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## Nurse Practitioner-Led Clinics

*Advancing Family Health Care*

# Introduction to Nurse Practitioner-Led Clinics

June 2009

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The **Application Kit** for Nurse Practitioner-Led Clinics Wave 2 consists of four documents.

**This is Document #1 of the Application Kit: *Introduction to Nurse Practitioner-Led Clinics.***

This document provides an overview of Nurse Practitioner-Led Clinics and the fundamental building blocks necessary to establish a Nurse Practitioner-Led Clinic.

On November 29, 2007, the government announced the establishment of 25 Nurse Practitioner-Led Clinics in its Throne Speech. In February 2009, three Nurse Practitioner-Led Clinics were announced as part of its Wave 1 commitment. In Wave 2, the government will continue with its commitment in developing Nurse Practitioner Led-Clinics in areas of additional need.

**Note:**

The Nurse Practitioner-Led Clinic Application Kit is available on the Ministry of Health and Long-Term Care's (the ministry's) public website at:

[http://www.health.gov.on.ca/transformation/np\\_clinics/np\\_mn.html](http://www.health.gov.on.ca/transformation/np_clinics/np_mn.html)

## Family Health Care for All

The implementation of Nurse Practitioner-Led Clinics is part of the government's Family Care for All Strategy, which will improve timely access to comprehensive family health care for all Ontarians.

Nurse Practitioner-Led Clinics are locally driven family health care delivery organizations which will include registered nurses in the extended class, registered nurses, family physicians and a range of other health care professionals who are committed to working together collaboratively to provide comprehensive, accessible, coordinated family health care services to a defined population (e.g. unattached patients).

Through Nurse Practitioner-Led Clinics, patients are able to establish a continuous relationship with health care providers for comprehensive, family health care close to home. As a collaborative team practice, Nurse Practitioner-Led Clinics emphasize health promotion and improved management of chronic disease, through both treatment and monitoring, as well as support their patients in improving self-management skills. Keeping patients healthier and chronic disease better managed are key to reducing Emergency Room visits.

This vision allows nurse practitioners, physicians, and other members of the team to practice together in a positive working environment, sharing and benefiting from the complementary knowledge and skills of their colleagues, with a focus on keeping patients healthy.

Nurse Practitioner-Led Clinics will have access to information technology tools and support in implementing patient electronic medical records and decision support tools.

## The Vision

The ministry is committed to working with our province's dedicated health care professionals to improve the health care system because Ontarians deserve the best health care.

The implementation of Nurse Practitioner-Led Clinics is part of the government's goal to increase access to family health care services for all Ontarians reducing the number of unattached patients, increasing access to those in disadvantaged populations or with special needs, and improving the comprehensiveness and integration of services.

Nurse Practitioner-Led Clinics will build on the successes of other family health care service delivery models such as Family Health Teams, Community Health Centres, Primary Care and Underserved Area Program Nurse Practitioner Programs. This strategy will contribute to and facilitate the implementation of other key ministry initiatives (such as chronic disease prevention and management, and integrated cancer screening) by providing an organized system of health care through which new initiatives can be delivered.

## Wave 2

The ministry undertook a needs assessment considering a range of key population and health indicators to determine which Local Health Integration Networks (LHINs) have the greatest need for additional resources. These LHINs are: *North West, North East, Erie St. Clair, North Simcoe Muskoka, Central West, Central East, Champlain, and South East.*

Key indicators for assessing need included:

- Proportion of unattached patients, excluding Health Care Connect program; Prevalence of one or more of nine chronic diseases, including diabetes;
- Number of full time equivalent (FTE) general practitioners/family physicians in a LHIN per 10,000 population; and
- Number of existing Family Health Teams/Community Health Centres.

The Call for Applications for Wave 2 begins **Wednesday, June 24, 2009**, with the deadline for submissions by 5:00 p.m. **Thursday, July 30, 2009**. It is expected that successful applicants will be announced in *Fall 2009*.

## Application Review

The application review will focus on the following areas:

1. Family health care needs of your community – This section focuses on the community in which your proposed Nurse Practitioner-led Clinic will be located, providing the ministry with information on your region and the availability of existing family health care services.
2. The commitment of the proposed providers in your Nurse Practitioner-Led Clinic – This section provides the ministry with information about your proposed Nurse Practitioner-Led Clinic, including the planned number of registered nurses in the extended class [RN(EC)], as well as other health care providers including the roles of family physicians, the roles of any community partners, and the commitments made by each provider.

3. The primary health care needs of the population you intend to target in your clinic and the services you intend to provide – This section provides the ministry with information about the population your proposed Nurse Practitioner-Led Clinic intends to serve, and the services your clinic will provide to meet the family health care needs of your targeted community.

*Successful applicants will be expected to reduce the number of unattached patients in their community, and to participate in other Family Health Care for All initiatives such as integrated cancer screening and chronic disease management programs.*

4. Community Partnerships – This section will help the ministry identify whether you have collaborated with other local health care providers and if there is support for your proposed Nurse Practitioner-Led Clinic from these organizations.
5. Readiness to Operate – This section will help the ministry determine the length of time that would be required in order for your proposed Nurse Practitioner-Led Clinic to become operational. Space planning and human or other resources for your Nurse Practitioner-Led Clinic should be identified in this section.

## The Role of Nurse Practitioner-Led Clinics

1. Provide comprehensive family health care services through an interdisciplinary team of nurse practitioners, registered nurses, family physicians and a range of other health care professionals, each working within their scopes of practice;
2. Provide system navigation and care coordination – linking patients to other streams of the health care system such as acute care, long-term care, public health, mental health, addictions, and community programs and services;
3. Emphasize health promotion, illness prevention, early detection/diagnosis;
4. Serve as a control catalyst for the development of new, comprehensive, community based chronic disease management and self-care programs;
5. Provide patient-centred care where the patient is a key member of the team and uses information and support to make informed decisions on how to manage his/her self-care needs;
6. Be linked with other health care organizations at the community level and, in general, be adapted to the needs of the specific community; and
7. Use information technology as the backbone of system integration, linking patient records across different health care settings giving providers timely access to test results and other important data.

## Guiding Principles

The following are the principles that the ministry will use to guide the development and implementation of Nurse Practitioner-Led Clinics in Ontario:

### *Patient Focus*

Nurse Practitioner-Led Clinics will be patient-focused and will include patient targets and population-based health planning.

### *Flexibility and Choice*

Nurse Practitioner-Led Clinics will not be a one-size-fits-all approach. There are diverse communities across Ontario and there must be flexibility in the scope and focus of Nurse Practitioner-Led Clinics to allow them to be tailored to meet the needs of the local patient population.

### *Community and Provider Partnerships*

Community representatives, local health delivery organizations and health care professionals are encouraged to work together to develop a Nurse Practitioner-Led Clinic that reflects the unique needs of the population served, and develop collaborative working relationships that will enhance access and continuity of care.

### *Build on Existing Models and Successes*

Ontario has a rich history of leadership in family health care delivery and access. Nurse Practitioner-Led Clinics will build upon the strengths of these existing models and learn from their challenges.

### *Team-Based Care*

Nurse Practitioner-Led Clinics will be interdisciplinary teams of health care providers including nurse practitioners, registered nurses, family physicians and a range of other health care professionals each working within their scopes of practice. The make-up of these teams will be tailored to the size of the population served and their health care needs.

### *Local Integration*

Nurse Practitioner-Led Clinics will work with other health care delivery organizations to develop partnerships that will maximize opportunities for local collaboration to improve access and continuity of care. Such relationships may include Community Care Access Centres, local hospitals, public health units, long-term care facilities, and voluntary associations.

### *Evidence-Based Balanced Approach*

Nurse Practitioner-Led Clinics will progressively evolve through a balanced use of evidence-based practice, and continuous re-evaluation, together with flexibility for innovation and responsiveness to local community and provider concerns.

### *Transparency and Consultation*

Open communication and transparent decision-making on the design, development and implementation of Nurse Practitioner-Led Clinics will ensure their success. Stakeholders and community input and consultation will maximize acceptance and commitment to common goals, respective responsibilities and mutual accountability.

## Support for new Nurse Practitioner-Led Clinics

Once awarded, the new Nurse Practitioner-Led Clinics will have resources to help guide them through development and implementation. The materials being offered are based on the lessons learned and the experience garnered during the Wave 1 implementation of NP-Led Clinics. These support tools are designed to help new Nurse Practitioner-Led Clinics navigate the start-up phase more easily and more efficiently to reach operational status in a shorter period of time. Resources will include:

- Guides that will assist you in the development of your plans;
- A list of consultants with experience working with Nurse Practitioner-Led Clinics and mentorship opportunities through the Quality Improvement and Innovation Partnership (QIIP), which assists Nurse Practitioner-Led Clinics as they move to a new model of family health care. [for additional information about QIIP, please see <http://www.qiip.ca>]; and
- Team of trained implementation specialists at the Ministry of Health and Long-Term Care.

All guides can be found at: [http://www.health.gov.on.ca/transformation/np\\_clinics/np\\_mn.html](http://www.health.gov.on.ca/transformation/np_clinics/np_mn.html)