1.0 Introduction

This policy outlines the terms and conditions under which Local Health Integration Networks (LHINs) fund identified Long-Term Care Home (LTCH) Licensees for Attending Nurse Practitioner (Attending NP) positions under the Attending Nurse Practitioners in Long-Term Care Homes (Attending NPs in LTCHs) Initiative. This policy applies only to Licensees that have been identified by their LHIN and the Ministry of Health and Long-Term Care (the ministry) as selected for implementation of the Attending NP role in their LTCH.

The Attending NPs in LTCHs Initiative is separate and distinct from The Nurse Practitioner in Long-Term Care Home Project. The Nurse Practitioner in Long-Term Care Home Project is governed by the Direct Funding Agreement between the ministry and the LTCH Licensees.

Funding for the Attending NP positions created through the Attending NPs in LTCHs Initiative is new funding and is not intended to replace existing NP resources in the LTCH.

2.0 Funding Approach

Every LTCH that is eligible for this funding will receive $114,340 in salary and benefits and $8,513 in overhead (see Appendix B for further information) per Attending NP full-time equivalent (FTE). Benefits for the Attending NP FTE are not to exceed 24% of the $114,340 figure. Funding will be prorated in the first year that a LTCH participates in this initiative.

The funding for the Attending NPs FTEs is defined as ongoing or base funding.

2.1 How Funding Works

Funding for the Attending NP FTE will be reconciled and recovered through a separate line in Section I of the LTCH Annual Report in accordance with the terms and conditions identified in this policy and in the LTCH Reconciliation and Recovery Policy.

The Licensee’s actual eligible costs for retaining Attending NP services for the LTCH will be reconciled against the Licensee’s annual allocation for the calendar year under each category of the initiative in respect of the LTCH. Any unused funding shall be recovered by the ministry on behalf of the LHIN. Costs eligible for funding under the Attending NPs in LTCHs Initiative fall into the following three categories: Salary, Benefits, and the Total Overhead costs necessary for the provision of the Attending NP services.

Attending NPs in LTCHs funding will be reconciled and recovered in accordance with the LTCH Reconciliation and Recovery Policy and the additional terms and conditions outlined below.
Despite any other ministry LTCH funding policy, the Attending NPs in LTCHs funding reported within Section I of the LTCH Annual Report is protected and cannot be reallocated toward any other expenditures in the Nursing and Personal Care (NPC), Program and Support Services (PSS), Raw Food (RF) and/or Other Accommodation (OA) envelopes.

### 3.0 Terms and Conditions of Funding

Licensees will undertake all activities in compliance with all applicable legislation, including the *Long-Term Care Homes Act (LTCHA), 2007* and Ontario Regulation 79/10 under that legislation.

#### 3.1 An eligible Licensee will receive $114,340 in salary and benefits and $8,513 in overhead per Attending NP FTE annually, or a prorated amount for any funding provided for less than a year. The following conditions apply to the funding within each of the categories of salary, benefits and overhead:

- **a.** A maximum of 24% of the $114,340 provided for salary and benefits, or a prorated amount for any funding provided for less than a year, may be spent on benefits. The amount that is not spent on benefits may be used for salary.
- **b.** The $8,513 provided for overhead, or a prorated amount for any funding provided for less than a year, can only be spent in accordance with Appendix B. Expenditures for overhead must comply with the *Travel, Meal and Hospitality Expenses Directive.*
- **c.** Unspent funds in each category of salary and benefits, and overhead cannot be used in another category.
- **d.** Funding in each category will be reconciled in accordance with this policy and the *LTCH Reconciliation and Recovery Policy.* Unspent funds in each category will be recovered by the ministry on behalf of the LHIN.

#### 3.2 Attending NPs in LTCHs funding can only be used for:

- The creation or secondment of an Attending NP FTE at the LTCH and any and all partnering LTCHs that are sharing the position;
- The Attending NP to carry out the role as described in the Attending NP in LTCHs Role Description and in accordance with the accountabilities as described in the Attending NP in LTCHs Role Description (see Appendix A); and
- Overhead costs that adhere to the eligible overhead expenditures (see Appendix B).

#### 3.3 Eligible Licensees will use this funding to hire an Attending NP FTE in accordance with the terms and conditions set out in this policy and any additional terms and conditions identified by the LHIN. Licensees cannot use funds targeted for Attending NPs for any other purpose, including to “top-up” existing salaries, hire additional health care personnel, or to support other nursing positions and/or additional health care personnel.

The Licensee is also permitted to use the funding to enter into a secondment arrangement with another health service organization (e.g., primary health care organization or LHIN health service provider) for the services of an Attending NP. This secondment arrangement must be supported by an agreement between the parties (e.g., Licensee, seconding organization, and Attending NP).

#### 3.4 In instances where an Attending NP FTE is shared, the Licensee that is funded for the Attending NP position is accountable to ensure that any and all partnering LTCHs that are sharing the Attending NP FTE employ the Attending NP such that the Attending NP is engaged in carrying out the role as described in the Attending NPs in LTCHs Role Description.
3.5 Licensees who receive funding for the Attending NP FTE shall ensure that any and all partnering LTCHs that are sharing the position, or organizations participating in a secondment arrangement, must comply with the terms and conditions of this policy and any other Attending NPs in LTCHs Initiative requirements, such as participating and contributing to activities of the evaluation of the Attending NPs in LTCHs Initiative.

3.6 **Part-Time Positions**

*For Licensees receiving a full FTE:* The hiring of two part-time Attending NPs to fill one FTE is permitted, with each Attending NP providing service equivalent to 0.5 FTE, if reasonable efforts have been made to recruit a full-time Attending NP. “Reasonable efforts” means conducting at least two rounds of recruitment [e.g., job posting, review of resumes and interviews (as applicable)]. A job sharing arrangement is advised, when appropriate, to ensure adequate coverage at the LTCH(s) for vacation and other absences.

*For Licensees sharing a FTE:* In certain circumstances it may not be feasible to follow the recruitment process set out above. Examples of these situations are where the two LTCHs are separated by significant distance or the two LTCHs have different contractual arrangements (e.g., one is unionized, one is non-unionized). In these scenarios, two part-time Attending NPs could be hired (i.e., one by each of the two Licensees) with the positions divided according to the approximate ratio of beds between the two Licensees. For example, if Licensee A has 90 beds and Licensee B has 60 beds, the FTE would be divided, with Licensee A receiving 0.6 FTE and Licensee B receiving 0.4 FTE. Both Licensees are to consult with their LHIN on dividing the FTE.

The Ministry retains full discretion regarding the job sharing proportion and funding for these positions.

3.7 A Licensee may, at its discretion, adjust Attending NP compensation (over and above the $114,340 in salary and benefits provided under this policy) in order to meet requirements of collective agreements or other existing conditions of employment for Attending NPs. Overhead may also be adjusted (over and above the $8,513 provided under this policy) in order to support applicable costs directly associated with implementation of this initiative.

Nothing in this policy precludes the Licensee from using level-of-care funds in the Nursing and Personal Care (NPC) envelope to supplement Attending NP salary and benefits, and in the Other Accommodation (OA) envelope to supplement overhead (as described in Appendix B), additional hiring costs, start-up costs and indirect costs associated with Attending NP implementation. All NPC and OA expenditures for this purpose must comply with the *Eligible Expenditures for Long-Term Care Homes Policy.*

3.8 LHINs may, at their discretion, provide additional funding for salary and benefits and for applicable overhead costs associated with the Attending NPs in LTCHs Initiative, within the terms of this Policy, with funding from outside the Attending NPs in LTCHs Initiative or from other LHIN/LTCH funding allocation. The LHIN may set the terms and conditions of this additional funding. The *LTCH Reconciliation and Recovery Policy* will not apply to this additional funding.
3.9 When hiring the Attending NPs, Licensees will ensure that the candidate has the required qualifications and give preference to candidates who have the recommended qualifications set out in Appendix A of this Policy.

3.10 It is recommended that the LHIN and LTCH consult with the relevant union (e.g., Ontario Nurses’ Association) regarding the hiring of Attending NPs, to obtain the union’s recommendation about implementation from a labour relations perspective.

4.0 Reporting Requirements

4.1 Program Reports

The Licensee that is funded for the Attending NP FTE shall track the position, including across any and all partnering LTCHs that are sharing the position, if any, or seconding organizations, and shall submit the following reports to the LHIN, at the following times:

For each year, beginning in 2016:

<table>
<thead>
<tr>
<th>Name of Report</th>
<th>For the Period Of</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interim Project Report</td>
<td>January 1st to June 30th of each year</td>
<td>July 31st of each year</td>
</tr>
<tr>
<td>2. Project Report</td>
<td>January 1st to December 31st of each year</td>
<td>January 31st of each following year</td>
</tr>
</tbody>
</table>

Report Details

1. Interim Project Report to include:
   - The total number of Attending NP FTEs created and implemented.

2. Project Report to include:
   - The total number of Attending NP FTEs created and implemented;
   - Key achievements and activities related to the Attending NP role; and
   - The impact of the Attending NP role on: 1) continuity of care as the most responsible provider; 2) increased access to, and quality of, health care for LTCH residents; 3) creation and implementation of Quality Improvement Plans; 4) research and implementation of best practices; 5) increased knowledge capacity of staff and programming in the LTCH(s) to meet the needs of residents; and 6) improved care coordination and collaboration across the care continuum among health care providers within the LTCH(s) and in the region.

Further information about this reporting will be provided by the LHINs.

The LHINs are required to submit each of these reports from the Licensees to the Nursing Policy and Innovation Branch at the following times:

For each year, beginning in 2016:
<table>
<thead>
<tr>
<th>Name of Report</th>
<th>For the Period Of</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interim Project Report</td>
<td>January 1(^{st}) to June 30(^{th}) of each year</td>
<td>August 31(^{st}) of each year</td>
</tr>
<tr>
<td>2. Project Report</td>
<td>January 1(^{st}) to December 31(^{st}) of each year</td>
<td>February 28(^{th}) of each following year</td>
</tr>
</tbody>
</table>

### 4.2 LTCH Annual Report Requirements

The Licensee receiving the funding shall report the use of Attending NPs in LTCHs Initiative funding in a separate line in Section I in the Licensee’s audited LTCH Annual Report in accordance with the form and manner set out in the *LTCH Reconciliation and Recovery Policy*, other applicable policies, and the “LTCH Annual Report Technical Instructions and Guidelines”.

The reporting must indicate the breakdown of expenditures under the program by Salary, Benefits, and Total Overhead. The funding provided under each category is independent of each other and not interchangeable. Any unspent funds in each category shall be recovered as part of the reconciliation.

Licensees are to report on Attending NPs in LTCHs expenditures in the LTCH Annual Report on a calendar year as per the *LTCH Reconciliation and Recovery Policy*.

In the event that funding is not applied as required by this policy, the Licensee shall return to the LHIN, upon request, the excess amounts paid or such amounts may be set off against amounts payable by the LHIN to the Licensee, as per the *LTCH Reconciliation and Recovery Policy*.

The Licensee that is funded for the Attending NP FTE shall track the position across any and all partnering LTCHs that are sharing the position or organizations providing a secondment, and shall report the applicable expenses in its LTCH Annual Report.

The LHIN may require additional reporting and tracking requirements with respect to other elements of the Attending NPs in LTCHs Initiative.

### 4.3 Annual Staffing Survey Reporting Requirements

The Licensee must maintain records of the new Attending NP FTEs created with the Attending NPs in LTCHs Initiative funding, provide records upon request to the LHIN and provide information to the ministry regarding the increase of new NPs through the annual staffing survey.

The Licensee that is funded for the Attending NP FTE shall track the position across any and all partnering LTCHs that are sharing the position or organizations providing a secondment.

### 5.0 Definitions

**Attending Nurse Practitioner Full-Time Equivalent** and **Attending NP FTE** – means a registered nurse in the extended class who holds the position of Attending Nurse Practitioner (NP) in the long-term care home (LTCH) and who works at least 37.5 hours of nursing service per week. However, where the LTCH has in place a collective agreement that requires the NP to
work to maximum hours that are less than 37.5 hours per week, the NP would still meet this definition providing they worked to the maximum hours permitted under the collective agreement. As per section 3.6 of this policy, two part-time Attending NPs may fill a FTE, but would be required to work a combined total of at least 37.5 hours per week, or as specified in the applicable collective agreement.

**Ministry of Health and Long-Term Care (ministry)** – The ministry is responsible for the stewardship of the provincial implementation of the Attending NPs in LTCHs Initiative: facilitating knowledge transfer, receiving reports, coordinating project evaluation, and communication within the ministry.

**The Licensee** is the holder of a licence issued under the *LTCHA, 2007*, and includes the municipality or municipalities or board of management that maintains a municipal home, joint home or First Nations home.

**The Interim Project Report** is one that includes the total number of Attending NP FTEs created and implemented. The Licensee submits the report to the LHIN and the LHIN submits the report to the ministry.

**The Project Report** is one that includes the total number of Attending NP FTEs created and implemented, key achievements and activities related to the Attending NP role and the impact of the Attending NP role on: 1) continuity of care as the most responsible provider; 2) increased access to, and quality of, health care for LTCH residents; 3) creation and implementation of quality improvement plans; 4) research and implementation of best practices; 5) increased knowledge capacity of staff and programming in the LTCH to meet the needs of residents; and 6) improved care coordination and collaboration across the care continuum among health care providers within the LTCH and in the region. The Licensee submits the report to the LHIN and the LHIN submits the report to the ministry.

**6.0 References to Other Policy Documents and Technical Instructions and Guidelines**

For further information, please refer to:

Agreements -
Long-Term Care Homes Service Accountability Agreement

Policy -
*LTCH Reconciliation and Recovery Policy*
*LTCH Annual Report Technical Instructions and Guidelines*
*Eligible Expenditures for Long-Term Care Homes Policy*
Appendix A: Attending Nurse Practitioners in Long-Term Care Homes Role Description

Position Summary:

The Attending Nurse Practitioner (Attending NP) reports directly to the Director of Nursing and Personal Care or Administrator and is also accountable to the Medical Director for meeting the long-term care home’s (LTCH) policies, procedures, and protocols for medical services. The Attending NP is a primary care provider to residents and works within her/his legislative scope of practice as described and outlined by the College of Nurses of Ontario. The Attending NP collaborates with the resident and family/caregiver, and the health care team in the development, implementation and evaluation of the resident’s plan of care; provides leadership and mentorship to LTCH staff\(^1\) that enhances their knowledge, assessment skills, and ability to care for residents in place; and leads and collaborates in research, education, and evidence-based practice initiatives to optimize the resident, LTCH and health system outcomes.

Qualifications

- Current registration with the College of Nurses of Ontario as a Registered Nurse in the Extended Class (Primary Health Care or Adult) and entitled to practice (required)
- Post-graduate education and experience in gerontology (recommended)
- Specialty certification in gerontological nursing (recommended)
- Post-graduate certificate and experience in palliative care (recommended)

Accountabilities

The Attending NP:

- Maintains confidentiality and acts in an ethical manner, consistent with professional expectations, the written agreement between the NP and the LTCH, and the LTCH’s policies and code of conduct.
- Is a member of the primary care team and seeks appropriate consultation as required.
- Engages in ongoing professional development, maintains clinical competence and currency with legislation affecting her/his practice.
- Develops in-depth expertise in care of older persons.
- Develops in-depth expertise in leadership.
- Holds professional liability protection.
- Maintains CPR certification designed for health care professionals and standard first-aid.

Roles and Responsibilities

70% of Attending NP time must be while engaged in direct care to residents. As part of this, the Attending NP:

1. Provides comprehensive primary care to residents\(^2\) as part of the interdisciplinary health care team\(^3\).

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\(^1\) Section 2.1 of the Long-Term Care Homes Act, 2007 defines staff as follows: "staff", in relation to a long-term care home, means persons who work at the home, (a) as employees of the licensee, (b) pursuant to a contract or agreement with the licensee, or (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party ("personnel").

\(^2\) Resident includes substitute decision makers as appropriate.

\(^3\) Interdisciplinary health care team includes unregulated health care providers.
2. Performs a person-centered health assessment of residents on admission, annually and as needed (including quarterly medication reviews).
3. Conducts person-centered comprehensive health histories.
4. Collaborates with the resident to develop a person-centered plan of care.
5. Engages with the resident in regular dialogue about their care plan.
6. Utilizes communication and counselling skills:
   a. Engages residents in dialogue to determine what is important to them for health and quality of life.
   b. Provides person-focused health education.
7. Participates in regular care conferences.
8. Manages the care of residents by providing pharmacological, complementary and/or counselling interventions, and performs procedures within the NP scope of practice.
9. Orders and/or performs appropriate screening and diagnostic investigations, interpreting results, and assuming responsibility for follow-up.
10. Diagnoses acute and chronic health conditions.
11. Provides outreach and transitional services to LTCH residents who return to the community.
12. Liaises with discharge planning services for hospitalized residents to ensure a smooth transition back to the LTCH.
13. Participates in providing after hours and on-call coverage in accordance with the on-call policy of the LTCH.
14. Increases continuity of care through collaboration, consultation and referral as appropriate:
   a. Collaborates and consults with physicians, the Director of Nursing and Personal Care, nursing staff, interdisciplinary team members and external resources regarding a resident's plan of care.
   b. Assists, supports, guides and provides consultation to the Director of Nursing and Personal Care, nursing staff and interdisciplinary team members regarding challenging clinical situations.
   c. Makes referrals to specialized consultants, services, and other health providers.
   d. Accepts referrals from interdisciplinary team members.
15. Advocates for and provides palliative and end-of-life care.
16. Documents clinical data, assessment findings, diagnoses, plans of care, therapeutic interventions, resident responses, and clinical rationale in a timely and accurate manner.

30% of Attending NP time must be while engaged in research, education, and leadership. As part of this, the Attending NP:
1. Participates in creating an organizational environment that supports the safety quality of resident care and life, collaborative practice, and professional growth.
2. Participates in internal (e.g. Professional Advisory Committees, Quality Committee) and external committees.
3. Identifies, develops and implements practice innovations, in collaboration with the LTCH’s senior leadership team.
4. Provides leadership and involves the interdisciplinary team in quality improvement initiatives.
5. Provides leadership in developing and implementing strategies to optimize the integration of illness and injury prevention, health promotion, health maintenance, rehabilitation and restorative care activities.
6. Participates with the senior leadership team in program planning to meet the needs of short and long-term residents and of residents of varying age groups.
7. Teaching and coaching:
a. Provides formal and informal teaching and coaching in the management of clinical care to interdisciplinary team members, serving as resource person, educator and role model, and contributes to the performance appraisals of registered nursing staff.
b. Participates in identifying, analyzing and interpreting trends in resident care outcomes and professional nursing practice issues to determine priorities for educational programming.
c. Contributes to planning, implementing and evaluating learning resources and health education programs for residents, families and substitute decision makers.
d. Promotes knowledge development of clinical staff by integrating best practices in resident care.

8. Research:
   a. Engages in evidence-informed practice by critically appraising and applying relevant research, and theory in providing health care services.
   b. Identifies and implements research-based innovations for improving resident care.
   c. Collaborates with members of the interdisciplinary team and/or community to identify research opportunities and to conduct and/or support research.
   d. Acts as a change agent through knowledge translation and dissemination of new knowledge that may include formal presentations, publication, informal discussions, development of best practices, policies, and procedures.
Appendix B: Eligible Expenses for Overhead Budget

All expenditures must be directly related to the Attending Nurse Practitioner (NP) Full-Time Equivalent (FTE).

<table>
<thead>
<tr>
<th>ELIGIBLE ITEMS</th>
<th>NOTES</th>
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<tbody>
<tr>
<td>General Overhead</td>
<td></td>
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<tr>
<td>Includes:</td>
<td></td>
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<tr>
<td>• IT and IT resources</td>
<td>• Equipment must be otherwise not readily available to the Attending NP</td>
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<tr>
<td>o Anti-virus software</td>
<td>• Equipment must be purchased in consultation with the Attending NP</td>
</tr>
<tr>
<td>o Software, software upgrades/repairs</td>
<td>• Equipment must be specific to NP scope of practice and for the Attending NP’s exclusive use</td>
</tr>
<tr>
<td>o Hardware rentals or purchase [laptop, tablet or desktop, cell phone or personal digital assistant (PDA)]</td>
<td>• Does not include medical/nursing supplies</td>
</tr>
<tr>
<td>• Medical equipment</td>
<td></td>
</tr>
<tr>
<td>• Committee/Team Meeting expenses (no hospitality)</td>
<td>• Committee/team meeting expenditures must adhere to the Travel, Meal and Hospitality Expenses Directive</td>
</tr>
<tr>
<td>• Communication Materials</td>
<td>• Library materials and subscriptions according to the needs, and in consultation with the Attending NP</td>
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<tr>
<td>o Brochures</td>
<td></td>
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<tr>
<td>o Translation services</td>
<td></td>
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<tr>
<td>o Patient education supplies</td>
<td></td>
</tr>
<tr>
<td>• Library materials and subscriptions</td>
<td></td>
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<tr>
<td>• Office Supplies</td>
<td></td>
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<tr>
<td>o Computer,copy supplies</td>
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<tr>
<td>o Stationary, etc.</td>
<td></td>
</tr>
<tr>
<td>o Photocopying and printing</td>
<td></td>
</tr>
<tr>
<td>o Postage and courier</td>
<td></td>
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<tr>
<td>• Telephone</td>
<td></td>
</tr>
<tr>
<td>o Local and long distance charges for land, cellular or personal digital assistant (PDA).</td>
<td></td>
</tr>
<tr>
<td>o Data charges for cellular, tablet or PDA</td>
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<table>
<thead>
<tr>
<th>Recruitment</th>
<th>Professional Development</th>
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</thead>
<tbody>
<tr>
<td>Includes:</td>
<td>Includes:</td>
</tr>
<tr>
<td>• Advertising</td>
<td>• Education</td>
</tr>
<tr>
<td>• Recruitment</td>
<td>• Conferences</td>
</tr>
<tr>
<td>• Recruitment consultation</td>
<td>• Related travel, accommodation and meals</td>
</tr>
</tbody>
</table>

- Rates for reimbursement on kilometers driven for travel for clinical services must adhere to the rates provided in the Travel, Meal and Hospitality Expenses Directive.
- Adherence is also required to the Parking and Tolls, Taxis, and Public Transit sections of the Travel, Meal and Hospitality Expenses Directive for travel for clinical services.
- Travel, accommodation and meal expenditures for professional development must adhere to the Travel, Meal and Hospitality Expenses Directive.