SAMPLE APPLICATION

Creating Opportunities to
Further Promote the Implementation of
Nurse Practitioner Roles
in British Columbia

Call for Proposals

Divisions of Family Practice
A GPSC initiative

Nurse Practitioner Funding Applicant Identification

APPLICANT NAME THE Community A DIVISION OF FAMILY PRACTICE		
AUTHORIZED REPRESENTATIVE **XXX**	POSITION / TITLE Coordinator, Community A Division of Family Practice	
TELEPHONE NUMBER T:	FAX NUMBER F:	
MAILING ADDRESS		POSTAL CODE
E MAIL XXX@divisionsbc.ca		
SIGNATURE OF AUTHORIZED REPRESENTATIVE		
HEALTH AUTHORITY SPONSOR (if applicant is not the health authority)		
AUTHORIZED REPRESENTATIVE	POSITION / TITLE	
TELEPHONE NUMBER ( ) –	FAX NUMBER ( ) –	
MAILING ADDRESS		POSTAL CODE
SIGNATURE OF AUTHORIZED REPRESENTATIVE		

Part 1

Service Description Summary

Please provide a brief summary of the primary care service gap that has been identified and the nature of the NP service proposal that will address it. (max. 400 characters, not including spaces)

Canada is home for significant number of immigrants and refugees who represent more than 20% of the population of the country and 16% of population in BC. About 70 % of BC refugees and new immigrants move to XXX Health Area. Although, there are provincially funded programs for Government assisted refugees but not for other refugees (claimants and privately sponsored), as well as new immigrants. The proposed NP role will be integral in providing comprehensive PHC for these refugees and new immigrants at risk within a collaborative interdisciplinary team.

Part 2 – Application Contents

The application is laid out in the following 5 sections as noted below. There are several questions for each section. Please complete the following sections and answer all questions fully. If necessary, attach additional pages where needed:

A. NP Position Description (Page 8)

B. Community Facts and Target Population (Page 8)

C. Description of Current Primary Care Practice Setting and the Impact of Integrating an NP Service (Page 10)

D. Alignment with Strategic Objectives (Page 13)

E. Non-practice Supports and Operational Readiness (Page 14)

A. Position Description

i. Please include as a separate file with this application, the PDF position description that would be provided to the NP(s) selected to perform the services described in this application.

Please find enclosed the NP position job description as Appendix A.

B. Community Facts and Target Patient Groups

Identify and describe the community in which the proposed NP(s) will be located.

i. Geographically identify the community where the NP services will be provided, including all relevant population demographics. (Note: the community name has been substituted as "Community A").

The proposed NP services will be provided in Community A area within the XXX Health Authority.
Population:

- Total population - 223, 130 (in 2009); this represents about 14% of total XXX health authority population;
- Approximately half (50.8%) of Community A's population were immigrants in 2006
- Approximately one in five immigrants living in Community A had less than five years of Canadian residency.
    - Total immigrants – **50.8% of Community A's population**
    - +10 years in Canada – 58.4%
    - 5-10 years in Canada – 20.24%
    - 0-5 years in Canada – 21.36%
- While the immigrant population increased, the non-immigrant population has slightly decreased
- Community A's total population growth rate (about 2% per year) has been driven by an increase in the number of new immigrants. (1)

Age:

- Average age is about 40.3 years; Community A has a relatively older population within the health authority.
- Children (0-14 years) – 14.2%; the 3rd largest number of children in the health authority
- Seniors (65+) – 13.8% (2)

Community A Local Health Area (LHA) was selected as a geographic area of interest for this initiative because:

1. it receives a significant number of the new immigrants arriving in BC
2. **50.8%** of it's population were immigrants in 2006
3. It is the second highest proportion of immigrants and refugees residing in the area.(3, 4).

Top 5 source countries for Community A:
Refugees: Afghanistan–37%; Iran–15%; Iraq–9%; Eritrea–7%; Liberia – 4%
Immigrants: China–35.6%; Korea–5%; Philippines–2.2%; India–2.1%; Western Asia countries (Iran, Iraq, etc.) – 1.7% (3, 4, 5)

ii. Identify the population health characteristics (i.e. age, gender) of the target patient groups for the NP services.

There are two target streams of population that will be serviced by the NP.

1. Refugees, specifically including (Note: Government Assisted Refugees are excluded):
    a. Claimants
    b. Privately sponsored

2. At risk, new immigrants who have been in Canada for **less than 3 years**, settled in Community A LHA**.**

    Specifically including the following subpopulations:
    a. Pregnant women and their families
    b. New mothers with their newborns and their families
    c. Children under 5 years and their families

These populations are at risk for the following reasons:

1. Prevalence of infectious diseases, poor nutrition, mental health issues, secondary to war trauma (refugees), lack of chronic disease management and comprehensive antenatal care;
2. Limited access to consistent primary health care providers due to lack of availability, language barrier, greater use of Walk-in-Clinics and Emergency Departments;
3. Low English language and health literary skills, cultural issues, difficulty in navigating the health system, financial constraints, etc.

Among the entire population of new immigrants and refugees, women and children are recognized as being particularly vulnerable to health issues, often having reduced access to prevention and health care. (6) For that reason, the proposed NP will play a key role in providing comprehensive primary health care including prenatal and postnatal follow up, family planning, health promotion and education, effectively responding to new immigrants, refugee claimants, and privately sponsored refugee families.

Health characteristics that place these sub-populations at risk:

1. Children – respiratory and ear infections, bacterial and viral gastroenteritis, intestinal parasites, skin infections, dental problems, infectious diseases, poor nutrition, anemia
2. Pregnant women, new mothers - mental health issues (depression, anxiety, PTSD, postpartum depression); chronic conditions (asthma, diabetes, hypertension, COPD, kidney disease), infectious diseases.

iii. Describe the target patient group's existing access to primary health care services in the community.

A Convention or Government Assisted Refugee (GAR) has met the definition set out by the 1951 Geneva Convention related to the status of refugees. Health services for GARs are covered by the Interim Federal Health Program for one year post arrival to Canada at which time they transition to provincial health services. Refugee Claimants are persons who have made a claim to seek protection as a refugee awaiting determination by the Immigration and Refugee Board of Canada. Privately sponsored refugees are sponsored by groups such as a church to support the refugee(s) financially for one year after arrival to Canada. The New Canadian Clinic's only admit GAR's. This leaves a significant gap in health services for privately sponsored refugees and refugee claimants residing in Fraser Health Area. The health issues experienced by GARs are further complicated for the claimants and privately sponsored refugees due to funding and access issues for PHC services. For that reason, the claimants and privately sponsored refugees frequently use emergency department and/or walk-in clinics to address their health care needs.

New immigrants also experience significant challenges in securing primary health care services. A significant portion of them utilize emergency services and walk-in clinics in an inappropriate manner as a default for receiving medical care, and consequently, receive fragmented health care.

At major risk are pregnant new immigrant women and new mothers with their newborns. During pregnancy period and up to 6 weeks after delivery they can receive PHC from GPs at the Maternity Clinic. Once they are discharged from the Maternity Clinic they have to look for a GP and often continue care at walk-in clinics and/or use the emergency services.

A survey conducted by the Community A Division of Family Practice identified a significant gap in access to primary health care services for new immigrants[1].

[1] *as per XXX Division of Family Practice Membership Survey 2011*

iv. Describe the target patient group's health care needs and describe the barriers and challenges that the patients experience in securing care. How the target patient group was identified (eg. needs analysis, wait lists, comparable standards of service in other areas of the Province, quality indicators)?

Refugees and new immigrants face many barriers in accessing health care:

1. Lack of English proficiency
2. Lack of understanding of available resources
3. Cultural barriers
4. Low Health literacy
5. Financial constraints, poverty
6. Chronic health issues
7. Challenges to navigating the Canadian health system

Some of them experience a lack of empathy from services providers about their particular circumstances as newcomers. (7). On the other hand, health care seeking behaviour appears to be influenced by their cultural background and personal experience. Cultures characterized by strict gender roles may believe that it is inappropriate to discuss pregnancy and childbirth in mixed company, and as a result, medical consultations with male physicians or male interpreters can be extremely problematic (Ascoly et al., 2001).

In addition, there are barriers directly related to PHC providers and Canadian Healthcare System:

1. The use of jargon or advanced vocabulary within both spoken and written communication;
2. The provision of information predominantly through web-based media rather than paper format, and
3. The complexity of the Canadian health system (8).

Furthermore, within new immigrant and refugees' population, children are at increased risk for health problems (6). Epidemiological data has indicated the immigrant children are more vulnerable to respiratory and ear infections, bacterial and viral gastroenteritis, intestinal parasites, skin infections, dental problems, infectious diseases, poor nutrition, anemia and short stature (source: American Academy of Pediatrics). As well, during the immigration process, children tend to be more exposed to intentional or unintentional injuries, family violence and mental health problems (6). Studies have pointed out a higher prevalence of unmet health needs among immigrant children often related to reduced use of health care services and delayed or inadequate preventive medical care (9).

These target groups have been identified by the Community A Division of Family Practice, based on the survey conducted among GPs. This is consistent with the recent resolution of the United Nations Human Rights Council of June 2009 and the 61st resolution of the World Health Assembly that identified the needs of migrants that experience increased health risk (e.g. women and children) as priority groups. (6)

C. Description of Current Primary Care Practice Setting and the Impact of Integrating an NP Service.

i. Please describe your current primary care practice including volume and types of clients, all healthcare providers, their current degree of integration, and how the public accesses your services (location and hours).

Finding a general practitioner for new immigrants and/or refugees in Community A is a significant challenge and is more difficult than for the general population. They often rely on walk-in clinic and emergency services which do not offer continuity of care. According to the latest statistics, there are approximately 150 GPs in Community A and only 2 GPs are accepting new patients (10). They offer full service family practices that provide comprehensive and longitudinal care for their patients. The GP: patient population benchmark in the community is 1:1800. Office working hours are from Monday to Friday, from 8.00 a.m. until 5:00 p.m.

The majority of practices are currently not accepting new patients due to existing workload and patient volume. Accepting new immigrant/refugee patients is even more difficult due to the complexity of care required, language barriers and health literacy challenges (difficult to understand, attending appointment challenges).

ii. How were you able to identify the gap in primary care that this proposal for NP services is meant to address, and what stakeholders have you consulted with to substantiate this service need?

The gap in primary health care that this proposal for NP services is meant to address has been identified based on the following input:

1. Survey conducted by the Community A Division of Family Practice (BDFP)
2. Maternity Clinic at Community A Hospital : qualitative data from GPs at the Maternity Clinic who see these “orphan” patients and the challenges new mothers with their newborns face being discharged from the Mat Clinic after 6 weeks after delivery and not being attached to GP.
3. The New Canadian Clinic – qualitative data from NP: the clinic accepts referrals from XXX Clinic for Government Assisted Refugees but claimants, privately sponsored refugees, and new immigrants are excluded from admission criteria.
4. Public Health Unit (PHU) – qualitative data from Public Health nurses: they see these clients when they have an appointment for immunizations and often they have nowhere to go for regular check-ups.

The community health stakeholders agreed on the existing gap in primary care in the limited number of health services specialized and available for refugees and new immigrants in Community A There is a significant need for Nurse Practitioner role to help address this gap. The vision is an integrated approach where the NP will work in collaboration with New Canadian Clinic, the Community A Maternity Clinic, the Community A division of family practice, Public Health Unit and the XXX Health Authority to provide high quality and comprehensive primary health care to refugees (claimants/privately sponsored) not currently included within the new Canadian clinic

mandate; refugees which have been discharged from the New Canadian Clinic, and new immigrants during their first 3 years in Canada, currently residing in Community A. From this segment of population pregnant women, new mothers and their newborns, children under 5 years are at significant risk. The interdisciplinary team's clinical practice will be augmented by close partnerships with community agencies such as Family Life and settlement agencies.

iii. What are the short and long term impacts of maintaining the current service level? What alternative community healthcare sources have you considered to meet the target patients' needs? Why is your practice best suited to provide this new or expanded service?

Maintaining of current service level will impact the health of refugees and new immigrants. Limited access to primary health care will contribute to continued physical suffering and stress, resulting in the inappropriate use of acute care resources such as emergency. These could be mitigated by having timely access to primary health care providers and by addressing their health concerns in a timely and appropriate fashion.

The short term impacts of maintaining current service level for this specific target group are the following:

1. Increased emergency department visits
2. Increased infant and maternal morbidity rates
3. High rate of exacerbations of chronic diseases such asthma, blood hypertension
4. Poor symptom management of psychiatric symptoms for patients with mental health conditions
5. Suboptimal chronic disease management and therefore long term complications
6. Post – discharge re-admissions

Long-term impacts of maintaining current service level are:

1. Poor patients clinical and functional outcomes
2. Poor patients mental health status
3. Poor patient quality of life
4. Out of control infection and contagious diseases, high risk of spreading infection diseases and high risk for serious complications
5. Increased rates of emergency visits and, as a consequence increased overall expenditures of health care system

The proposed target groups encounter different barriers in accessing primary health care. As a result their medical issues are not addressed in a timely manner which could lead to serious complications and disorders. Even if Community A's primary health care providers were to meet the target patients' needs as an alternative healthcare source, there is evidence that this target group, which can be classified as an underserved population (Bowen, 2001) needs a specific approach and complex care that could be provided by an NP. For that reason, the proposed practice is best suited to bridge the gap in accessing primary health care by the target population, and provide qualitative health care service, fully covering the needs and gaps that impact refugees and new immigrants.

iv. Please explain how the NP service will be integrated into your current practice. How will the existing roles change? What external contacts/supports will the NP service have? What will be the incremental service volume to the target patient group once this proposal is fully implemented? How long will it take to reach full implementation and how will the implementation plan be supported?

It is planned that NP will be attached to the New Canadian Clinic and will collaborate with Community A Division of Family Practice, the New Canadian Clinic, Public Health Unit, Maternity Clinic and XXX Health Authority. The NP will be the initial source of contact, collection of demographic data, identifying the nature of health related problems, psychosocial background for the target populations (claimants refugees, privately sponsored refugees and new immigrants) and will continue with care for refugees that was initiated by XXX Clinic or/and the New Canadian Clinic. Consultation will be provided as needed through the Community A Division of Family Practice. Also, the NP will accept patients by referral from Community A's General Practitioners, Maternity Clinic, Public Health Unit. The proposed NP will establish linkages and partnership with the following providers:

- Linkage to the Community A Division of Family Practice
- Linkage to the New Canadian Clinic
- Linkage to the Community A Maternity Clinic
- Linkage to the Public Health Unit
- Linkage to the XXX Health Authority
- Partnership with social and community agencies

Pregnant women that are part of our target groups will be referred to the Public Health Unit and will be enrolled in Nurse-Family Partnership and Children's Mental Health program, which will provide opportunity for additional health care services.

In addition, the Community A Division of Family Practice will work with its members, GP practices to create referral system to the NP. The Division will work with XXX Health Authority to establish a long term discharge and permanent attachment strategy to GPs in the community, permitting the NP to discharge these clients after 2 years, to a permanent primary health care provider. This will ensure this flow through the NP case load and that new immigrants and refugees in future years will be attached to GPs. The NP will be part of integrated interdisciplinary team that will support the core needs of our target subpopulations of refugees and new-immigrants:

a. Pregnant women and their families
b. New mothers with their newborns and their families
c. Children under 5 years and their families

This interdisciplinary team will include 4 GPs, who will offer clinical consultation support and the opportunity to do group medical visits for clients.

Administrative support will be provided through the New Canadian Clinic and Community A Division of Family Practice.

Incremental volume: It is estimated that the NP would be seeing 10 patients per day; 210 visits per month and 2540 visits per year. This estimated volume is expected to increase by 5% over the next year.

Initial time: 1 year

v. What are the expected outcomes for the targeted patient group? Please describe and quantify why this service represents good value for the healthcare system? What are the expected population health impacts in your community?

- Health outcomes – lower use of emergency, decrease admission to hospitals, decrease use of ambulance, low rates of exacerbations of chronic diseases, low rates of exacerbations of mental disorders, infection control; decrease of serious complications, decrease incidence of self-treatment, improve patients' health outcomes;
- Better care for clients;
- Improve quality of life and improve patients' satisfaction with health services;
- Improve patients' integration and engagement, social support
- Cost avoidance for XHA
- Cost avoidance for the province and MSP (avoided visits to GPs at Mat. Clinic)

Estimated cost avoidance with timelines

	Patient information			Health System Capacity Avoided		Cost Avoidance	
Fiscal Year	#pts. /day	#visits /year	#pts. in roster[1]	cost per 1 ER visit	# of ER visits avoided/year	Cost avoidance per pt., per year	Total cost avoidance per year
2012/2013	12	3,048	254	$ 270.00	2	$ 540.00	**$ 109,728.00** [2]

[1] *We assumed that each patient had 10 visits to NP/GP last year*

2 assumes 80% of the NPs clients will avoid 2 or more ER visits in the first year.

In addition, it may include the reduced # of MSP billing costs from the Maternity Clinic, resulting from the opportunity to earlier discharge new mothers and newborns after delivery as the client will have a primary health care provider who can pick up the care.

vi. Why do you think this is a desirable opportunity for an NP? How have you considered professional satisfaction in the attached job description?

- Ability to practice full scope within a supportive and collaborative environment
- Opportunity to provide comprehensive primary health care as well as health promotion and prevention
- Ability to impact efficiencies in health system and impact current congestion issues through prevention of emergency room visits
- Ability to impact positive change in health status for a marginalized population and improve health outcomes
- Opportunity to work in NP community of practice and engage in opportunities for development and growth

The Nurse Practitioner is well suited to bridge the gap in accessing primary health care and can have a positive and powerful influence on the health care that these individuals receive. Opportunity to be part of the integrated interdisciplinary team, this big picture solution and improving overall health in the entire community may bring professional satisfaction to the NP.

vii. How will the implementation of this proposal improve the other providers' experiences in your practice?

- Improve care for difficult to manage patients due to language barriers, lack of health literacy, etc.;
- Health promotion and disease prevention strategy applied
- Infection control
- By sharing the information and through education;
- Less use of emergency rooms, acute care resources;
- Shorter hospital stays (chronically ill patients)

viii. How will you measure the activity and outcomes of this new service? What baselines have you developed to measure against? Please be specific (eg. Attachment statistics, surveys, reduced hospitalization rates). What information beyond that generated in your practice would be of assistance in evaluating the effects of the new service? (please note any instances where you believe a data sharing agreement may be required)

Track clients volumes

Monitor ER and hospitals utilisations

Use PHNs to assess hospitalisation diversion (pre- and post-attachment to NP)

Alignment with strategic objectives

i. Please include each published MOH and HA strategic primary care objective your proposal is aligned with. Under each objective, briefly describe why your proposal meets this objective. [1]

a. Objective #1

KRA 1: Improve population health through core public health programs and implement targeted health promotion and prevention initiatives to reduce the incidence of chronic disease.

Refugees and new immigrants are at higher risk for infection diseases and mental disorders. This initiative will include partnerships between NP, Public Health Unit, Community A Division of Family Practice and Community A Maternity Clinic with GPs, for management of these patients. In addition, the new initiative will be partnering and aligning with education, prevention and promotion services, including NGOs in the community to target clients at risk of chronic diseases and well as to reduce the exacerbations of chronic diseases target patients might have.

b. Objective #2

KRA 3: Implement an integrated model of primary and community care to more effectively meet the needs of British Columbians, especially frail seniors and patients with chronic and mental health and substance use conditions

1. NP will work collaboratively with Community A Division of Family Practice and other XHA community services to optimize care to this target segment of the population. The NP will also engage the clients, managing their own health care by providing health education and promoting self-management of their illness.
2. The target clients frequently have medical co-morbidities and mental health issues. Therefore, the NP will promote coordination between health care providers to facilitate timely responsive care for patients with chronic diseases and people with mental health issues.

c. Objective #4

KRA 7: Optimize the efficiency and effectiveness of emergency health services.

One of the objectives of this proposal is to reduce emergency visits by ensuring patients have access to NP, primary care physicians, public health nurses, and can easily access appropriate medications in a timely manner to avoid exacerbations. *(See projected cost avoidance)*

[1] Please attach additional pages if more than 3 primary care objectives are met by the proposal

D. Non-practice supports and operational readiness

i. Is this proposal reliant on any funding supports other than those provided through this proposal or the practice itself? If so, who is the party (ies) and demonstrate how that commitment has been secured (eg. Attach written agreement/commitment). Describe the nature and amount of funding (eg. One-time, on-going, capital, operating)?

Funding for this proposal is being secured through XXX Health Authority and the Community A Division of Family Practice. The contributions of these partnerships are described in budget details *(See budget details).*

ii. Please provide any additional evidence of community support for this proposal (beyond the HA signatory or collaborating provider on this proposal). eg. Letters of support from community groups, etc.

Letters of support for this proposal are provided from:

- Community A Division of Family Practice
- XXX Health Authority
- the New Canadian Clinic
- Community A Maternity Clinic
- Community A Family Life
- Public Health Unit
- Community and social agencies, NGOs

iii. Please describe and quantify any expenditures that must take place prior to the commencement of services (eg. Physical office modifications, additional support staff, equipment). How are these specific expenditures being funded and how long will it take to secure them?

Start in 2013

Community A NP Proposal DRAFT Budget - 1 year commitment			
Description/Item	**1st year**	**Notes:**	**Partner**
Office and Clinical Space at BNCC	in-kind	desk/photocopier/printer access/internet/fax/phone	XHA
Office Supplies	in-kind	Paper/supplies	XHA
Admin support (MOA 0.25 FTE)	$10,400	Photocopying/paperwork support/meeting bookings/15 hrs. week	XHA
Computer/Internet	$2,500	laptop plus stick / internet	XDFP
Cell Phone	$700		XHA
Communication/Promotion of program to GPs	$2,000 (TBC)		XDFP
Professional Development	$3,000		XHA
Clinical Support/Guidance	in kind		XDFP
Position Supervision/Admin	in kind		XHA
Evaluation Costs	In kind		XHA
TOTAL $ excluding kind contribution for year	**$18,600**		

iv. How will you advertise the NP position(s) or has a candidate been identified?

The NP position will be advertised as soon as funding is approved, and it will be advertised via the XXX health authority internet, professional journals, publications and personal contacts.

I UNDERSTAND AND AGREE THAT:
I hereby certify that to the best of my knowledge all information contained in this application is true and complete.

_____	_____
Signature of Applicant	**Name (please print)**
_____	_____
Position	**Date**

HEALTH AUTHORITY:

_____	_____
Signature of Health Authority Signing Officer	**Name (please print)**
_____	
Health Authority	
_____	_____
Position	**Date**

HEALTH CARE PROVIDER(S):[2]

_____	_____
Signature of Health Care Provider	**Name (please print)**
_____	_____
Position	**Date**
_____	_____
Signature of Health Care Provider (Optional)	**Name (please print)**
_____	

[2] Signature of health care provider(s) collaborating with the NP. Attach additional signatures if necessary.

Health Authority

Appendix 1

Nurse Practitioner Job Description

Nurse Practitioner, Community A – Refugees (claimants and privately sponsored) and new Immigrants

SERVICE: Nurse Practitioner

REPORTS TO: Executive Director, Primary Care

OVERVIEW:

The Nurse Practitioner is responsible and accountable for the comprehensive assessment of patients/ clients/ residents including diagnosing diseases, disorders, and conditions. The Nurse Practitioner initiates treatment including health care management, therapeutic interventions and prescribes medications in accordance with the statutory and regulatory standards, limits, and conditions, and employer policies and procedures. The Nurse Practitioner provides professional guidance to other health professionals and practices autonomously and interdependently within the context of an interdisciplinary health care team, making referrals to specialist physicians and others as appropriate.

The position collaborates with patients/clients/residents and other health professionals to identify and assess trends and patterns that have implications for patients/clients/residents, families and communities; develops and implements population and evidence based strategies to improve health and participates in policy-making activities that influence health services and practices. The position participates in peer-review and self-review to evaluate the outcome of services at the patient/client/resident, community and population level.

KEY AREAS OF INVOLVEMENT INCLUDE:

1. Diagnoses and treats previously undiagnosed patients/clients/residents for undifferentiated diseases, disorders, and conditions within the Nurse Practitioner's scope of practice; writes orders for treatment and medications; provides first line care in emergencies.
2. Monitors ongoing care, orders appropriate screening diagnostic investigations; interprets reports of investigations and analyzes information to monitor progress and plan treatment.
3. Establishes priorities for management of health, diseases, disorders, and conditions; provides follow-up treatment; communicates with patients/clients/residents and families about health findings, diagnoses and priorities, outcomes and prognoses; supports and counsels patients/clients/residents in their responses to diseases, disorders and conditions.
4. Collaborates and consults with physicians or other health care and social service providers as appropriate to assess and diagnose patient/client/resident status. Develops and implements treatment plans. May admit and discharge patients/clients/residents to facilities according to organizational policies.
5. Prescribes drugs within the statutory and regulatory standards, limits, and conditions for Nurse Practitioners and within applicable employer policies and procedures.
6. Assigns work to other nursing and health care personnel; evaluates work and provides education and supervision as necessary; hires staff, and evaluates staff performance.
7. Participates in research contributing to improved patient/client/resident care and advances in nursing, health policy development and population health.
8. Maintains population health focus by implementing screening and health promotion activities for populations at risk.
9. Participates in interdisciplinary staff and nursing education through case presentations, mentoring, role modeling and facilitating the exchange of knowledge in the classroom, the clinical setting and the community; fosters health care partnerships.
10. Develops implements, and evaluates policies and procedures related to nursing, interdisciplinary care, and health system practices.
11. Performs other duties as required.

QUALIFICATIONS:

Current registration as a Nurse Practitioner with the College of Registered Nurses of British Columbia (CRNBC)

Recent relevant clinical nursing experience.

COMPETENCIES:

1. **LEADS Capabilities**
2. **Leads Self**
3. **Self Awareness:** Is aware of own assumptions, values, principles, strengths and limitations.
4. **Manages Self:** Takes responsibility for own performance and health.
5. **Develops Self:** Actively seeks opportunities and challenges for personal learning, character building and growth.
6. **Demonstrates Character:** Models qualities such as honesty, integrity, resilience and confidence.
7. **Engages Others**
8. **Fosters the Development of Others:** Supports and challenges others to achieve professional and personal goals.
9. **Contributes to the Creation of a Healthy Organization:** Creates an engaging environment where others have meaningful opportunities and the resources to fulfill their expected responsibilities.
10. **Communicates Effectively:** Listens well. Encourages open exchange of information and ideas using appropriate communication media.
11. **Builds Effective Teams:** Facilitates an environment of collaboration and cooperation to achieve results.
12. **Achieves Results**
13. **Sets Direction:** Inspires vision. Identifies, establishes and communicates clear and meaningful expectations and outcomes.
14. **Strategically Aligns Decisions with Vision, Values and Evidence:** Integrates organizational mission, values and reliable, valid evidence to make decisions.
15. **Takes Action to Implement Decisions:** Acts in a manner consistent with the organizational values to yield effective, efficient public-centered service. Demonstrates business acumen by efficiently and effectively identifying and managing human, capital, financial and information resources.
16. **Assesses and Evaluates Results:** Measures and evaluates outcomes. Holds self and others accountable for results achieved against benchmarks. Corrects course as appropriate.
17. **Develops Coalitions**
18. **Builds Partnerships and Networks to Create Results:** Creates connections, trust and shared meaning with individuals and groups.
19. **Demonstrates a Commitment to Customers and Service:** Facilitates collaboration, cooperation and coalitions among diverse groups and perspectives to improve service.
20. **Mobilizes Knowledge:** Employs methods to gather intelligence. Encourages open exchange of information. Uses quality evidence to influence action across the system.
21. **Navigates Socio-Political Environment:** Is politically astute. Negotiates through conflict. Mobilizes support.
22. **Systems Transformation**
23. **Demonstrates Systems/Critical Thinking:** Thinks analytically and conceptually; questions and

challenges the status quo to identify issues, solve problems and design and implement effective processes across systems and stakeholders.

24. **Encourages and Supports Innovation:** Creates a climate of continuous improvement and creativity aimed at systematic change.
25. **Strategically Oriented to the Future:** Scans the environment for ideas, best practices and emerging trends that will shape the system.
26. **Champions and Orchestrates Change:** Actively contributes to change processes that improve health service delivery.
27. **Professional/Technical Capabilities**
    - Ability to communicate and collaborate with patients/clients/residents and families about health findings, diagnosis, treatment, self care and prognosis.
    - Ability to collaborate, consult with and formally refer patients/clients/residents to physicians and other health professionals when appropriate.
    - Ability to critically assess and evaluate health research literature to determine best practices; ability to introduce education and evidence based research.
    - Ability to assess and recognize population health trends; ability to plan and implement strategies for population based prevention and health promotion.
    - Ability to implement and evaluate planned change.
    - Ability to supervise others and evaluate the care they deliver.
    - Ability to lead a team and work within a team.
    - Ability to self-direct, interact, and adapt effectively with other professionals in complex, dynamic situations.
    - Ability to transfer knowledge, teach, coach and mentor others.
    - Ability to identify and respond appropriately to legal and ethical issues that may arise in patient/resident/client care.
    - Ability to self-assess performance and assume responsibility and accountability for own professional development, educational or consultative assistance when appropriate.

Appendix 2

References and Bibliography

1. Community Profile, Community A 2010, XHA
2. Population Health Profile 2010, Community A LHA
3. Government Assisted Refugee Settlement Patterns in XXX, January 2005 – December 2009, Immigrant Services Society Of British Columbia (ISSofBC), December 2010
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5. B.C. Immigration Trends 2010 Highlights, report
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Appendix 3

COMPANY A LOGO

August 30, 2012
Ministry of Health - Division of Family Practice in Community A and XHA Primary Care

Dear XXX,

On behalf of Company A, I'm writing in support of the Health Region's application to hire a Nurse Practitioner who would work specifically with new immigrant and refugee clients in need of maternity care.

Company A, a community based XXX agency, provides a broad continuum of services in Community A and Community B that specifically target immigrant, vulnerable and multi-barriered children and families. Our employees, who speak 47 different languages and work at 11 different neighbourhood locations, are acutely aware of the needs of this vulnerable target group. Company A would therefore be in an excellent position to make referrals and provide ongoing supports for the proposed position and for the clients served.

As Co-chair of the Community A XXX Planning Table, which hosts an umbrella association of government and non-government service providers responding to the specific needs of immigrants and refugees in Community A, Company A is also in a unique position to ensure that a new Nurse Practitioner would be integrated and supported in their role in the broader community.

Company A services are closely tied to the community and located in neighbourhoods where residents are at greatest risk. We have strong connections to the New Canadian Clinic, the Newcomers Centre as well as Family Physicians located in the community. For the past 3 decades we have witnessed increasing difficulties experienced --not only by the target population seeking primary health care services-- but by Family Physicians who do not have the capacity to provide services in diverse first languages that are culturally sensitive to the specific needs of immigrant and refugee clients in need of care. The number of Family Physicians serving residents of Community A and Community B has eroded significantly in the past 2 decades as the number of non-English speaking residents has increased dramatically. There is an urgent gap in our community that needs to be addressed – the lack of primary medical attention available to the clients we serve seems to escalate each passing month.

Company A, working in partnership with Mosaic, ISS of BC and Success, have community based multi-lingual outreach workers available who are specially trained to work in collaborative partnerships to provide necessary supports for the nurse practitioner – including accompaniment to appointments, translation, cross cultural awareness, ongoing referrals and follow up.

We urge you to give the strongest consideration possible to fund this much needed position. If further information is required, please do not hesitate to contact me at XXX or at XXX