Clinic is dedicated to supporting Ontario's Action Plan for Health Care to look for innovative, patient-centred ways to keep Ontario residents healthy. Statistics Canada recognized that Ingersoll and surrounding Oxford County has higher than the provincial average for overweight and obesity. Our goal is to offer patients a free, healthy, supportive and sustainable program to help decrease this statistic. Since registering our first patients into the program which includes one-to-one support, group support and workshops we have had over 200 patients participate and collectively they have lost just over 1,000 lbs.

Oxford Addiction Treatment Strategy

Limitless possibilities through freedom from addictions!

Through a collaborative partnership between Addiction Services of Thames Valley, Canadian Mental Health Association Oxford, Ingersoll Nurse Practitioner-Led Clinic, Woodstock & Area Community Health Centre, a more effective, coordinated approach to addiction treatment has been developed. This partnership is focused on improving the lives of those living with addictions by better serving Oxford residents who are in need of addiction treatment.

This voluntary integrated partnership provides Oxford County residents who are in need of addiction treatment the opportunity of receiving timely service right in Oxford County. Sharing the addiction treatment mandate in Oxford County, together we have been able to establish the following services in Oxford, including our site:

- Walk-in intake in Ingersoll, Tillsonburg and Woodstock
- Common assessment
- Community-based Treatment - individualized and group treatment options
- Addictions training for service providers
- Linkages to other local services where appropriate

As part of the provincial mental health & addiction ten year strategy, addiction treatment resources have tripled. And, through this collaborative partnership, resources will be maximized making it easier for Oxford residents seeking addiction treatment to do so - offering greater hope of freedom from addictions, for the local community.

Smoking Cessation

The Ingersoll Nurse Practitioner-Led Clinic was one of six health care providers in 2013 to be successful in their application to the RNAO Nursing Best Practice Smoking Cessation Initiative. This 4,000.00 grant and the support from the RNAO have allowed our lead staff to work very closely with the RNAO to further improve our current smoking cessation program. As part of this initiative our team hosted a Smoking Cessation Champions workshop last fall at the Ingersoll Elm Hurst with excellent attendance to increase the number of Champions in Ingersoll and greater Oxford. Our staff attended with the goal of integrating smoking cessation into our daily health care practice and circle of care.

In addition, our team has partnered with Oxford County Public Health to co-host the STOP study. This study supports smoking cessation research, while providing free counselling and Nicotine Replacement Therapy to patients and community members involved.

Our goal has been to embed smoking cessation into our daily practice, and as such we have hosted numerous webinars for our staff during lunch hour education sessions. With funds provided we have purchased new equipment and resources to help us translate this learning to our patients. This includes, but is not limited to, a CO2 smokelizer, Stages of Change posters and literature to share with patients. Our patients are truly benefiting from this great opportunity. We continue to set long term goals of providing group education sessions, expanding learning opportunities, and continuing to join our collaborative partners to ensure we enrich, rather than duplicate, services for smoking cessation.

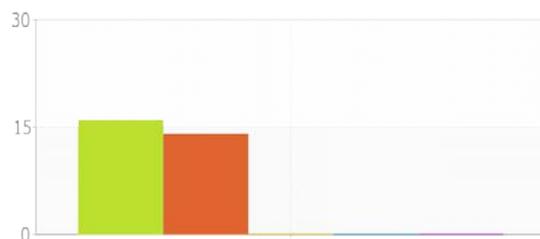
“The arrival of the Nurse Practitioner-Led Clinic in Ingersoll has been a Godsend for our mutual clients. Addiction remains the most frequent reason for referral to protection services at the Children’s Aid Society. Through the clinic’s collaborative leadership, addiction services are significantly more responsive and accessible not just in Ingersoll but in all parts of the county. This result is largely due to the NPLC’s cooperative approach to partnership with other regional and local service providers. Our relationship with the addiction services community and with the Clinic in particular has never been more positive than it is now, and we look forward to finding more opportunities to innovate to bring effective services to families and children in Oxford County.”

~ Rob Neill, Director of Services, CAS Oxford

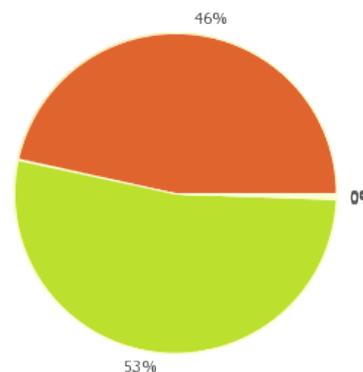
Community Partnerships

The Ingersoll Nurse Practitioner-Led Clinic was built on the belief that small communities can do great things when they work together. Our vision is to develop strong partnerships within Oxford County that will improve quality and access to health care and supportive services to all. To date, we have partnered with the following local, regional and provincial committees to share ideas, expand our knowledge, and collaborate on a variety of projects, initiatives and programs:

- Canadian Mental Health Association Oxford
- Oxford County Drug Task Force
- Children’s Aid Society of Oxford
- Committee of Youth Officers of Ontario
- Addiction Services of Thames Valley
- Woodstock & Area Community Health Centre
- Oxford Community Child Care
- Student Support Leadership Initiative
- Ontario Early Years Program
- County of Oxford Public Health
- OPP Oxford Detachment
- Nurse Practitioners Association Ontario
- Registered Nurses Association Ontario
- Connex Ontario
- Oxford Health Links
- Ingersoll Pharmasave



■ STRONGLY AGREE - Consistently exceeds expectations
■ AGREE - Often exceeds expectations
■ NEITHER AGREE NOR DISAGREE - Performs at a satisfactory level
■ DISAGREE - Occasionally fails to meet expectations
■ STRONGLY DISAGREE - Consistently fails to meet expectations



The Ingersoll Nurse Practitioner-Led Clinic will work to surpass the initial results noted above, when we asked our current partners and other members of the community if they feel that our first year contributions and willingness to partner is improving the overall health and wellness of the community.

Awards & Recognition

Our leadership, and our staff team are dedicated to quality improvement and ensuring that our staff have the most up to date training and qualifications to meet the needs of our patients and the community. Since opening, member/s of our team has achieved the following:

- Pfizer Consumer Health Care Award
- RNAO Smoking Cessation Best Practices Implementation Site Grant
- Wave 6 Health Quality Ontario Recipient

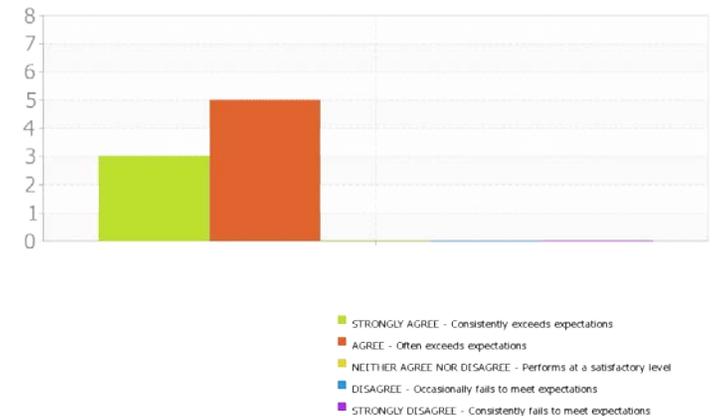
Outstanding Clinical Team Environment

- ✓ Trauma Certificate, Lisa Longworth
- ✓ Diabetes Education Certificate, Shannon Hutson
- ✓ OTN Training Certificate, Linda Chudiak, Shannon Hutson
- ✓ Advanced Access Foot Care Certificate, Kelly McKay
- ✓ Personal Fitness Trainer Certificate, Aleisha Weber
- ✓ Smoking Cessation Champion Certificate, Robert McArthur, Jen Grant, Shannon Hutson, Kelly McKay, Brigita Prskalo-Mantz

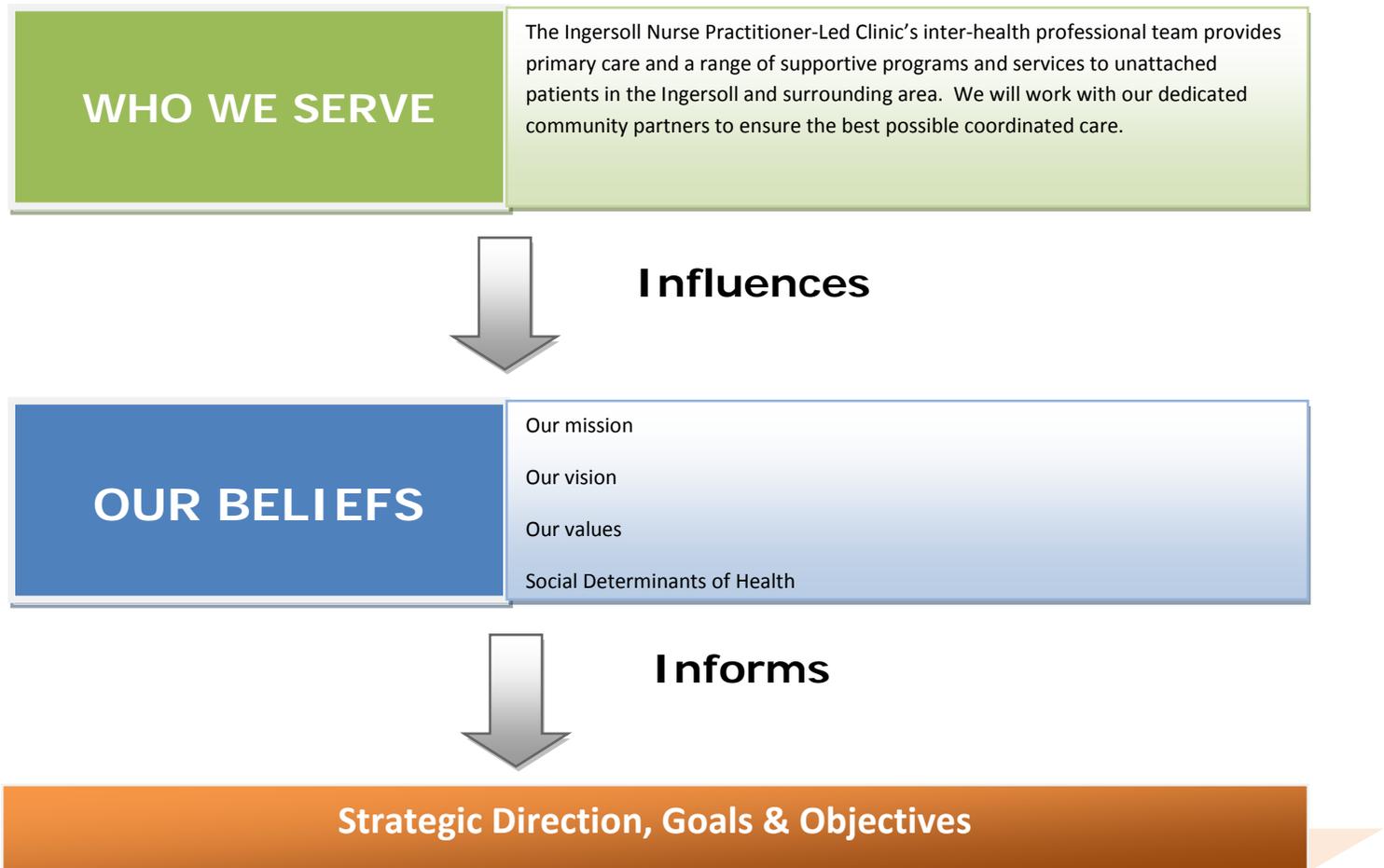
“My experience has been that the Ingersoll Nurse Practitioner-Led Clinic has a very welcoming environment, and exceptional coordinated care between the primary care, counselling, referrals and communication with the specialist I see at the Woodstock General Hospital. When I leave the clinic I feel at ease that I have truly gotten the best care available.”

~ Cheryl, age 50
Ingersoll NPLC Patient

One hundred percent of our staff team agree or strongly agree that, “There is a strong feeling of teamwork and cooperation between departments (e.g. clinical, counselling, administration) at the Ingersoll Nurse Practitioner-Led Clinic. Inter-health providers working cooperatively can provide a better approach to effective wellness through a circle of care. We pride ourselves on providing our patients with a truly collaborative, interdisciplinary team experience.



Strategic Snapshot



Expand Our Impact in the Community

Sustain Organizational Health

Build on Chronic Disease Prevention and Management

Increase Access to Patient-Centred Care

Expand Our Impact in the Community

Strategic Direction: Expand Our Impact in the Community

To increase the impact in the community our first priority is to continue to educate our own patients, community members, service providers, and local government about Nurse Practitioners and the Ministry of Health and Long Term Care vision of our clinic model. In contrast, we will seek out opportunities to genuinely listen to, and better understand our patients, their hopes for a healthy life and their concerns.

The Ingersoll Nurse Practitioner-Led Clinic will continue building primary healthcare services through our team of Nurse Practitioners, Nurses and collaborating Physicians. We will foster existing community partnerships and our own program and counselling team to expand programs and services to specific populations where gaps exist.

Our impact in the community will also include an expanded commitment to building our capacity to influence public policy both locally and at a provincial level to ensure that all healthcare providers are in a position to offer the best, most comprehensive access to healthcare possible. We will be accountable to our patients to ensure we reflect their lives in achieving this goal.

Program Development, Coordination & Promotion

- We will revise, improve and implement a clinic-wide logic model to guide intentional program development that will reflect the needs of our patients and ultimately the strategic goals we share to improve the health of the community.
- Our team will strive to coordinate with other service providers to communicate effectively, coordinate and promote groups, programs, educational workshops and information sessions that can be offered in the community.

Media & Marketing

- The Ingersoll Nurse Practitioner-Led Clinic staff will utilize individual and collective expertise to create public service announcements on variety of health issues relevant to our own patients and the greater community to generate awareness, education and information.

Innovation, Collaboration & Mobilization

- We will support our staff to participate with appropriate partners in community networks that mobilize and coordinate more accessible services in Oxford for mental health and addiction.

Sustain Organizational Health

Strategic Direction: Sustain Organizational Health

An organization that is strong and sustainable provides a healthy foundation for excellent, quality patient-centred care and a fulfilled staff. The Ingersoll Nurse Practitioner-Led Clinic values the care, compassion and dedication that our staff extends to patients and one another.

By supporting a positive team environment with satisfied staff there will be a positive impact on the health of our patients. The Ingersoll Nurse Practitioner-Led Clinic will work to create a positive work environment that includes supporting a work/life balance, safety and inclusivity, respect for differences and support of learning. The Ingersoll Nurse Practitioner-Led Clinic will strive to be a great place to work which will make it a great place to seek the best care.

Employee Wellness

- Our team will develop and implement a comprehensive health and wellness plan that will positively impact our employee satisfaction and active work/life balance to ensure we recruit and retain staff that are satisfied, healthy and in at their best to provide the best possible care to our patients.

Communication

- Effective communication is the basis of success for any team, and as such, we are committed to creating communication and meeting formats that will maximize positive and efficient communication by sharing education, program inventory, case management development strategies, and overall workings of the clinic and team.

Advanced Access

- The continued design and implementation of advanced access techniques will ensure collective efficiencies and cohesive shared knowledge and skills of the team.

Build on Chronic Disease Prevention and Management

Strategic Direction: Build on Chronic Disease Prevention and Management

The focus on chronic disease is important, not only for its alignment with federal and provincial priorities, but more importantly chronic conditions can be prevented, detected and managed to promote better health and wellness for our community. In Canada, few people are untouched by chronic disease or injuries: three out of five people over the age of twenty live with one of these diseases, and four out of five are at risk. This has a significant impact, including on our ability to work and participate in community life. With costs of treatment rising, and people living longer, there are concerns about costs for our health care system. (Health Canada Strategic Plan 2013-2016)

Considering the various ages and stages of our patient population, the following areas are the focus for chronic disease prevention and management.

Mental Health & Addictions (Adult)

- Our team will build on existing strengths to increase education and expertise about screening, diagnosis, and management of mental health and addictions, including co-occurring disorders, specifically depression and anxiety.
- We will actively participate and serve in Oxford County initiatives that support the prevention, coordination, voluntary integration, and increased accessibility to education and treatment of mental health and addictions

Mental Health (Children & Youth)

- Following the advanced access protocols, we will increase our understanding of child/youth early identification of mental health disorders.
- We will expand our communication with existing child/youth providers in Oxford County to have more meaningful discussions about children and youth, so as not to duplicate, but to expand access to care.

Aging Population

- Our staff will work cooperatively with existing local experts to collaborate and increase our capacity to identify at-risk aging patients for dementia, delirium and depression.
- We will build an innovative and integrated seniors program that supports local services for seniors, and supports the development of a healthy, aging patient population.

Obese/Overweight

- We will collect data to develop a formal protocol to maximize the use of the PS Suite EMR for early identification of patients at risk of developing chronic disease due to obesity e.g. hypertension, diabetes, COPD.

Increase Access to Patient-Centred Care

Strategic Direction: Increase Access to Patient Centred-Care

Patient-centred care is based in the belief that the patient is the expert in their own social environment to be listened to, informed, respected, and involved in their healthcare journey. For primary care providers, the first step to patient-centred care is to strive for a deeper understanding of this philosophy in order to assist patients to achieve their wellness goals. Once obtained, the question remains as to how to increase capacity to increase the access to this patient-centred care.

Access to care remains a key challenge for healthcare in Ontario; specifically in Oxford County where we are widely spread with vast rural populations this is even more imperative. Ensuring that our clinic is able to provide needed appointments both on and off-site at the right time with the right provider, and provide best practice efficiencies for appointments will improve quality care.

Professional Development

- We will provide our clinical team with professional development and training to better understand the values and skills to expand understanding of patient-centred care.

Patient Satisfaction

- We will track the supply and demand, and patient satisfaction for efficient scheduling to ensure the right care, at the right time, with the right provider.
- We will expand our developing patient satisfaction and conflict resolution protocol for best service.

Home Visits

- We will create policies, procedures and protocols to offer home visits as a way to better meet patients where transportation is a barrier to patient care

Patient Self-Management

- Develop simple actions plans to assist primary and clinical staff and patients to determine wellness goals
- Support a user-friendly case management process, utilizing our EMR, to ensure patient success with self-management of chronic disease

Measuring Success

Every strategic plan needs measures of success. At the Ingersoll Nurse Practitioner-Led Clinic we want to reflect the purpose, mission, and hopes of our clinic, patients and community we serve. Without knowing in advance what success looks like it is difficult to implement our plan and stay the course.

Our team is designing our Quality Improvement Plan to capture not only our individual and short term goals, but to look ahead to what success looks like for our strategic plan as a whole in the long term.

Internally our team will be tasked with regular review of strategic SMART (Strategic, Measurable, Attainable, Realistic and Timely) Goals to determine whether our goals achieved the results we expected, should be changed to meet changing patient/community needs, and are on track with our long term expected outcomes for patient-centred care.

Turning outwardly, we will use Harwood's model to assist us in working more intentionally in Oxford County, and to determine if our clinic is taking a role in the community as a leader in innovative healthcare and healthcare collaborative practice. We will work to ensure that our clinic strives to understand our patients/community, their lives, where they live and what they aspire to for wellness. We will use this knowledge to inform our practice. We will provide opportunities to listen to our patients and our community ongoing and reflect their reality in our care. As a team we will set realistic expectations for progress and pursue actions that are meaningful to our patients, our staff, and our community partners. We will not do everything, but we will do what we can do well!

“Coming together is a beginning; keeping together is progress; working together is success.”

~Henry Ford