



WATERLOO REGION NURSE PRACTITIONER LED CLINICS STRATEGIC PLAN REPORT

April 26, 2025

Guided by purpose, powered by people—WRNPLC's strategic plan charts a path toward equitable, patient-centered care.

Background

Established in 2007, Nurse Practitioner-Led Clinics (NPLCs) in Ontario are publicly funded, not-for-profit primary health care organizations where nurse practitioners (NPs) lead the delivery of care. Unlike traditional models, patients are registered with the clinic itself rather than an individual provider, promoting continuity, coordination, and team-based care. Recognized as innovative Canadian solutions to primary care reform (WHO, 2008), there are now 28 NPLCs operating across Ontario.

The Waterloo Region Nurse Practitioner-Led Clinic (WRNPLC), opened in 2011, has grown significantly over the years. It now operates multiple sites in Kitchener, Cambridge, and Breslau and has developed a range of partnerships with local community organizations. The clinic serves a diverse patient population that reflects the broader health challenges of southern Ontario, including high rates of medical and social complexity, mental health concerns, and the needs of young families.

In 2021, the organization undertook a comprehensive strategic planning to redefine its priorities and direction with the focus on the following strategic priorities:

1. People
2. Place
3. Partnerships

As the current landscape of health care and the Ontario Health Teams continue to evolve, the Board of Directors determined that for 2025-2028, the organization needed to refresh their strategic directions and create a three-year plan for implementation. To that end on April 26, 2025, an all-day board retreat was held to review the progress of the 2021-2025, receive an update on the development of the Ontario Health Teams and reflect on the external and internal environment.

2021 – 2024 Strategic Plan Review

Focus	Outcome	Action	Update	
Partnerships	Partnerships reflect the needs of WRNPLC patient populations	Assess the match between present partnerships and identified client population needs	Partnerships were reviewed to better align with population needs. Some were enhanced to expand patient access across sites, while others were adjusted to minimize duplication of services. New partnership developed to streamline access to care for unattached refugees in Cambridge.	
		Complete a demographic profile of each clinic site population	Demographic profile developed with support of QIIMS and Master of Nursing student. Intake form redesigned.	
		Conduct a gap analysis at both sites	Gap analysis identified several unmet program needs that could significantly benefit patients. It also revealed that one program required substantial staff resources despite low patient engagement, leading to its discontinuation.	
		Review the availability of programs and services at outside agencies with a goal of no duplication	Partnerships reviewed and pathway developed with community partner to provide rapid follow up for those accessing rapid primary care clinic.	
		Partnership parameters are well defined	Review and update Memorandum of Understanding (MOU) with each agency /provider	MOUs reviewed and revised as required and re-signed.
		WRNPLC participates in partnership	Management team and staff participate in OHT	WRNPLC actively participated in the OHT and community’s COVID response tables and vaccine efforts during the pandemic.

	initiatives identified through KW4 and CND OHT	design and implementation	WRNPLC remained actively engaged at the OHT leadership tables and contributed to two innovation fund proposals, taking a lead role in the design and recommendations for one of the successful initiatives.
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Focus	Outcome	Action	Update
People	WRNPLC primary care services are expanded beyond present	Continue development work with Breslau Townsend Pharmacy	Advocacy efforts were successful, resulting in funding to open the Breslau site in June 2022.
		Identify and advocate for additional NP at Pioneer Park	The Expression of Interest submitted in 2023 for the Primary Care Expansion Fund was approved, enabling both team expansion and increased clinic space.
	Staff expertise is consistent with client needs	Consolidate IUD insertion program	A comprehensive contraception insertion program was introduced, alongside the establishment of a medical abortion clinic to enhance reproductive health services.
		Implement dermatology clinic	Dermatology and minor procedures clinic established at the Cambridge site to support patient access.
		Review potential for RPNS in well women assessment	The role of the RPNs expanded to include all cervical screening, venipuncture, spirometry foot care and well infant assessments.
		Equip pharmacist with directives needed to expedite access for patients to vaccines	Medical directives were developed and put into place but then scope of practice expanded enabling them to manage same-day visits, improving timely access to care.

		Conduct needs assessment with focus on areas of mental health, geriatrics mini-QIP	Needs assessment was completed, and targeted educational sessions were delivered to enhance staff knowledge and professional development.
		Continue Cultural Competence work	Cultural competency remained a key priority for the clinic, with annual educational sessions delivered to support ongoing learning and inclusive care.
	Patients are deliberately engaged in evaluation and program design	Conduct key informant interviews and/or focus group to learn best format for our patient population to provide input on patient service	Patient satisfaction surveys continued to be distributed, consistently yielding positive feedback. While patients were engaged to support OHT-related initiatives, WRNPLC is still exploring the most effective ways to involve patients at the governance level, such as through the Board or a Patient Advisory Council.
		Learn from how other NPLCS are ensuring patient engagement	
	Staff are engaged in organization development and program design	Recruit staff as Super users to develop EMR stamps and templates that reflect current best practices.	The Superuser group was reestablished to enhance efficiencies and promote best practices in EMR use. Additionally, online patient tools were introduced to streamline appointment booking and improve access to care.
		Social work to complete evaluation of programs including CBT, DBT	In addition to program evaluations conducted by the social worker, administrative staff redesigned both the referral tracking and intake processes to improve efficiency and workflow.
	Staff and patients are supported by organization, structure and technology	Build additional technology supports including patient portal, texting	Technological advancements such as online booking, AutoScribes, and automated patient reminders were implemented to enhance efficiency, improve accessibility, and elevate the overall patient experience.

		Embed regular review of policy and procedure	Policy and procedure reviews were integrated into monthly staff meetings, and enrollment in a Human Resources platform was implemented to streamline the development and revision of policies.
		Create opportunity to revive staff social committee	To promote a stronger sense of connection across its three locations, the social committee provided opportunities for staff to engage in shared social activities.
		Ensure systems, operations, and infrastructure support the aim of net zero carbon emissions as identified in the UN Intergovernmental Panel on Climate Change August 2021 report	WRNPLC “climate crew” established, meeting on regular basis to advise how the clinics can practice in a more environmentally sustainable way with projects including autoclaving, inhaler use, increasing recycling and compost capacity.
	Board composition, function and activities are best practice based	Recruit members from diverse populations and paradigms	New members were successfully recruited with diverse experience and skills to enhance the board composition.
		Review board meeting structure to ensure focus on Board priorities	The Board meeting structure was reviewed and adjusted to ensure alignment with key Board priorities and to support more focused, strategic discussions.
		Review Board manual for consistency with board practice	The Board manual was reviewed to ensure alignment with current board practices and compliance with the Ontario Not-for-Profit Corporations Act (ONCA).
		Review Board member participation in advocacy and other organization activities (e.g., Quality Committee)	WRNPLC maintained active Board representation on OHT governance committees, ensuring continued involvement in regional decision-making and alignment with system-level priorities.

		Establish board education program	Board education sessions were developed to enhance the knowledge, skills, and governance capacity of the volunteer Board of Directors, supporting effective oversight and strategic leadership.
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Focus	Outcome	Action	Update
Place	WRNPLC physical plants support safe, efficient and pleasant workflow	Engage designer to review Cambridge physical plant	The submission of the capital grant was successful, initiating the early planning stages for a new clinic space. Additionally, improvements were made at other sites to enhance patient comfort and experience.
		Evaluate impact of and plan future of virtual care	The continued integration of virtual care capabilities ensures minimal disruption to patients during inclement weather. Virtual visits, phone consultations, and work-from-home options have been seamlessly incorporated into clinic workflows to support continuity of care.
	WRNPLC organization structure, practice and admin supports reflect current best practice	Apply accreditation standards to all program and policy reviews	Accreditation will be deferred at this time due to the operational pressures associated with upcoming facility expansions, however, we remain committed to maintaining accreditation standards by continuing to follow best practices in policy development and system implementation, ensuring future readiness.

Health Care Environmental Scan

A significant primary care access challenge persists in the Waterloo Region, with approximately 80,000 individuals in Kitchener and 20,000 in Cambridge currently without a primary care provider; these numbers are projected to double in the near future. Despite the distinction between “rostered” and “registered” patients, the government does not differentiate between these categories, particularly as NPs do not bill on a fee-for-service basis, complicating patient tracking and funding models.

Access to specialist care remains difficult, with extended wait times contributing to increased complexity in the cases managed by primary care providers. Additionally, a growing wage disparity between hospital and primary care settings has emerged as a significant barrier to staff recruitment and retention. Historically viewed as an attractive workplace, NPLCs are now facing staff losses to hospitals due to competitive compensation and rising cost of living.

Waitlists at two of the sites remain lengthy, with a substantial number of patients being newcomers to the region. Technological advancements, such as the implementation of artificial intelligence (AI) tools like AutoScribe and Heidi, are beginning to influence primary care delivery by streamlining documentation and enabling providers to better focus on patient interaction. There is potential for AI to reduce duplication of efforts through advanced summarization functions, though its long-term impact on workflow efficiency is yet to be fully realized.

SOAR Analysis

The Board of Directors retreat was facilitated employing SOAR as the framework for consultation. The SOAR framework promotes a positive approach, focusing on improving the organization. Board of Directors and the leadership team members were asked to reflect on the questions in the table below:

SOAR			
STRENGTHS	OPPORTUNITIES	ASPIRATIONS	RESULTS
What does our organization do well?	What are current trends that we can capitalize on?	What inspires us an organization?	How do we track our performance?
What are our current strengths?	What partnerships/collaborations can we pursue?	What do we hope to achieve?	How do we translate our future aspirations into measurable data?
What is our organization's greatest achievement?	Is there a gap in health care service that we can address?	What do we care most about?	How do we define success?
What is our unique selling proposition? HAT IS OUR UNIQUE	What are the key needs our patients have that require us to be innovative?	What is our desired future?	Do we have the right resources in place?
What do we currently do better than anyone else?			

Board of Directors and Leadership input:

STRENGTHS	OPPORTUNITIES	ASPIRATIONS	RESULTS
<p>Collaboration with community (clinic & board)</p> <p>Team really pushes & encourages all staff to work to full scope of practice</p> <p>Small team that is able to devote a lot of time towards patients – when organizations scaled up have a lot of</p>	<p>Recruitment/retention of staff – advocating for change of salaries, more opportunities for boards to do things differently with funding agreements; talent attraction</p> <p>Changes coming from government with potential</p>	<p>Reached target and able to provide good comprehensive care without push for intake & be able to retain staff and not have to worry about hiring new staff</p>	<p>Patient and staff surveys to get data</p> <p>SAMI score or comparable to measure complexity</p> <p>Show how care is making good outcomes for</p>

<p>management that aren't devoted to patients – small teams can achieve great things</p> <p>Staff – people who are dedicated and caring to mission of full scope to meet needs of patients</p> <p>Innovative, always go to if there is a new initiative in the community i.e./ HRM, online booking – can do big things without a lot by being creative & innovative</p> <p>Diversity of skills, knowledge & perspectives</p> <p>Creativity to navigate funding landscape and the challenges that come with the scarcity of resources</p> <p>Fiscally responsible – don't operate in a deficit, follow the guidelines</p> <p>Inclusion – strive to include all community members at the clinic and be creative with programs to meet needs of community i.e./ RAAM</p> <p>Clinic hasn't forgotten what they are here for – patient care is always at focus, patient centred</p>	<p>change in political party and what changes might come to healthcare from that</p> <p>Opportunity to ask for supports from funding that is coming i.e./ navigator, admin support</p> <p>Continue to grow internally with specialized services to decrease need for referrals with specialists</p> <p>Opportunity for staff to specialize to follow their passions i.e./ procedures</p> <p>Possible opportunity for fund raising, accepting donations</p> <p>Expansion of admin staff to take on some day-to-day functions to allow for ED to focus on different projects</p> <p>When asked to take on projects start to say no unless gov't willing to fund support staff roles to avoid extra work for leadership team</p>	<p>Pay staff what they are worth for they work they do across entire team and primary care</p> <p>Respect for job that are trying to do amongst all professionals in healthcare</p> <p>Maintain high patient satisfaction in ever changing landscape</p> <p>Move Breslau space into larger space – either move or add satellite space with appropriate administrative dollars</p> <p>High employee feedback scores – improve some parts/maintain other parts</p> <p>Having everyone know what the NPLC is and what they do</p>	<p>patients/show how to support</p> <p>What are the clinical outcomes from specific programs – develop measurements before programs start so capturing properly and showing the outcomes</p> <p>Changing reporting wording to reflect how prevented specific visits (outcome) rather than how many visits in clinics i.e./ 10 same days changed to 10 visits ER diversion</p> <p>Telling the story vs just giving numbers</p>
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<p>Geographic location of clinics – good location to meet the patients</p> <p>Innovative in filling gaps of needs of community i.e./ specialty services and skills of staff, try to fill need so don't have to refer out so much</p> <p>Partnership development – good at relationship building & coming up with unique and strategic partnerships</p> <p>Strong reputation of organization, strong board</p> <p>Strong connections with local politicians/government</p>	<p>Attend as many tables as possible to further advocate for NPLC clinics and IHP working to full scope</p> <p>Patient engagement – focus groups or advisor or pt on board</p> <p>What does growth really look like, what is the sweet spot?</p> <p>Public knowledge of NPLCs – the more the public is aware of the clinics and the challenges they face might help facilitate funding opportunities</p> <p>Continue to evolve the NPLC model – be cautious that aren't getting stuck in old way of doing things, expand scope of entire team, allow people to work to their strengths; be able to adapt to changing landscape. What makes sense for our future, our team & our patients</p> <p>Continuing to optimize educational events – either</p>		
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	<p>internal or external for all staff</p> <p>Ability to improve care in new location and create new relationships (formal & informal)</p> <p>Opportunity to ensure using sustainable products & building responsibility in new site</p> <p>Social media campaign to educate community about NPLCs</p> <p>Collaborate with other speciality clinics to provide care to patients</p> <p>Leveraging board members to tell NPLC story, have “elevator pitch”</p> <p>Leverage patient willingness to advocate on behalf of clinic</p>		
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Following the SOAR exercise, the input gathered was thematically analyzed to inform the development of strategic priorities, and the organization's mission and vision statements were reviewed and refined to ensure alignment with the emerging direction

Mission:

The Waterloo Region Nurse Practitioner-Led Clinic provides person-centered, quality driven, integrated and accessible team-based primary care.

Vision:

Partnering for a Healthier Community.

Key Goals

1. Focus on Patients

- Strengthen patient engagement and partnerships
 - Survey, focus group, council, member of board
- Strengthen internal clinical services and fully leverage staff expertise to minimize reliance on external referrals.
- Empower patients to serve as advocates through structured engagement opportunities
 - E.g./ Annual General Meetings

2. Focus on the Team

- Empower staff to deliver high-quality patient care
 - Balance patient loads and utilize complexity scoring tools to support equitable distribution
 - Establish a triage system to help manage patient flow and balance workloads
- Foster a supportive and inclusive team environment
 - Engage staff in internal improvement opportunities
 - Provide accessible, relevant continuing education opportunities
 - Leverage digital tools to streamline workflow and reduce administrative burden
 - Prioritize intentional team building and communication to maintain cohesion across multiple locations
- Attract, recruit and retain top talent
- Develop succession plans and support the growth of emerging leaders
- Prioritize leadership well being and resilience

3. Ongoing Board Development
 - Provide meaningful governance training and development opportunities for board members
 - Establish and maintain clear succession plans for board leadership
 - Foster a strong understanding of healthcare delivery and policy
 - Engage in efforts to influence and guide system transformation
4. Awareness, Advocacy and Education of NPLC Model
 - Continue to evolve the NPLC model to align with patient needs and the shifting healthcare landscape
 - Increase public awareness and knowledge of NPLC model
 - Advocate for sustainable funding and policy changes through targeted government relations
 - Develop a plan and communicate a clear return on investment of NPLCs for funders
5. Capacity Management
 - Completion of capital expansion projects
 - Explore both traditional and innovative funding sources to ensure long-term clinic stability
 - Stabilize current patient delivery while proactively planning to meet the evolving needs of the community

Summary and Next Steps

This strategic plan outlines the WRNPLC’s vision for advancing equitable, high-quality primary care across its three sites and provides a focused roadmap for the next three (3) years. As WRNPLC continues to evolve within a dynamic healthcare landscape, these strategic priorities remain grounded in a patient-centered approach, organizational resilience, and system-level impact. The goals outlined in this plan are shaped by a commitment to strengthening patient engagement, optimizing internal clinical services, and empowering individuals to become active participants in their care. A strong emphasis is placed on supporting the clinical and administrative teams through equitable workload distribution, professional development, and team cohesion across sites. Ongoing board development ensures robust governance and strategic oversight, while sustained advocacy efforts aim to raise awareness of the NPLC model and secure long-term funding. Finally, thoughtful capacity management—including capital expansion and funding diversification—positions the clinic to meet current demands and plan proactively for future community needs. Together, these priorities form a cohesive roadmap to guide WRNPLC’s continued growth, innovation, and impact.

WRNPLC remains committed to leading with compassion and evidence-based care while addressing the unique needs of their diverse communities. Through this plan, they reaffirm their role as a trusted, responsive, and innovative primary care provider in the Waterloo Region.

Appendix A

2021 – 2024 Strategic Plan Working Draft

FOCUS:

Partnerships

Outcome	Action	Key Questions/Opportunities April 2021 March 2023 March 2024	Timeline	Update
Partnerships reflect the needs of WRNPLC patient populations	<p>Assess the match between present partnerships and identified client population needs</p> <p>Complete a demographic profile of each clinic site population</p> <p>Conduct a gap analysis at both sites</p> <p>Review the availability of programs and services at outside</p>	<p>Are we meeting the support and learning needs of the multiple young families we have taken on at Pioneer Park?</p> <p>Is our CBT program still relevant in its current format. Can elements of CBT-I and Obesity be incorporated</p> <p>Is our participation in DBT value add for clients?</p> <p>What is the impact on other WRNPLC counselling services?</p> <p>FEBRUARY2022</p>		<p>OCTOBER: Gap analysis: target June 2022 to gap analysis – explore potential for student CBT-I in process, obesity/healthy eating – will include as part of gap analysis</p> <p>NP Lead will discuss DBT evaluation with SW</p> <p>FEBRUARY 2022 Cambridge holding its own pending physical plant move - Health Guide at Cam. back on site Redesign SW program in context of staff attrition and possible new funding Demographic profile: Kitchener focus, project of QIIMS and MN student to start May 2021 Also redesign intake form</p>

	<p>agencies with a goal of no duplication</p>	<p>OMICRON once again re focussing work of OHT members OH West working with Stonehenge and HOF re: RAAM program distribution What are demographics of Breslau Community? Can some of our existing patients transfer there?</p> <p>March 2023 Revisiting partnership with House of Friendship to evaluate the potential to expand partnership into Kitchener/mobile RAAM</p> <p>March 2024 Developing partnerships in response to successfully EO1 expansion application. Will explore what partnerships effectively support the NPLC and patients</p>	<p>- DBT evaluation: limited participation by WRNPLC patients. Cost benefit analysis: not to continue to contribute staff time – will refer out - informal partnership w SHORE re: medical abortion</p> <p>MAiD – expansion proposal not received so will not pursue</p> <p>JUNE 2022 RAAM partnership clarified – now working with HOF only Social work program redesign started MSN student engaged for profile at PP Breslau opened</p> <p>March 2023 MAiD contract extended/signed for 2023-24 fiscal year House of Friendship/RAAM agreement extended/signed for 2023-24 fiscal year. Changed days to Wednesday/Friday to increase access Group Programming has started again, CBTi, walking group and CBT, trial of virtual drop in courses hosted by Social Work Working with CND OHT on MH&A walk in clinic at CMH. Identified duplication is services with RAAM Preliminary discussion with House of Friendship re: RAAM/NPLC extended partnership Partnership with Reception House/Breslau site to take refugee families without primary</p>
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				<p>care. Access given to VOYCE translation services to assist in communication.</p> <p>September 2023 Added Kitchener RAAM to our current partnership. MOU signed, EMR agreement finalized. Enabled us to offer permanent role to contract NP. We will now have three NPs fully trained in Addiction Medicine Partnered with Sanctuary (Community Health Caring) and Centre for Family Medicine (CFFM) to address unattached refugees living in Cambridge. Designed a seamless, effective way for individuals and families to “apply” and roster for primary care</p> <p>March 2024 Working with CHCKW and St. Mary’s on Rapid Access Primary Care clinic. Designed pathway for patients to access NPLC for rapid follow up with an option to complete intake form to register as patient</p>
Partnership parameters are well defined	Review and update MOU with each agency /provider			<p>OCTOBER: MOU Stonehenge January 2022 – focus on contract review</p> <p>FEBRUARY 2022 HOF contract modified Stonehenge agreement on track to be revised by end of fiscal year MOU w Breslau in development</p> <p>Health Link to be revised by end of fiscal year</p> <p>JUNE 2022 All MOUs current</p>

				<p>March 2023- all agreements extended signed as above</p> <p>September 2023 MOU finalized and signed re: addition of Kitchener RAAM support</p>
<p>WRNPLC participates in partnership initiatives identified through KW4 and CND OHT</p>	<p>Management team and staff participate in OHT design and implementation</p>	<p>What are limits of our participation in COVID Vaccination program?</p> <p>How do we keep NPLC actively involved and engaged as the OHTs expand and develop?</p>		<p>OCTOBER: COVID focus in-house flu and COVID (where appropriate) vaccine OHT: Leanne Digital Health both OHTS Paula: CND: Operations and Steering, PCC KW4 Members, PCC and HHR Heather: KW4 governance Dianne: CND Governance Olga: KW4 MH and A Patient: CND Patient and caregivers ? status of CND planning groups</p> <p>FEBRUARY 2022 Continue to participate in COVID response focus on vaccine including hosting OHT educator event</p> <p>CND OHT work groups reconstituted Board, staff and management on Committees and working groups</p> <p>JUNE 2022 Community-based COVID initiatives no longer required</p> <p>Staff (L Terry, P Carere, S Cleland continue to participate in OHT work, Board members Dianne Dal Bello and Heather Cross do as well)</p> <p>March 2023</p>

				<p>Admin lead, Clinical Lead, NP continue to participate in OHT planning groups.</p> <p>Admin Lead participated in design of CND-OHT C-MAC clinic. Will continue to encourage inclusion of NP practice in initiatives and discussions</p> <p>Clinical lead involved in KW4 PCN governance committee.</p> <p>Admin Lead to take over on Steering Committees of both KW4 and CND OHT</p> <p>September 2023 Partnered in two “innovation fund” proposals. CND OHT- Pop up cancer screening clinic in partnership with Kinbridge Community Centre, Lings and Public Health. The NPLC has taken the lead on design and recommendations for process/staffing/resources C-MAC: Mental Health and Addictions clinic- will offer support in the way of allowing for smooth pathway to RAAM services and potentially primary care where there is capacity Admin Lead, Clinical Lead, Board Chair, Board Secretary and Primary Care NP continue to actively engage in several OHT planning groups Admin Lead on steering committee for CND OHT and Strategic Planning group KW4 OHT</p> <p>March 2024</p>
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				NP Lead on PCN planning group for KW4OHT and ED on CND OHT Steering Committee. Board secretary on Joint Board committee for CND OHT Community Cancer screening programs for communities in both OHTs supporting patients with or without a primary care provider
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FOCUS:

People

Outcome	Action	Key Questions/ Opportunities April 2021 March 2023	Timeline	Update
WRNPLC primary care services are expanded beyond present	Continue development work with Breslau Townsend Pharmacy Identify and advocate for additional NP at Pioneer Park	2023-24 Operating Plan allows for request for increase to operating budget. Although we have been in a surplus due to circumstances over past few years, will we require this increase with the move of Water St. And a full staffing complement?		OCTOBER: hints from NPAO, MOH Leanne to reach out to Mike Harris again -Part-time positions and additional NP in place -NP Celebration November as a strategy to profile NPLC and recruit staff FEBRUARY 2022 -Funding letter received for Breslau -Examining staffing options given additional funding JUNE 2022 Breslau opened – 2 NPs as core team

		<p>Will the space allow for additional clinical staff? An addition NP at PP can address the wait list and lack of PCP in that area. Can we look at expanding the physical space at Pioneer Park with vacant units?</p>		<p>Additional NP hired for PP- used third FTE from Breslau expansion dollars</p> <p>March 2023 Submitted final tab for capital grant application to allow for move of Water St. Would give additional space for partners and potential for interprofessional team growth. Contract NP part time to support intakes and increase same day access at Water St. Increase RPN scope with phlebotomy, monthly foot care clinics</p> <p>September 2023 Submitted an Expression of Interest for the Primary Care Expansion Funds to add NPs, AHPs and Admin to our Kitchener site to address the wait list. Responses were to be received by August. To date, no word on any approvals With RAAM partnership, able to add an additional .5 NP to the team permanently. Increased social work programming including MAST, walk and talk, CBTi, CBT. Additional RPN programming including spirometry, additional RPN doing foot care.</p> <p>February 2024 received approval for \$812,000 including space and staff Pioneer Park</p>
Staff expertise is consistent with client needs	Consolidate IUD insertion program	<p>March 2023 Exploring Trans Care expertise as need increases</p>		<p>OCTOBER 2021- Karen will introduce Nexplanon Krysta & Janet doing development work on Medical Abortion</p> <p>FEBRUARY 2022</p>

	<p>Implement dermatology clinic</p> <p>Review potential for RPNS in well women assessment</p> <p>Equip pharmacist with directives needed to expedite access for patients to vaccines Conduct needs assessment with focus on areas of mental health, geriatrics mini-QIP</p> <p>Continue Cultural Competence work</p>		<p>Nexplanon training on track Medial Abortion Program implemented Derm/minor procedures clinic functioning Cambridge RPNs completing well woman assessment Mini QIP: preventative care</p> <p>JUNE 2022 Nexplanon training ongoing Consideration of palliative subspecialty Breslau RPN: developing well infant assessment skills – on target for PAP and spirometry RPN coordinator role developed RN Bridge to NP re -introduced</p> <p>OCTOBER – confirm Sheryl minor procedures Krysta refining dermatoscope program Policy in place for Pharmacist vaccine administration: DM mini-QIP audit complete – to staff and quality committee November education on DM via K.C. and E.O.</p> <p>FEBRUARY 2022 WRNPLC pharmacist integral to COVID vaccine program Evaluation of 2021 cultural competence initiative will form foundation for 2022 program</p> <p>OCTOBER: email signatures include land acknowledgement and option for pronoun identification Monthly education sessions at staff meeting continue</p>
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				<p>Leadership team applying learning from LT U of G Masters Leadership program through journal review and discussion</p> <p>JUNE 2022 Cultural Competence: Presentation on refugee experience April 2022. June LGBTQ2S+ resource sharing Primary Care Lead participated in Indigenous Health care conference</p> <p>March 2023 -IUD and Nexplanon insertion expertise increased to 3 NPs in Pioneer Park and Breslau -Clinical Educator started in January reinvigorating internal education opportunities. -Journal Club and PBSG ongoing -Medical Abortion team consists of RPN and 6 NPs. -Pharmacist scope of practice change has increased role in same day appts and patient troubleshooting.</p> <p>September 2023 Educator role being posted for new annual position. Inhouse education “blitz” organized. -Admin will complete CPR training Clinical team will participate in a full afternoon of clinical education and review of new guidelines</p> <p>March 2024</p>
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				<p>RPNs doing all cervical cancer screening RPNs trained in venipuncture, spirometry, foot care NPs trained in Joint injections, IUD/Nexplanon insertions, medical abortion, minor procedures, addiction medicine</p>
<p>Patients are deliberately engaged in evaluation and program design</p>	<p>Conduct key informant interviews and/or focus group to learn best format for our patient population to provide input on patient service</p> <p>Learn from how other NPLCS are ensuring patient engagement</p>	<p>We have long questioned the best approach to patient engagement for a clinic of our size and patient roster. The satisfaction survey is informative but may not allow enough depth of engagement What is the best way to structure patient input into programs and services? On board? On quality committee, part of cultural competence work OCTOBER: consideration of accreditation will support this FEBRUARY 2022: OMICRON focus March 2023</p>	<p>August 2021 – WRNPLC recruited patients to participate in CND OHT engagement strategy</p> <p>FEBRUARY 2022 -Accreditation work beginning -Patient satisfaction survey on track for April</p> <p>JUNE 2022 Patient satisfaction survey deferred to September</p> <p>March 2023 -Patient satisfaction survey completed fall 2022 consistent with past feedback. Results shared with the Board -Social Work programing pre and post evaluation and survey on virtual vs. in person programing completed with each session.</p> <p>September 2023 Patient experience survey to be completed by year end. Exploring possibility of adding patient representative on Board</p> <p>March 2025</p>	

		Continue exploring ways to involve patients in programming and planning		Continuing to explore opportunities to engage patients beyond survey and program evaluations
Staff are engaged in organization development and program design	Recruit staff as Super users to develop EMR stamps and templates that reflect current best practices. Social work to complete evaluation of programs including CBT, DBT	FEBRUARY 2022 Opportunity to re evaluate RAAM involvement given their program changes		<p>August 2021 Super user group established, takes direction from QIP Committee</p> <p>OCTOBER: diabetes tool bar implemented, opioid toolbar evaluated Leanne working w Alana re: streamlining admin functions in PS Tip of the Month in monthly meeting and huddles</p> <p>FEBRUARY 2022 DBT evaluation: Shared Drive Clinical Folder Revamp in process</p> <p>JUNE 2022</p> <ul style="list-style-type: none"> - Online patient booking trial - Social work program redesign on process - New phone system installed, and staff trained - EMR Superuser strategy incorporated into monthly staff meetings <p>March 2023 -Social Work: programing -RPN and Pharmacist scope/ role expansions -Admin staff: redesign of referral tracking process and intake process</p> <p>September 2023</p>

				Superuser group has been reestablished to develop efficiencies and best practices for EMR use
Staff and patients are supported by Organization, structure and technology	<p>Build additional technology supports including patient portal, texting</p> <p>Embed regular review of policy and procedure</p> <p>Create opportunity to revive staff social committee</p> <p>Ensure systems, operations, and infrastructure support the aim of net zero carbon emissions as identified in the UN Intergovernmental Panel on Climate Change August 2021 report</p>	What opportunities are created by additional funding?		<p>OCTOBER: patient portal active, online booking for flu vaccine</p> <p>OCTOBER: policy and procedure review incorporated monthly into staff meeting HR downloads implemented</p> <p>OCTOBER: Survey re: holiday celebration; committee meeting regularly</p> <p>OCTOBER: efficient lighting installed at Water St, audit demonstrates significant reduction in paper use due to introduction of internal faxing,</p> <p>FEBRUARY 2022</p> <ul style="list-style-type: none"> -online booking for vaccine clinics by patients and public: a success for us -texting now available for patient communication both sites - replacement laptops distributed - working with Compass and Modernworks re system upgrades relative to third site - pilot site for OHT initiative re: self-scheduling -social committee functioning -10th anniversary celebration January 13th, 2022 - autoclave ordered – will reduce transportation and disposal costs and well as landfill <p>JUNE 2022</p> <ul style="list-style-type: none"> -back on track with policy and procedure review

				<p>- 10th anniversary celebration and Staff Service recognition via our Social Committee. Autoclave training backlogged</p> <p>March 2023</p> <ul style="list-style-type: none"> -Policy and procedure review monthly with staff dissemination. -Climate committee work on autoclaving, puffer use, increased recycling and compost capacity across sites -Online Appointment Booking and Appointment reminders have been implemented across all sites and for all providers. -Full day staff retreat held to reconnect and focus on team culture and mindfulness. <p>September 2023</p> <p>In the process of adding Online Booking access for RPNs and Pharmacy. Currently all NPs are active with OAB.</p> <p>Exploring opportunities presented by OHTs including Poppybot; embedded in the EMR, this identifies patients due/overdue for cancer screening and sends reminders via Ocean directly to patients.</p> <p>Super user group restarted, objectives and projects defined.</p> <p>March 2024</p> <p>We are utilizing Online booking, ocean email, AI scribe and are looking to find a bot to replace I4C dashboard which is no longer supported.</p>
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				Climate crew continues to meet and advise on how WRNPLC can practice in a more environmentally sustainable way
Board composition, function and activities are best practice based	<p>Recruit members from diverse populations and paradigms</p> <p>Review board meeting structure to ensure focus on Board priorities</p> <p>Review Board manual for consistency with board practice</p> <p>Review Board member participation in advocacy and other organization activities (e.g., Quality Committee)</p> <p>Establish board education program</p>	<p>OCTOBER: Accreditation exercise will support March 2023 We will revisit accreditation in the future once the Water St. Move has been completed. Legal counsel to attend board meeting to review ONCA (Ontario Not for Profit Corporations Act) compliance.</p>		<p>OCTOBER: Zeynep Danis elected to Board Sept 2021</p> <p>FEBRUARY 2022 BOARD manual update re: Accreditation in process Posting for Board members on Linked in Jan 2022 Ongoing offers outside of health care -Board representation to OHT governance committees ongoing -Board Education October: Accreditation. -January: WRNPLC Mini QIP Feb: capital planning process -board to complete learning needs assessment</p> <p>August 2021 – will start w intro to accreditation at October meeting as per Board Chair</p> <p>JUNE 2022</p> <ul style="list-style-type: none"> - Information session for prospective Board member via Management Team - Board manual review via Board - Board Education: orientation of new Board members <p>March 2023 Bylaw review completed by legal to ensure compliance with ONCA</p>

				<p>September 2023</p> <p>Bylaws to be reviewed by board</p> <p>Addition of 4 new board members with diverse experience and skills to enhance our current group.</p> <p>Will be orienting the group in October</p> <p>March 2024</p> <p>Board has welcomed new members with diverse experience. Strategic planning session set for early 2025 to review and redraft a new plan.</p>
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FOCUS:

Place

Outcome	Action	Key Questions/ Opportunities	Timeline	Update
WRNPLC physical plants support safe, efficient and pleasant workflow	Engage designer to review Cambridge physical plant	Capital Grant funding received March 2021		<p>OCTOBER: step 4/5 in application process, consultant engaged August 2021</p> <p>FEBRUARY 2022</p> <p>Progressing through Capital Grant process</p> <p>WRNPLC has identified a preferred location</p> <p>Site clean-up mid Feb</p> <p>March 2023- final tab of capital grant application submitted. Meetings with MOH and new OH reps to ensure continued momentum -space at Pioneer Park and Breslau painted and refurnished to provide a more comfortable counselling and group meeting space</p> <p>September 2023</p>

				<p>Still awaiting word on Water St grant Admin lead has met with several council members, mayor and other community partners to advocate for further support</p> <p>February 2025 Approval for capital grant received and water St site will relocate to 73 Water St!!!</p>
	Evaluate impact of and plan future of virtual care	FEBRUARY 2022 OHT Patient Portal and self-scheduling represent opportunity		<p>July 2021 – staff meeting discussion to get staff feedback – will retain at-home work and virtual care, parameters for this identified</p> <p>FEBRUARY 2022 -Virtual, phone and at homework incorporated into workflow - virtual capacity meant little downtime Jan 17th snowstorm</p> <p>March 2023 Virtual Care will continue indefinitely.</p>
WRNPLC organization structure, practice and admin supports reflect current best practice	Apply accreditation standards to all program and policy reviews			<p>Board Chair and Management to meet October to review accreditation standards</p> <p>OCTOBER: CCA speaker to Board meeting, work plan developed</p> <p>FEBRUARY 2022 Accreditation files format developed Management team Role description review complete</p> <p>March 2023 -With the addition of a third site, leadership transition and the future move of Cambridge</p>

				<p>site, accreditation will be deferred. We will, however, continue to follow the principles for policy development and systems so that we are prepared for this in the future.</p> <p>-Leadership team currently conducting comprehensive policy review that will be completed by June 2023</p> <p>-Move from outdated “performance review” model to more evidence-based coaching/goal setting model with team members</p> <p>September 2023</p> <p>-comprehensive policy review continues and ongoing for annual updating</p> <p>- Further tasks being delegated to staff for involvement and balance of leadership workload.</p> <p>March 2024</p> <p>Will revisit accreditation after Water St site moved</p>
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