This introduction, **Application Document # 1**, is part of the Nurse Practitioner (NP) - Led Clinics Application Kit, which contains the following documents:

**Application Document # 1 - Introduction to NP-Led Clinics**
This document provides an overview of NP-Led Clinics, roles, guiding principles and a status report on implementation.

**Application Document # 2 - Application for Financial Assistance (Seed Funding)**
Funding of up to $2,000 is available to assist groups with the costs associated with completing the NP-Led Clinic Application Kit. It defines eligibility criteria and expenditures covered by this funding.

**Application Document # 3 - NP-Led Clinic Application Form and Checklist**
This application must be submitted if you wish to apply for approval to establish a NP-Led Clinic.

**Application Document # 4 - Guide to Completing a NP-Led Clinic Application Form**
This guide provides useful advice and tips for completing the application form. It is highly recommended that all applicants read the guide before, or while, filling out the application form.

**Note:**
The NP-Led Clinic Application package is available on the Ministry of Health and Long-Term Care’s (ministry) public website at:

**http://www.health.gov.on.ca/transformation/fht/fht_mn.html**

**Family Health Care for All**
Many Ontarians are having difficulty in accessing needed primary health care services and finding a primary health care provider.

The implementation of NP-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. NP-Led Clinics will expand this access through the development of interdisciplinary teams.

NP-Led Clinics are locally driven primary health care delivery organizations which will include Registered Nurses in the Extended Class, Registered Nurses, family physicians and a range of other health professionals who are committed to working together collaboratively to provide comprehensive, accessible, coordinated family health care service to a defined population - the majority of which do not currently have a primary health care provider. This approach will allow health professionals to work in a team...
Introduction to Nurse Practitioner-Led Clinics

environment, benefit from the complementary knowledge and skills of their colleagues and focus on keeping clients healthy.

In addition to the provision of direct health care services, NP-Led Clinics will focus on chronic disease management and community-based health promotion and disease prevention activities in conjunction with other community-based health care organizations such as Health Units. NP-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.

This is part of the government’s goal to increase access to family health care service for all Ontarians thereby reducing or eliminating the unattached patient problem, increasing access to those in disadvantaged populations or with special needs and improving the comprehensiveness and integration of services.

NP-Led Clinics will build on the successes of other primary health care service delivery models such as Family Health Teams, Community Health Centres, Primary Care and Underserviced 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.

Current Status

On November 29, 2007, the government announced the establishment of 25 NP-Led Clinics in its Throne Speech.

The 25 NP-Led Clinics will be awarded in two waves:

**Wave 1** will award three clinics:
- a NP-Led Clinic in Sault Ste. Marie (Local Health Integration Network - LHIN 13) that was announced by the Minister on April 16, 2008;
- a NP-Led Clinic in the Northwest LHIN 14; and
- a NP-Led Clinic in the Erie St. Clair LHIN 1.

These three LHIN areas were selected for the first three NP-Led Clinics because they were identified through the Primary Care Access Survey (PCAS) as having a high number of unattached patients without a regular primary care provider. PCAS identifies...
the proportion of patients in each LHIN that do not have a regular primary care provider. Additional population based health care needs analysis and the location/extent of existing resources will also be taken into consideration when awarding these clinics.

The call for proposals for Wave 1 is expected in late Summer 2008, with an application submission deadline of Fall 2008. It is expected that successful applicants will be announced in the late Fall 2008.

**Wave 2** will include allocation of the remaining 22 NP-Led Clinics. Similar to Wave 1, the location of these clinics will also be in areas where there are high numbers of unattached patients that do not have a regular primary care provider. Population based health care needs analysis and the location/extent of existing resources will also be considered in the final selection of clinic locations.

Once further information is available on the application process for Wave 2, it will be communicated through the ministry’s public website:

http://www.health.gov.on.ca/transformation/fht/fht_mn.html

Groups interested in being put on the ministry’s Expressions of Interest List for Wave 2, may send their contact information (including email address) to NPClinicInquiries.MOH@ontario.ca.

**Application Review**

The application review will focus on the following areas:

1. **Primary health care needs of your community** - This section focuses on the community in which your proposed NP-led Clinic will be located, providing the ministry with information on your region and the availability of existing primary health care services.

2. **The commitment of the proposed providers in your NP-led Clinic** - This section provides the ministry with information about your proposed clinic including the planned number of Registered Nurses in the Extended Class (RN(EC)), as well as other providers including family physicians, their roles and 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 register in your clinic and the services you intend to provide** - This section provides the ministry with information about the population your proposed NP-Led Clinic intends to serve and the services your clinic will provide to meet the primary health care needs of your community.
Successful applicants will be expected to reduce the number of unattached patients in their community, and to participate in other Family Health Care initiatives such as integrated 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 NP-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 NP-Led Clinic to become operational and whether space and human or other resources for your NP-Led Clinic have been identified.

What Will NP-Led Clinics Do?

1. Provide comprehensive family health care services through an interdisciplinary team of Nurse Practitioners, Registered Nurses, Family Physicians and a range of other health professionals each working within their scopes of practice.
2. Provide system navigation and care coordination – linking patients to other parts of the health care system such as acute care, long-term care, public health, mental health, addictions and community programs and services.
4. Serve as a central driving force 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.
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 principles that the ministry will use to guide the development and implementation of NP-Led Clinics in Ontario.

Client Focus

NP-Led Clinics will be client-focused and will include client registration and population-based health planning.
Flexibility and Choice
NP-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 clinics to allow them to be tailored to meet the needs of the local client population.

Community and Provider Partnerships
Community representatives, local health delivery organizations and health care professionals are encouraged to work together to develop a NP-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 primary health care delivery and access. NP-Led Clinics will build upon the strengths of these existing models and learn from their challenges.

Team Based Care
NP-Led Clinics will be interdisciplinary teams of providers including Nurse Practitioners, Registered Nurses, family physicians and a range of other health 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
NP-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 CCACs, local hospitals, public health units, long-term care facilities and voluntary associations.

Evidence-Based Balanced Approach
NP-Led Clinics will progressively evolve through a balanced use of evidence-based practice, 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 NP-Led Clinics. Stakeholders and community input and consultation will maximize acceptance and commitment to common goals, respective responsibilities and mutual accountability.
Guide to Completing a Nurse Practitioner-Led Clinic Application

This document, Application Document # 4, is part of the Nurse Practitioner (NP)-Led Clinics Application Kit, which contains the following documents:

Application Document # 1 - Introduction to NP-Led Clinics
This document provides an overview of NP-Led Clinics, roles, guiding principles and a status report on implementation.

Application Document # 2 - Application for Financial Assistance (Seed Funding)
Funding of up to $2,000 is available to assist groups with the costs associated with completing the NP-Led Clinic Application Kit. It defines eligibility criteria and expenditures covered by this funding.

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Application Document # 4 - Guide to Completing a NP-Led Clinic Application Form
This guide provides useful advice and tips for completing the application form. It is highly recommended that all applicants read the guide before or when completing the application form.

Note:
The NP-Led Clinic Application package is available on the ministry's public website at: http://www.health.gov.on.ca/ transformation/ fht/ fht_mn.html

What is this guide?
This guide provides an overview of the NP-Led Clinic selection process and information and tips on a question-by-question basis to assist with completion of the application. The question-by-question section also lists the names of ministry resources that you may find helpful. The ministry recommends that you use this guide while completing the NP-Led Clinic application since it contains many details on NP-Led Clinic requirements and tips on answering questions.
How will NP-Led Clinic applications be evaluated?

NP-Led Clinic applications will be evaluated on the following five themes:

1. Primary health care needs of your community - This section focuses on the community in which your proposed NP-led Clinic will be located, providing the ministry with information on your region and the availability of existing primary health care services.

2. The commitment of the proposed providers in your NP-led Clinic - This section provides the ministry with information about your proposed clinic including the planned number of Registered Nurses in the Extended Class (RN(EC)), as well as other providers including family physicians, their roles and 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 register in your clinic and the services you intend to provide - This section provides the ministry with information about the population your proposed NP-Led Clinic intends to serve and the services your clinic will provide to meet the primary health care needs of your community.

   **Successful applicants will be expected to reduce the number of unattached patients in their community, and to participate in other Family Health Care initiatives such as integrated 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 NP-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 NP-Led Clinic to become operational and whether space and human or other resources for your NP-Led Clinic have been identified.

Each theme is described further in the question-by-question section of this guide. In addition to the above themes, proposals for establishing a NP-Led Clinic must:

- Demonstrate that there are appropriate linkages and support from key players (e.g., physicians/other providers and relevant community organizations) to deliver on the comprehensive family health care services.
- Identify the proposed catchment area and needs of the population being served and demonstrate that the proposed NP-Led Clinic will meet the population needs.
Guide to Completing a Nurse Practitioner-Led Clinic Application

All applications will be reviewed by a panel of experts in the ministry in accordance with the specified themes. Discussions with ministry staff on details of individual applications will only be made with applicants after the review process has been completed.

By submitting applications, applicants acknowledge that this is not a competitive procurement/tender and that determination of the successful candidates for further funding shall be made at the ministry’s sole and absolute discretion.

What if our NP-Led Clinic application is selected? (Timelines and workplan.)

If your NP-Led Clinic application is selected as a successful candidate, ministry staff will advise you of the next steps towards implementation including the preparation of a development grant application and your business and operational plan. At this application phase, you should consider your timelines and workplan for developing these critical elements should you be successful. You may wish to include your confirmed timelines and workplan in your application package but this is not compulsory.

Guide to completing the NP-Led Clinic Application Form

SECTION 1: ABOUT YOU
This section provides the Ministry of Health and Long-Term Care with your contact information. The Ministry may release this information about successful applicants to requesting individuals or organizations, with prior consent.

Question 1

Please fill out the information for the person who should be contacted by the ministry with any questions or communications. **All applications must include “NP-Led Clinic” in their group’s name.**

The ministry frequently receives requests for the release of contact information. The requestors of this information include individuals or organizations such as health care providers looking for a job in primary health care practice models and contractors looking for work in developing new practices.

Consistent with the ministry’s desire to protect the privacy rights of NP-Led Clinic applicants, contact information will not be released to the public during the application stage. Once successful applicants are announced, the ministry will only release the contact information of the successful NP-Led Clinic applicants. The information will only be provided to individuals and organizations who have requested the same.

By submitting an application form, NP-Led Clinic applicants consent to the release of the information contained in question 1 to requesting individuals or organizations.
SECTION 2: ABOUT YOUR COMMUNITY

This section describes for the Ministry of Health and Long Term care, the community in which your proposed NP-Led Clinic will be located, providing the ministry with information on your region and the availability of existing primary health care services.

Question 2

This is to determine in which region of the province your proposed NP-Led Clinic will be located. To find out the 3 eligible areas under the wave 1 application process you can use the ministry's locator which can be found at:

http://www.lhins.on.ca/FindYourLHIN.aspx?ekmensel=e2f22c9a_72_254_btnlink

Question 3

A catchment area is the geographic area in which the patients of your proposed NP-Led Clinic reside.

Please include the following information and any other details that could impact your community’s health or access to primary health care services:

- Geographic boundaries, including municipality/township and county/district/region.
- Population size and distribution
- Proximity to other health care services.

Information about your community can be found through Statistics Canada, located at: http://www12.statcan.ca/English/profil01/PlaceSearchForm1.cfm

Question 4

Please describe the existing primary health care services in your community including availability of primary health care practices, general/family physicians, Community Health Centres and/or any other information about how the community currently receives primary health care services.

Question 5

Please describe the primary health care gaps (if applicable) you have identified in your community (i.e., health care services that are not available) and any difficulties patients are experiencing regarding patient access to primary health care services in your community. Your answer should explain why patients are experiencing difficulties in
accessing services, including access to specific primary health care services to address any unmet health needs you have identified in your community.

SECTION 3: ABOUT YOUR CLINIC

This section provides the Ministry of Health and Long Term care with information about your proposed NP-Led Clinic including the planned number of Registered Nurse(s) in the Extended Class [RN(EC)] and other providers, their roles, and the roles of any community partners.

To qualify for a NP-Led Clinic the team must include at least one Registered Nurse in the Extended Class (RN EC), access to physician services for out of scope NP services and consultation/collaboration, and should include at least one of the following providers as members:

- Registered Nurse
- Registered Practical Nurse
- Pharmacist
- Mental Health Worker
- Dietician
- Social Worker
- Other (please describe)

Question 6

This question is to determine/identify the Registered Nurse(s) in the Extended Class [RN(EC)] that will be affiliated with your NP-Led Clinic, the FTE of each identified RN(EC) based on a 40 hour work week (i.e. 1FTE= 40 hours/week. One FTE is equivalent to one filled, full-time, annual salaried position. For example, one nurse practitioner in a permanent, full time position would equal 1.0 FTE), their role at your NP-Led Clinic such as providing patient clinical services; and/or other roles (please describe).

Note: The focus of the NP-led clinics is to provide primary health care services, in particular to patients who do not have a regular primary health care provider (i.e. ‘unattached’ patients). The majority of these NP services will be provided by NPs in the NP-Primary Health Care specialty certificate category. There may be instances where services provided by NPs in the NP-Adult or NP-Pediatric specialty categories are appropriate to specific client population, if so the application should include proposed NP-Adult or NP-Pediatric roles and must clearly demonstrate why this specialty role is required to serve the targeted population.

Question 7

This question is to determine/identify the general / family physician(s) that will be affiliated with your NP-Led Clinic, the FTE of each identified physician based on a 40
Guide to Completing a Nurse Practitioner-Led Clinic Application

hour work week (i.e. 1FTE= 40 hours/week), the role they will provide for the patients at your NP-Led Clinic including:

- Provide (out of NP scope) clinical services to your NP-Led Clinic’s patients (on-site or off-site); and/or
- Provide other services such as consultation and collaboration services to the Registered Nurse in the Extended Class [RN(EC)].

Attach a letter from each physician affiliated to the NP-Led Clinic which confirms the physician’s commitment and role in your NP-Led Clinic, including direct clinical services that will be provided, and/or other services including consultation and collaboration services to the RN (EC).

**Question 8**

This question is to identify the interdisciplinary provider(s) that will be affiliated with your NP-Led Clinic, their discipline, the FTE of each identified provider based on a 40 hour work week (i.e. 1FTE= 40 hours/week), and the role they will provide for the patients at your NP-Led Clinic including:

- Direct clinical services to your NP-Led Clinic’s patients (on-site or off-site); and/or
- Other services such as consultation and collaboration services to the Registered Nurse in the Extended Class [RN(EC)].

Attach a letter from each interdisciplinary health provider that is committed to your NP-Led Clinic. This letter should confirm the individual’s commitment and role in the NP-Led Clinic.

**Question 9**

This answer identifies any partners that your NP-Led Clinic plans to partner with to provide services in your community. Please provide details on the planned service delivery collaboration.

Please provide original, signed letters for any partners listed. Each letter should outline the roles that each group will play in the partnership. The letters may detail other elements such as profit sharing arrangements.

**Question 10**

Governance refers to the manner in which the affairs of the NP-Led Clinic will be managed and supervised. This question is to obtain information about your plans concerning governance for your proposed NP-Led Clinic and any partners that will be
involved (if applicable). Be sure to provide details on how all groups involved with the governance of your proposed NP-Led Clinic will be involved.

The ministry will work with selected NP-Led Clinics to further develop accountability provisions as part of the implementation process.

**SECTION 4: ABOUT YOUR PATIENTS**

This section provides the Ministry of Health and Long Term care with information about the population your proposed NP-Led Clinic intends to serve and the services your clinic will provide to meet the primary health care needs of your community.

**Question 11**

This answer will provide information about the primary health care needs of the population you intend to serve and describe why these are priority populations in your community (i.e., those in greatest need, currently without a primary care provider), if applicable.

Please include any characteristics that could influence the health of your enrolled patients such as:

- Socio-economic status: may include the level of unemployment, the income and wealth distribution, and the education level distribution in your community.
- Occupational risks: may include industry and issues around workplace safety and health such as exposure to asbestos.
- Disease burden: may include the most significant diagnosis or conditions, including comorbidities that affect your community. Please provide statistics if available.
- Modifiable risk factors: please describe any modifiable risk factors that may affect the health of your community, such as smoking, obesity and others. Please provide statistics if available.
- Age structure: may include the age distribution of your community (e.g., the percentage of the community over 70 years of age, percentage of babies and children).
- Ethnicity: may include information on the ethnic composition of your population and flag any health conditions associated with specific ethnic communities.
- Francophone/language barriers: may include information on Francophones or other populations to be served including known health status or conditions, current access to services in French in the area, etc.

For additional information about determinants of health, please see: [http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php](http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php)
Question 12

This answer will provide information about how your proposed NP-led Clinic will improve access for the priority populations described in Q11 that you intend to serve. Your response should indicate the current level of access for these populations and how your clinic will reach these patients to provide better access to address their primary health care needs. This answer should describe the role that you propose your NP-Led Clinic will play in delivering and improving primary health care services to the community. This will describe how your proposed NP-Led Clinic will meet the primary health care needs in your community. Please include any specific programs, if applicable, that may not be readily available for your target population that you plan to implement through your proposed NP-Led Clinic (e.g., a fall prevention program for a population with a high proportion of enrolled patients over 70 years of age or a diabetes chronic disease management program in a community with a large proportion of Aboriginal patients).

Question 13

This question requests the total number of patients you expect to register with your NP-Led Clinic once it is fully operational. This figure should represent the patients who will be registered and receive their comprehensive family health care services from the health care providers practicing at your NP-Led Clinic. N.B. It does not include the enrolled patients who receive their comprehensive family health care services from the physician(s) affiliated with your NP-Led Clinic.

Question 14

Please provide a rationale/analysis to support the total number of patients and patients without a primary care provider to be served by the NP-Led Clinic. Your explanation should explain how, based on the size and mix of the interdisciplinary health provider team, your NP-Led Clinic will meet the expected total registered patient and unattached patient targets.

Question 15

Please indicate which primary health care services your proposed NP-Led Clinic will provide to your registered clients and include the following information:

Services to be provided: if your proposed NP-Led Clinic will not provide a listed service, be sure to provide a rationale as to why the service will not be offered. Additional spaces have been left in the table to allow you to add any programs you would like to offer to meet your community's needs.
**Directly or in coordination with others:** Please be sure to indicate whether your proposed NP-Led Clinic will provide services directly or in coordination with others not involved in the NP-Led Clinic. For example, a NP-Led Clinic may provide obstetrical, pre-natal and post-natal care in coordination with a community hospital or a health promotion class in coordination with a local non-profit association.

Please also provide a brief description on the services you plan to offer. For example, “organized health promotion and disease prevention programs” should include routine screening and immunizations but may also include a smoking cessation program. “Patient education and preventative care” may include a fall prevention session for a community with a large elderly population or “chronic disease management programs” could include a diabetes clinic for a community with a high incidence of diabetes.

If a provider type will be involved in services/activities not listed in question 16, please provide a rationale for their inclusion in the NP-Led Clinic (i.e., what other services and activities will they be involved in).

**SECTION 5: ABOUT YOUR COMMUNITY PARTNERSHIPS**

This section provides the Ministry of Health and Long-Term Care with information about planned collaborations with other local health care providers and their support for your proposed NP-Led Clinic.

**Question 16**

Please identify any funding partners who may have committed to provide support to your NP-Led Clinic. The ministry encourages communities and their partners to support and develop creative solutions to one-time (e.g., capital) and ongoing (e.g., supportive infrastructure) costs to support the introduction of the NP-Led Clinic.

For all partners who have committed to providing funds, please be sure to include an original and signed letter of commitment. The letter should detail the nature of the proposed support(s), the specific term(s) and amount(s) of the planned contribution(s).

Please note that the ministry may ask you to verify your partnership commitment.

**SECTION 6: ABOUT YOUR READINESS TO OPERATE**

This section will help the Ministry of Health and Long-Term Care determine the length of time that would be required for your proposed NP-Led Clinic to become operational and whether space and human or other resources for your NP-Led Clinic have been identified.

Having a site, or plans to identify and acquire a site, for your NP-Led Clinic is an important step towards operational success. These questions will help the ministry to determine the “readiness” of your NP-Led Clinic to begin providing patient services.
Guide to Completing a Nurse Practitioner-Led Clinic Application

Question 17

If the site of the NP-Led Clinic has been chosen, please provide the street address. Please describe the site that has been selected, and if applicable, details on any renovation/construction of the site that might be required prior to readiness. Please also indicate the approximate time it would take for your clinic to become fully operational following approval.

Question 18

If your group has not identified and acquired a location(s) for your NP-Led Clinic, please describe your plans to identify and acquire a permanent site.

Question 19

Please provide as much details as possible about the factors that will affect the length of time your proposed NP-Led Clinic would need to become fully operational.

Please fill out the table with approximate timelines for each phase of the roll out of your NP-Led Clinic. The following is an example of headings and some key factors that may influence readiness.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Implementation</th>
<th>Key Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) 6 to 9 months</td>
<td>Develop Business Plan:</td>
<td>• Receipt of funding to develop business and operational plan</td>
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<tr>
<td></td>
<td>• Identify clients and services;</td>
<td>• Identify &amp; acquire consultant resources</td>
</tr>
<tr>
<td></td>
<td>• Identify human resources;</td>
<td>• Readiness of location/site</td>
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<tr>
<td></td>
<td>• Identify space requirements; identify and select site; &amp; plan required renovations;</td>
<td>• Availability of health care providers including physicians</td>
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<tr>
<td></td>
<td>• Identify information technology</td>
<td>• Receipt of funding from community partners and ministry</td>
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<tr>
<td></td>
<td>• Plan timing &amp; roll-out</td>
<td>• Complete operational and business planning</td>
</tr>
<tr>
<td>3) 6 to 12 months</td>
<td>Implementation of NP-Led Clinic Services:</td>
<td>• Ministry approval of Business Plan</td>
</tr>
<tr>
<td></td>
<td>• Receipt of funding from community partners and ministry</td>
<td>• Identify, acquire and renovate NP-Led Clinic site</td>
</tr>
<tr>
<td></td>
<td>• Identify, acquire and renovate NP-Led Clinic site</td>
<td>• Recruit, train health care providers including physicians</td>
</tr>
<tr>
<td></td>
<td>• Recruit, train health care providers including physicians</td>
<td>• Identify, acquire EMR &amp; IT</td>
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<tr>
<td></td>
<td>• Register clients with NP-Led Clinic</td>
<td>• Register clients with NP-Led Clinic</td>
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<tr>
<td></td>
<td>• Focus on collaborative team practice to ensure good</td>
<td>• Focus on collaborative team practice to ensure good</td>
</tr>
<tr>
<td>Phase</td>
<td>Implementation</td>
<td>Key Factors</td>
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</tbody>
</table>
| 3) 13 to 24 months   | Evaluation of NP-Led Clinic team; apply for expansion of services and related interdisciplinary providers. | • Evaluate NP-Led Clinic to identify areas of strength and weakness  
• Process for request/approval of additional NP-Led Clinic services and related interdisciplinary health providers. |
| 4) 24 months and beyond | Continued NP-Led Clinic operation and evaluation                               | • Carry out strategic planning  
• Ongoing evaluation  
• Possible expansion of client population and services |
This document, **Application Document # 3**, is part of the NP-Led Clinics Application Kit, which contains the following documents:

**Application Document # 1 - Introduction to NP-Led Clinics**
This document provides an overview of NP-Led Clinics, roles, guiding principles and a status report on implementation.

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**Note:**
The NP-Led Clinic Application package is available on the Ministry of Health and Long-Term Care’s (ministry’s) website at http://www.health.gov.on.ca/transformation/fht/fht_mn.html

Please review the accompanying documents as applicable prior to completing this application, especially the *Guide to Completing a NP-Led Clinic Application Form*. Please also ensure that you have completed the *Application for Financial Assistance (Seed Funding)* (application document 2) prior to submitting your application, if applicable.

Please ensure your NP-Led Clinic Application is postmarked or received by the ministry **no later than 5:00 p.m. on December 8, 2008**. Applications postmarked or received after this time will not be considered.

We encourage applicants to submit applications electronically, but applications may be submitted through Canada Post or courier. Applications should be sent to:

**Email:** NPClinicInquiries.MOH@ontario.ca

**Mail:**
Nurse Practitioner Clinics
Primary Health Care Team and Family Health Teams
Ministry of Health and Long-Term Care
1075 Bay Street, 9th Floor
Toronto ON M5S 2B1

Greater Toronto Area Telephone: (416) 212-1740
Toll-Free: (866) 727-9959
If you are submitting a hard copy of your application, please include an electronic version of your application on a compact disk or memory stick in Microsoft Word format.

The application must be submitted in Microsoft Word using the application form template available on the ministry’s website. Please note that the boxes contained in the application will adjust to accommodate the length of your responses. Applications that are not submitted in Microsoft Word may be disqualified.

This application must be typed and can be in point or paragraph form.

Applicants are encouraged to answer each of the questions clearly, completely and concisely. Incomplete applications will be evaluated according to the information provided as they stand. Applicants may resubmit their applications until the closing date, but it is the applicant’s responsibility to ensure that the ministry is aware of the new submission to ensure the most up-to-date application is evaluated.

Applicants must:
• Affix any supporting or additional documentation in clearly defined appendices at the end of the application. If possible, please scan all supporting documents to create electronic copies. If not possible, please submit the application and supporting documentation via Canada Post or courier.
• Ensure that the application is complete prior to submitting it to Primary Health Care and Family Health Teams.

Disclaimer

It is the applicant’s responsibility to ensure that all information provided by the applicant is up-to-date and correct to the best knowledge of the applicant.

It is the applicant’s responsibility to ensure that the application reaches the ministry on, or prior to, the application closing deadline. The ministry is not responsible for applications that are lost, delayed, misplaced or misdirected. You may call the inquiry line or e-mail in order to confirm receipt of your application.

It is also the applicant’s responsibility to ensure that the applicant has sought all necessary legal and financial advice needed to complete this application, if applicable.

By submitting applications, applicants acknowledge that this is not a competitive procurement/tender and that determination of the successful candidates for further funding shall be made at the ministry’s sole and absolute discretion.
Consent

The ministry frequently receives requests for the release of contact information. The requestors for this information include individuals or organizations such as health care providers looking for a job in primary care practice models and contractors looking for work in developing new practices.

Consistent with the ministry’s desire to protect the privacy rights of NP-Led Clinic applicants, contact information will not be released to the public during the application stage. Once successful applicants are announced, the ministry will only release the contact information of the successful NP-Led Clinic applicants. The information will only be provided to individuals and organizations who have requested the same.

By submitting this application form, NP-Led Clinic applicants consent to the release of the information contained in question 1 to requesting individuals or organizations, if the group’s application is successful.
SECTION 1: ABOUT YOU
This section provides the Ministry of Health and Long-Term Care with your contact information. The Ministry may release this information about successful applicants to requesting individuals or organizations, with prior consent.

1. **Contact Information**

<table>
<thead>
<tr>
<th>Name of Proposed NP-Led Clinic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Proposed NP-Led Clinic</td>
<td></td>
</tr>
<tr>
<td>Name of Primary Contact</td>
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<tr>
<td>Mailing Address of Primary Contact</td>
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<td>City/Town</td>
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<td>Postal Code</td>
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<td>Phone</td>
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<td>E-Mail</td>
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SECTION 2: ABOUT YOUR COMMUNITY
This section describes for the Ministry of Health and Long Term care, the community in which your proposed NP-Led Clinic will be located, providing the ministry with information on your region and the availability of existing primary health care services.

2. Please identify which of the three eligible areas under the wave 1 application process your proposed NP-Led Clinic will be located in. Please check the one that applies.

To find which Local Health Integrated Network your proposed NP-Led Clinic will be located in, you can use the ministry’s Locator, which can be found at [http://www.lhins.on.ca/FindYourLHIN.aspx?ekmensel=e2f22c9a_72_254_btnlink](http://www.lhins.on.ca/FindYourLHIN.aspx?ekmensel=e2f22c9a_72_254_btnlink).

- [ ] Erie St. Clair Local Health Integration Network (LHIN 1)
- [ ] North West Local Health Integration Network (LHIN 14)
- [ ] Sault St. Marie (in LHIN 13)

3. Please describe the catchment area of your proposed NP-Led Clinic.


4. Please describe the existing primary health care services in your community (i.e., CCACs, Community Health Centres, family practices, family physicians, etc.).

5. Please describe any gaps in primary health care services in your community (i.e., health care services that are not available) and any difficulties regarding patient access to primary health care services in your community.

SECTION 3: ABOUT YOUR CLINIC
This section provides the Ministry of Health and Long Term care with information about your proposed NP-Led Clinic including the planned number of Registered Nurse(s) in the Extended Class [RN(EC)] and other providers, their roles, and the roles of any community partners.

6. Please complete the table below for the Registered Nurse(s) in the Extended Class [RN(EC)] that will be affiliated with your NP-Led Clinic, and their role.

   Attach a letter from each RN (EC) affiliated to the NP-Led Clinic which confirms the RN (EC)’s commitment and role in your proposed NP-Led Clinic.

<table>
<thead>
<tr>
<th>NP Name</th>
<th>FTE</th>
<th>Main Services Provided</th>
<th>Letter of commitment attached (Yes /No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

7. Please complete the table below for the general/ family physician(s) that will be affiliated with your NP-Led Clinic including their role: provide (out of NP scope) clinical services to your proposed clinic’s patients (on-site or off-site); and/or provide consultation and collaboration services to the RN(EC).

   Attach a letter from each physician affiliated to the NP-Led Clinic which confirms the physician’s commitment and role in your NP-Led Clinic, including direct clinical
services that will be provided, and/or the consultation and collaboration services to the RN (EC).

8. Please complete the table below for the interdisciplinary health providers that will be affiliated with your NP-Led Clinic including their roles.

Attach a letter for any interdisciplinary health providers that are committed to your NP-Led Clinic, which confirms their commitment and role in your NP-Led Clinic.

<table>
<thead>
<tr>
<th>Interdisciplinary Health Provider (IHP) Name</th>
<th>IHP Discipline</th>
<th>FTE</th>
<th>Direct Clinical Services</th>
<th>Other Services Provided</th>
<th>Letter of commitment attached (Y/N)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>On-Site (Y/N)</td>
<td>Off-Site (Y/N)</td>
<td></td>
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</tbody>
</table>

9. Does your proposed NP-Led Clinic plan to partner with any other individuals, groups or organizations to deliver services to your community? Please complete the following table for each service partner.

Please provide original letters for any partners listed. Each letter should outline the roles that each group will play in the partnership. The letters should detail other elements such as shared funding arrangements. Each letter must be signed by the service partner.

<table>
<thead>
<tr>
<th>Name &amp; Contact Information of Partnering Organization</th>
<th>Describe the planned collaborative service delivery</th>
<th>Letter of commitment attached (Y/N)</th>
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</table>
10. Please identify the individuals / organizations who will be involved in the governance of your NP-led clinic, including all providers, participating community groups, or individuals and provide a brief overview of their proposed role in governance.

SECTION 4: ABOUT YOUR PATIENTS
This section provides the Ministry of Health and Long Term care with information about the population your proposed NP-Led Clinic intends to serve and the services your clinic will provide to meet the primary health care needs of your community.

11. NP-led clinics are intended to serve populations that do not have a regular primary health care provider and are experiencing difficulty accessing primary health care services.

Please describe the population(s) your clinic plans to serve, explaining why it is / they are priority populations in your community.

12. Please describe how your proposed NP-Led Clinic will improve access to primary health care services in your community. How will your team address any gaps (see Q 5) in current primary health care services?

13. Please indicate the estimated number of patients that your clinic expects to register once fully operational:

14. Please describe how your proposed NP-Led Clinic will meet the needs of the estimated number of patients your clinic expects to register. Your explanation should explain how, based on the size and mix of the proposed interdisciplinary health provider team, your NP-Led Clinic will meet the primary health care needs of the estimated number of registered patients.
15. Please complete the following table, indicating the services that your NP-led clinic will provide either directly or in coordination with others.

<table>
<thead>
<tr>
<th>Services to be provided</th>
<th>No</th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>If you do not plan to offer a service, please provide rationale</td>
<td>Services provided directly</td>
</tr>
<tr>
<td>Health assessments</td>
<td></td>
<td></td>
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<tr>
<td>Diagnosis &amp; treatment</td>
<td></td>
<td></td>
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<tr>
<td>Primary reproductive care</td>
<td></td>
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<tr>
<td>Primary mental health care</td>
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<tr>
<td>Primary palliative care</td>
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<tr>
<td>Support for hospital, home, public health, community mental health and addiction agencies, and long-term care homes</td>
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<tr>
<td>Service coordination &amp; referral</td>
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<tr>
<td>Patient education</td>
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<tr>
<td>Access to pre-natal, obstetrical and post-Prenatal care</td>
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<tr>
<td>Chronic disease management programs</td>
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<tr>
<td>Organized health promotion and disease prevention programs (e.g., immunizations and routine screenings)</td>
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<td>Other:</td>
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<td>Other:</td>
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</table>
SECTION 5: ABOUT YOUR COMMUNITY PARTNERSHIPS
This section provides the Ministry of Health and Long-Term Care with information about planned collaborations with other local health care providers and their support for your proposed NP-Led Clinic.

16. In the table below please identify any funding partners (e.g., municipality, community agency, business, etc.) that may contribute towards:

- One-time or on-going infrastructure and capital for your NP-Led Clinic, and/or
- On-going operating costs (including in-kind support) for your NP-Led Clinic

Please attach an original and signed letter of commitment from each identified partner, including a description of the nature of the proposed support(s), the specific term(s) and amount(s) of the planned contribution(s).

<table>
<thead>
<tr>
<th>Funding Partner</th>
<th>One-time / on-going infrastructure and capital (Yes / No)</th>
<th>On-going operating costs (including in-kind support) (Yes / No)</th>
<th>Letter of commitment attached (Yes / No)</th>
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SECTION 6: ABOUT YOUR READINESS TO OPERATE
This section will help the Ministry of Health and Long-Term Care determine the length of time that would be required for your proposed NP-Led Clinic to become operational and whether space and human or other resources for your NP-Led Clinic have been identified.

17. Has your group already acquired a location(s) to provide services?

NO    (go to Q19)

YES                       Number of sites:
Address(es):
  1.                          Square feet:
  2.                          Square feet:
  3.                          Square feet:
Renovations required to become fully operational, if any:
Approximately how much time would your proposed NP-Led Clinic require to be fully operational following approval?

18. If your group has not identified and acquired a location(s) for your NP-Led Clinic, please provide a brief description of your plans to identify and acquire a permanent site. Approximately how much time would your proposed NP-Led Clinic require to be fully operational following approval?

19. Please identify the key factors that will ensure your readiness to get started (e.g. timelines for physical and human resources).

Please complete the following timelines table based on the example provided in the Guide to Developing a NP-Led Clinic Application.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Implementation</th>
<th>Key factors</th>
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### Checklist for NP-Led Clinic Application

| ☐ | Completed and signed Document #2 - *Application for Financial Assistance (Seed Funding)*, if applicable |
| ☐ | Completed Document #3 - *NP Led Clinic Application Form and Checklist* |

If application e-mailed to ministry:
- Scan and attach all letters as identified in the application
- Mail or courier original signed letters

If application mailed or couriered to ministry:
- Include original signed partnership letters as identified in the application
- Include an electronic copy of the application form and scanned partnership letters on CD or memory stick.
This document, **Application Document # 2**, is part of the Nurse Practitioner (NP)-Led Clinics Application Kit, which contains the following documents:

**Application Document # 1 – Introduction to NP-Led Clinics**
This document provides an overview of NP-Led Clinics, roles, guiding principles and a status report on implementation.

**Application Document # 2 – Application for Financial Assistance (Seed Funding)**
Funding of up to $2,000 is available to assist groups with the costs associated with completing the NP-Led Clinic Application Kit. It defines eligibility criteria and expenditures covered by this funding.

**Application Document # 3 – NP-Led Clinic Application Form and Checklist**
This application must be submitted if you wish to apply for approval to establish a NP-Led Clinic.

**Application Document # 4 – Guide to Completing a NP-Led Clinic Application Form**
This guide provides useful advice and tips for completing the application form. It is highly recommended that all applicants read the guide before, or while, filling out the application form.

**Note:**
The NP-Led Clinic Application package is available on the Ministry of Health and Long-Term Care’s (ministry’s) website at http://www.health.gov.on.ca/transformation/fht/fht_mn.html.

The ministry is encouraging and supporting providers and communities with the planning and development of NP-Led Clinics. Funding of up to $2,000.00 is available to assist groups with costs associated with the completion of the NP-Led Clinic Application Form and Checklist. Funding will vary according to such things as the readiness of the group, current resources available to applicants and the degree of effort required to move towards implementation.

**Who is Eligible for Assistance?**
Any group of individuals interested in establishing a NP-Led Clinic. To be eligible for this assistance, an individual can be part of only one application.
What Expenses are Eligible?
- Professional staff salaries (excepting physicians) and consulting fees related specifically to the completion of the NP-Led Clinic Application Form and Checklist.
- Meeting expenses and travel.
- Miscellaneous office expenses (photocopying, postage, telephone, etc.)
- Legal fees or other non-physician professional advice required to develop the application.

The reimbursement is separate and apart from any funding available to groups approved to proceed with NP-Led Clinic development.

What Expenses are Not Eligible?
- Expenses related to the NP-Led Clinic development process incurred prior to the date applications become available to December 8, 2008, the deadline for submissions.
- Capital costs and equipment acquisition, lease or rental.

How to Apply
Please complete and submit the Application for Financial Assistance (Seed Funding) form. Completed forms must be signed and submitted along with the NP-Led Clinic Application Form and Checklist. Incomplete forms will not be considered for reimbursement.

Disclaimer
By submitting applications, applicants acknowledge that this is not a competitive procurement/tender and that determination of the successful candidates for further funding shall be made at the ministry’s sole and absolute discretion.
Application for Financial Assistance (Seed Funding) for Nurse Practitioner-Led Clinic Applicants

Application for Financial Assistance (Seed Funding)

1. Contact Information

<table>
<thead>
<tr>
<th>Name of Proposed NP-Led Clinic</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Location of Proposed NP-Led Clinic</td>
<td></td>
</tr>
<tr>
<td>Name of Primary Contact</td>
<td></td>
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<tr>
<td>Mailing Address of Primary Contact</td>
<td></td>
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<tr>
<td>City/Town</td>
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<tr>
<td>Postal Code</td>
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<tr>
<td>Phone</td>
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<tr>
<td>Fax</td>
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<tr>
<td>E-Mail</td>
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</tbody>
</table>

2. Details of funding being requested

In the table, please identify the items for which funding support is being requested. Provide detail associated with the use of the funds (i.e., consulting expenses X hours at hourly rate, time spent in meetings, photocopying, etc.). Where possible, please provide photocopies of receipts. You may attach an additional sheet if required.

<table>
<thead>
<tr>
<th>Funding Request and Purpose</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>$</td>
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<tr>
<td><strong>Total Funds Requested</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

3. Payments

If approved, and upon receipt of invoices and/or confirmation that expenses occurred within the eligible time period, the ministry will reimburse funding for eligible expenses up to $2,000.00 on a one-time basis.
4. Signature

On behalf of the NP-Led Clinic applicant, I certify that the funds identified above represent the true costs associated with completing the NP-Led Clinic Application Form and Checklist. I also certify that neither I nor the other individuals participating in my group’s application have or will apply for this assistance through another application.

Signature___________________________ Print Name: _

Date: _

Please submit this original signed form and any supporting documentation, with your NP-Led Clinic Application Form and Checklist. In the event that your NP-Led Clinic Application Form and Checklist has been submitted electronically, please submit this application by mail to:

Nurse Practitioner Clinics
Primary Health Care Team and Family Health Teams
Ministry of Health and Long-Term Care
1075 Bay Street, 9th Floor
Toronto ON M5S 2B1