



Strategic Plan 2019-2022

This Strategic Plan sets priorities for the Peterborough 360 Degree Nurse Practitioner-Led Clinic (360° NPLC) to work towards our vision of an inclusive community where all people have access to high quality primary health care and equal opportunity to be healthy.

Four strategic goals for the next three years were identified: Equity & Inclusion, Enhanced Services & Access, Workplace Wellness, and Improved System Integration. These are outlined on the following pages, along with key strategies to achieve these goals and mechanisms to measure progress. We thank everyone who collaborated to create this guiding document including the 360° NPLC’s Board of Directors and staff, patients who responded to a survey, and community partners who provided input. This community engagement, patient demographic data, and an environmental scan also shaped this Plan (and is documented on our website).

This Strategic Plan will serve as an important guide during the transformation of the health care system in Ontario, as the 360° NPLC continues to demonstrate leadership in providing integrated primary health care in Peterborough City and County, particularly for individuals with inequitable health risks.

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**Peterborough 360 Degree
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Strategic Goals

Goals	<h2>Equity & Inclusion</h2> <p>Continue to provide integrated health care to vulnerable and often-stigmatized populations in a compassionate, non-judgmental, and safe environment, using trauma-informed and harm-reduction approaches and systemic advocacy to improve access to the social determinants of health.</p>	<h2>Enhanced Services & Access</h2> <p>Increase the number of patients served and continue to develop accessible programming that meets their identified needs.</p>
Strategies	<ul style="list-style-type: none"> • Increase patient engagement in service development and evaluation. • Increase capacity to identify and promote health equity in all clinic services. • Continue to assist patients with system navigation, advocacy, and gaining access to practical supports. • Increase patient access to healthy food and food preparation at the clinic. • Foster a deeper understanding of the recommendations of the Truth and Reconciliation Commission (TRC) and develop stronger cultural competency and safety. • Improve awareness of and access to the social determinants of health through public education and advocacy for systems change. • Monitor the impact on the clinic and our clients of policy and legislative changes and develop strategies to address those impacts from a social determinants of health lens. 	<ul style="list-style-type: none"> • Continue to register new patients as capacity allows. • Engage patients to identify programming that meets their needs, including facilitated community connections to mitigate the harms of isolation. • Explore ways to further integrate mental health and harm reduction programming, including innovative treatment options, into primary care services. • Develop partnerships to provide complementary health services to patients such as volunteers providing massage, acupuncture, etc. • Consider ways to use the physical space of the clinic to its greatest potential. • Implement digital health tools to increase clinical efficiency and patient access to appointments/ services in Peterborough City and County. • Improve capacity for meaningful data collection and create a clinic-wide culture of ongoing evaluation. • Develop strategies to monitor new and emerging community needs.
Measures	<ul style="list-style-type: none"> • Patients have input and are satisfied • Vulnerable populations continue to be served • Patients perceive care to be culturally safe • New Indigenous programming and partnerships • Increase in advocacy efforts/campaigns 	<ul style="list-style-type: none"> • Increased # of people registered & served • Increased patient access to care when they need it • ER use by 360° NPLC patients is aligned with patient need • Increased # of patients engaged in program/service development or evaluation • Expansion of programs and services offered at the clinic

Workplace Wellness

Promote staff wellbeing by fostering a healthy and supportive workplace culture that recognizes the impact on staff of working in a highly trauma-exposed environment.

- Ensure robust mechanisms for team communication and knowledge sharing.
- Optimize use of all human resources to support manageable workloads, diversity of tasks, and maximizing full scope of practice for clinical staff.
- Ensure a balance between time spent on direct care and other programming.
- Explore opportunities to improve staff wellness and facilitate self-care including team-building, flexibility in working hours, and professional development.

- Staff are generally satisfied and report an acceptable level of wellness
- Staff retention increased
- Exit interview feedback is generally positive about work environment

Improved System Integration

Foster collaboration with local health and social services partners to improve the overall quality and integration of services, particularly mental health and addictions.

- Actively collaborate with local partners in the formation of an Ontario Health Team, demonstrating strong leadership in primary care for people whose health is compromised by poor access to the social determinants of health.
- Nurture community partnerships to provide a broader range of integrated services for patients and address access to the social determinants of health.
- Advocate for improved patient access to mental health and addictions services.
- Continue to provide opportunities for staff to learn about community partners and their services.
- Demonstrate the effectiveness and cost-efficiency of the NPLC model and advocate for investment in the 360° NPLC to increase capacity.
- Improve public awareness of the NPLC interdisciplinary team, salaried model as providing excellent health care, particularly to marginalized individuals.

- People with inequitable health risks are prioritized in the restructured Ontario health care system.
- Staff are more knowledgeable about community services
- Increase in new or enhanced partnerships
- Increase in public and social media presence

Appendix A

Engagement Undertaken

- Written surveys completed by 40 patients.
- Partner Feedback collected via 13 one-to-one interviews conducted by an external consultant
- Full day session with 360° NPLC Board and staff reviewing previous strategic plan and revisiting Mission, Vision, and Values facilitated by external consultant
- Sessions with 360° NPLC Board and staff separately to undertake Strengths, Opportunities, Aspirations, and Results exercise, facilitated by external consultant

Appendix B

Environmental Scan

Opioid Crisis

Deaths and harm due to opioid poisoning are increasing, particularly with tainted drug supplies of unknown potency. Opioid poisonings are now the leading cause of death for 30 to 39 year-olds in Canada. There is evidence that Peterborough is particularly impacted.

- Peterborough Public Health Unit ranked 4th highest in terms of average opioid related deaths per 100,000 population between July 2013 and June 2016. [ODPRN]
- In 2016/17, Peterborough ranked 3rd in the number of significant opioid overdose hospitalizations. Peterborough's age-adjusted rate/100,000 (28.4) is more than double that of the province (13.8) [CIHI]
- In 2016/17, Peterborough ranked 4th in opioid poisoning Emergency Department visits. Peterborough's age-adjusted rate/100,000 (67.3) is almost double the province (34.5). [CIHI]
- Visits to Peterborough's Emergency Department for opioid poisoning increased 142% between 2014 and 2017. ED visits in 2017 for poisoning by heroin were four times more than the year previous while "poisoning by other synthetic narcotics" increased 79%. [NACRS]

Truth & Reconciliation Commission of Canada: Calls to Action

In Peterborough (in 2011), 3.4% of the population identified as Aboriginal. 8.8% of the NPLC's patients identify as having Indigenous heritage.

The Truth and Reconciliation Commission Calls to Action #18-24 refer specifically to Health.

The following are particularly relevant and actionable for the 360° NPLC:

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
23. We call upon all levels of government to:
 - i. Increase the number of Aboriginal professionals working in the health-care field.
 - ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
 - iii. Provide cultural competency training for all health-care professionals

An Indigenous partner agency shared in interview:

“Culturally safe space also would be inclusive of having access to things like smudging, bringing in Elders, Healers and Ceremony Conductors. Culturally safe health care means there is space for family and community within the health care space to support the individual needing medical help.

Homelessness:

[Peterborough’s 2018 Enumeration Report](#) surveyed 259 homeless individuals:

Barriers to housing:

64% rent too high

59% low income

58% housing shortage

45% poor conditions

29% discrimination

Reasons for Homelessness:

30% family breakdown

22% unsafe housing

17% addiction/substance misuse

58% experienced homelessness before age 25

27% had Indigenous ancestry

Ontario Health Care System Transformation

People’s Health Care Act, 2019 At maturity, all health and social care will be provided by Ontario Health Teams (OHTs) accountable for providing a seamless continuum of care for all patients in specific geography. Partners will include primary care, hospitals, home and community care, palliative care, residential long term care, mental health and addictions support, and additional social services.

Initial priority populations selected for one of Peterborough’s OHT expression of interest submitted to the Ministry of Health are frail seniors and mental health & addictions.

The “Quadruple Aim” is a primary driving principle for the current transformation” of health care delivery:

- 1) Better patient and caregiver experience,
- 2) Better Patient and population health outcomes,
- 3) Better value and efficiency, and
- 4) Better provider experience.

The self-assessment for OHTs requires a focus on:

- Patient Care & Experience - patient self-management, digital health access, offering more virtual-care, improved care coordination/integration
- Patient Partnership & Community Engagement high-quality patient engagement/partnership (e.g. advisory board or on Board)
- Digital Health
- Performance Measurement, Quality Improvement, and Continuous Learning - pursue shared quality improvement initiatives that integrate care and improve performance.

Appendix C

Patient Demographics

Patient Population 2,303 (March 2019)

- 20% identify as a racialized minority¹
- 12% identify as gay, bisexual, lesbian, queer, two-spirit, or “other”¹
- 8.8% report having Indigenous ancestry¹
- 77% have incomes below the Low Income Cut-Off (LICO)¹
- 45% of patients responded that they are food insecure¹
- 13% report being homeless, 15% report having inadequate housing¹
- 66.7% of patients completing our Patient Experience survey had four or more visits in the past year²

Chronic Health Condition	Prevalence (age 18+*)	
	360° NPLC patients	General population
Anxiety <i>8 times more likely</i>	40%	5% <i>lifetime prevalence</i> ³
Depression <i>7 times more likely</i>	38%	5.4% <i>aged 15 and older</i> ⁴
Coronary Artery Disease <i>4 times more likely</i>	33.7%	8% ⁵
Obesity (BMI > 30)	32.5%	25.8% ⁶
Asthma	14.5%* <i>(includes children)</i>	8.1%* <i>aged 12 and over</i> ⁷
COPD/emphysema	14.4%	10% ⁸
Serious mental illness (psychotic disorders, bipolar disorder, personality disorders, etc.)	13.7%	1% schizophrenia ⁹ 1% bipolar disorder
Diabetes Mellitus II	9.9%	8%
Hepatitis C infection <i>12 times more likely</i>	8.5%	0.7% ^{10, 11}
HIV Infection <i>400+ times more likely</i>	0.7%	0.0017% ¹²

360° NPLC Patient Complexity Indicators ¹³

Prescribed five or more medications	39%
Prescribed one or more mental health medications	38%
Prescribed methadone	7.7%

Disability ¹

Patients reporting having one disability	76%
Patients reporting 3 or more of the disabilities below (“other” not included).	16.6%
Mental Illness	38%
Physical Disability	20%
Learning Disability	16%
Chronic Illness	15%
Drug/Alcohol Dependence	14%
Sensory Disability (hearing or vision loss)	7%
Other	6%
Developmental Disability	5%

¹ Demographic survey completed by 977 360° NPLC patients (46% of patients over age 16)

² Patient Experience Survey conducted annually (Jan 2019 n=163 360° NPLC patients)

³ Stats Canada <https://www150.statcan.gc.ca/n1/pub/82-619-m/2012004/sections/sectionb-eng.htm#a4>

⁴ Stats Canada <https://www.canada.ca/en/public-health/services/chronic-diseases/mental-illness/what-depression.html>

⁵ Stats Canada Prevalence of Chronic Disease for Canadian Adults 2015-16

⁶ Public Health Ontario <https://www.publichealthontario.ca/-/media/documents/ohp-obesity.pdf?la=en>

⁷ Stats Canada <https://www150.statcan.gc.ca/n1/pub/82-625-x/2015001/article/14179-eng.htm>

⁸ Stats Canada Prevalence of Chronic Disease for Canadian Adults 2015-16

⁹ Canadian Mental Health Association

<http://ontario.cmha.ca/wp-content/uploads/2016/10/CMHA-Mental-health-factsheet.pdf>

¹⁰ CATIE <https://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hepatitis-c-canada>

¹¹ Stats Canada (Ontario Prevalence, 2017)

<https://www150.statcan.gc.ca/n1/pub/82-625-x/2018001/article/54982-eng.htm>

¹² CATIE <https://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hepatitis-c-canada>

Who We Are

The Peterborough 360 Degree Nurse Practitioner-Led Clinic (360° NPLC) opened in late 2011 to provide an accessible, welcoming primary care clinic serving anyone without a primary care provider in Peterborough City and County - especially people experiencing barriers to health care access. The 360° NPLC has an interdisciplinary team with expertise in providing primary care to people with health risks including poverty, homelessness, food insecurity, experiences of violence and trauma, serious mental health issues, and social isolation.

We strive to improve health equity and access to the social determinants of health including food, income, and safe housing. The 360° NPLC staff are linked with many community partners and provide outreach in order to connect with individuals who may be reluctant to receive health care. The clinic has same day “when needed” scheduling for patients. Laundry and shower programs assist with the practical needs of low-income people and homeless individuals and also provide a low-threshold way for people to connect with the clinic.

Vision

Our vision is an inclusive community where all people have access to high quality primary health care and equal opportunity to be healthy.

Mission

We will:

- Provide safe, integrated, accessible, client-centred primary health care
- Strive for health equity in all our services and programs
- Be engaged with our clients and community to identify and address community needs
- Collaborate with a diverse range of external partners
- Advocate to improve the health and quality of life of all people in the community
- Embrace a harm reduction philosophy in all our programs and services

Core Values

- Accessibility
- Respect
- Responsiveness
- Collaboration
- Diversity
- Accountability
- Equity
- Inclusiveness
- Creativity
- Leadership
- Dignity
- Integrity

