

Indigenous Interprofessional Primary Care Teams

Guide to Completing an Application Form

June 2017

Primary Health Care Branch, Ministry of Health and Long-Term Care

What is this guide?

The **Application Kit** for Indigenous Interprofessional Primary Care Teams consists of four (4) documents:

- 1) Introduction to Indigenous Interprofessional Primary Care Teams
- 2) Indigenous Interprofessional Primary Care Team Application Form
- 3) **Guide to Completing an Interprofessional Primary Care Team Application Form**
- 4) Indigenous Interprofessional Primary Care Team Development Funding Application Form (if applicable)

This guide provides useful advice and tips for completing the application form. It is recommended that applicants read the guide before completing the application form as it contains details on Indigenous Interprofessional Primary Care (IPC) Team requirements and tips on answering the questions.

This guide also provides an overview of the Indigenous IPC Team selection process and information and tips on a question-by-question basis to assist with completion of the application form. The question-by-question section also lists resources that you may find helpful.

How will Indigenous IPC Team applications be evaluated?

Successful applicants are expected to demonstrate how their application aligns with Ontario's First Nations Health Action Plan and *Patients First: Action Plan for Health Care*:

Access:

- Improve and enhance access to culturally safe and appropriate traditional services and healthcare providers, with a focus on Northern rural and remote communities.
- Provide culturally safe Indigenous traditional services and programs where there are significant gaps in health care services and community healing services.

Connect:

- Enhance coordination and integration of care and services unique to each location through community-driven engagement with Indigenous partners.
- Develop a unique model of care to better sustain an Indigenous IPC Team that provides services and programs in collaboration and partnership with community and primary care partners.
- Create or expand an Indigenous-governed interprofessional team-based model including traditional healers and a holistic approach to health and well-being.
- Overcome jurisdictional barriers by integrating federal and provincial resources.

Inform:

- Support Indigenous peoples and clients – providing the education, information and transparency they need to make informed decisions about their health.
- Build community capacity in order to enhance health care coordination and integration of services.

Protect:

- Protect our universal public health care system – builds on the assets already existing in the primary health care organization and links with federal programs to leverage full capacity of the existing healthcare system.

Demonstrate support from the community:

- Improve system navigation and care coordination centred on unique community needs through community support, including Indigenous health service providers.

Technology:

- Expand technologies to connect rural and remote communities with appropriate and culturally safe services and supports.

Demonstrate Readiness:

- Demonstrate readiness to operate, including Indigenous governance structure; identification of traditional, primary care and interprofessional healthcare providers; facility availability or advanced space planning; and established partnerships within their communities.

All applications will be reviewed by the Ministry of Health and Long-Term Care (ministry). 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.

The deadline for submission is 5:00 p.m. on August 21, 2017.

Completed applications received after this time will not be considered.

What information is available to assist in the writing of the application?

Useful references to support your application can be found on the following websites:

Health Canada

<http://www.hc-sc.gc.ca/fniah-spnia/index-eng.php>

Our Health Counts

<http://www.ourhealthcounts.ca/>

Aboriginal Health Access Centres

<https://www.aohc.org/aboriginal-health-access-centres>

Ministry of Indigenous Relations and Reconciliation

<https://www.ontario.ca/page/ministry-indigenous-relations-and-reconciliation>

Ministry of Community and Social Services

<http://www.mcsc.gov.on.ca/en/mcss/programs/community/programsforaboriginalpeople.aspx>

Ministry of Children and Youth Services

<http://www.children.gov.on.ca/htdocs/English/professionals/indigenous/index.aspx>

Government of Canada

<https://www.aadnc-aandc.gc.ca/eng/1461942831385/1461942892707>

Statistics Canada - Community Profiles

www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E

Local Health Integration Network (LHIN) Integrated Health Service Plan

Each plan can be found by searching on the LHIN website:

www.lhins.on.ca/

Public Health Units

Locations and contact information for Public Health Units can be found at:

www.health.gov.on.ca/en/common/system/services/phu/locations.aspx

What if your Indigenous IPC Team Application Form is selected?

If your Indigenous IPC Team Application Form is selected to proceed, you will receive a letter of confirmation. **The proposed Indigenous IPC Team outlined in the application, including governance, providers, FTEs, services and other budget items are subject to change pending final approval.** A ministry contact will be assigned to you and will advise you of the next steps towards implementing the program, including the development of a budget and funding agreement.

Guide to Completing the Indigenous IPC Team Application Form

SECTION 1: ABOUT YOU

This section provides the ministry with your business contact information, and confirms if the application is from, or affiliated with, an existing Indigenous governed primary health care agency or funded Health Service Provider (HSP). The ministry may release this information about successful applicants to requesting individuals or organizations, with prior consent (as outlined in “Consent” section of page 4).

It also confirms if you are also submitting an application requesting development funding in order to develop and submit a Business Plan and Operational Plan as part of your Indigenous IPC Team implementation process.

Questions 1 and 2

Question 1 provides the ministry with the name of your proposed Indigenous IPC Team and refers to the person or persons who should be contacted by the ministry with any questions or communications and the Indigenous-governed primary health care agency or funded HSP that the individual identified as the Primary Contact is associated with.

By submitting this Application Form, Indigenous IPC Team applicants consent to the release of the information contained in Question 1 to requesting individuals or organizations, (this is only applicable in the event that the Team’s application is successful). This consent includes permission to post this information on a ministry web site.

Question 2 provides confirmation to the ministry if the applicant is submitting an Application for Development Funding, to assist with the development of a Business Plan and Operational Plan, in addition to the Application Form.

Applicants that have available resources, and are confident that they are able to prepare and submit a comprehensive Business Plan and Operational Plan without additional funding, will check the box advising that they do not require development funding. Indigenous IPC Team Application Forms submitted without a request for Application for Development Funding will be considered “in a higher state of readiness”, and may be able to proceed to implementation more quickly if their application is approved.

Applicants that require assistance in preparing a Business Plan and Operational Plan will check the box advising that they are submitting an Application for Development Funding in addition to the Indigenous IPC Team Application Form. Submitting a request for assistance does not automatically guarantee approval for funding; the Application Form will be evaluated and successful applicants will have the opportunity to enter into an accountability agreement with the Province for funding to develop a Business Plan and Operational Plan. If approved to proceed, the ministry expects that the Teams that have requested Development Funding will require additional time to become operational.

Questions 3 and 4

Governance refers to the authority and responsibility for making decisions and taking action. It includes the structure and processes used to direct or “govern” the affairs of a program and an organization. A governance structure defines the people and processes through which affairs of an organization are managed and supervised, and provides a shared understanding of roles and responsibilities. Describe the governance structure under which the Indigenous IPC Team will operate, including the role of community members in leading the development of the Indigenous IPC Team and how local Indigenous community and Indigenous governed primary health care agencies or funded HSPs will govern and manage the Team. Examples of applicable governance models include:

- i. Indigenous Primary Health Care Organization-Led – this incorporated group is governed by a Board of Directors (which may include the local Band or Tribal Council) and may currently be funded by the ministry [e.g. Aboriginal Health Access Centres (AHACs), Indigenous-governed Community Health Centres (CHCs), Family Health Teams (FHTs) or Nurse Practitioner-Led Clinics (NPLCs)]. For these organizations, the Board of Directors provides the governance, oversight, is the funding recipient/transfer payment agency and the employer.

- ii. Band or Tribal Council – the Band or Tribal Council provides the governance and oversight, and is the funding recipient, as well as the employer.
- iii. Partnership - a combination of Indigenous organizations that share the responsibilities of governance and oversight, are jointly the funding recipients, and are jointly the employers of traditional and interprofessional health care providers (IHPs) and administrative staff.

SECTION 2: ABOUT YOUR COMMUNITY

This section describes the community(ies) in which your proposed Indigenous IPC Team will be located, provides the ministry with information on your region and the availability of existing population based health information, Indigenous-governed health care services and the rationale for establishing an Indigenous IPC Team.

Question 5

This is to determine in which region of the province your proposed Indigenous IPC Team will be located.

Your Local Health Integration Network (LHIN) can be found using the ministry's LHIN Locator at:

<http://www.lhins.on.ca/>

- Erie St. Clair Local Health Integration Network
- South West Local Health Integration Network
- Waterloo Wellington Local Health Integration Network
- Hamilton Niagara Haldimand Brant Local Health Integration Network
- Central West Local Health Integration Network
- Mississauga Halton Local Health Integration Network
- Toronto Central Local Health Integration Network
- Central Local Health Integration Network
- Central East Local Health Integration Network
- South East Local Health Integration Network
- Champlain Local Health Integration Network
- North Simcoe Muskoka Local Health Integration Network
- North East Local Health Integration Network
- North West Local Health Integration Network

The Expression of Interest (EOI) invitation to apply for the implementation of an Indigenous IPC Team is open to interested Indigenous organizations across Ontario, however priority will be given to applications from the following LHINs that have been identified as geographic areas of high need for primary care services for Indigenous populations:

- Erie St. Clair Local Health Integration Network
- South East Local Health Integration Network
- North Simcoe Muskoka Local Health Integration Network
- North East Local Health Integration Network
- North West Local Health Integration Network

The ministry identified the above LHINs based on a primary care needs assessment of Indigenous peoples in Ontario that included areas having a combination of:

- Greater proportion of Indigenous populations;
- Poorer health outcomes, higher percentage of complex high needs patients;
- Limited traditional and culturally safe and appropriate services and programs; and
- Greater unmet Indigenous primary care needs.

Questions 6 and 7

A catchment area is the geographic area in which the clients of your proposed Indigenous IPC Team reside, regardless of Band membership.

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

- Geographic boundaries, including municipality/township and county/district/region.
- Population size, health characteristics (e.g. prevalence of chronic disease, age and sex¹), social determinants (e.g. housing, unemployment, education, pre-natal influences, alcohol/drug misuse) and distribution.

Information about your community can be found through *Statistics Canada*, located at:

<https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/search-recherche/lst/results-resultats.cfm?Lang=E&TABID=1&G=1&Geo1=&Code1=&Geo2=&Code2=&GEOCODE=35>

Question 8

Please describe the existing Indigenous primary care services and other community-based health care services in your community (including availability and proximity of Nursing Stations, Health Centres, Indigenous-governed FHTs, AHACs, NPLCs and/or CHCs, family practices/physicians, mental health and addictions services, community support services, Public Health Units (PHUs), etc.) and/or any other information about how the community currently receives culturally safe and appropriate primary care services. Please indicate here if the proposal is an expansion of an existing Indigenous-governed primary care team.

Question 9

Please describe the primary care service/program gaps (if applicable) you have identified in your community (e.g. services/programs that are not available) and any difficulties clients are experiencing regarding access to culturally safe and appropriate care and services in your community, including Indigenous traditional healers and medicine people (e.g. shortage of culturally appropriate providers, clients not attached to a primary care provider, transportation issues). Your answer should explain why clients are experiencing difficulties in accessing services, including access to specific primary care services to address any unmet health needs you have identified in your community.

Question 10

Demonstrate how the community was consulted in developing this application that demonstrates your application is “Indigenous-informed” in support of an Indigenous IPC Team. Include information on if, and how, Indigenous partners have been involved in the design of your proposed program.

SECTION 3: ABOUT YOUR TEAM

This section provides the ministry with information about your proposed Indigenous IPC Team and the IHPs and traditional healers who will support your program.

Question 11

The purpose of this question is to determine the proposed team members that will be delivering your Indigenous IPC Team care and services, their disciplines, their full-time equivalency (FTE) and their level of Indigenous cultural safety training and experience working within Indigenous communities/populations. One FTE = 40 hours per week (7.25 hours + 0.75 hour break per day).

As an indication of the state of readiness of your Team, attach a letter from each provider that has committed to your Indigenous IPC Team, if applicable. This letter should confirm the individual's commitment and role in the Indigenous IPC Team.

Question 12

This response identifies the partners your Indigenous IPC Team plans to collaborate with to provide culturally safe services in your community. Please provide details on the planned service delivery collaboration.

¹ Proponents can contact their LHIN or PHU to obtain this information and must provide the source of the information.

Examples of providers that you might partner with include, but are not limited to: culturally safe specialist services, mental health services, diabetes programs, addiction/substance abuse programs, pharmacists' services, nutrition counselling, community healing services, PHUs, hospitals, rehabilitation services, palliative care and urgent/emergency care.

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 also detail other elements of the partnership such as shared funding arrangements, if applicable.

SECTION 4: ABOUT YOUR CLIENTS AND PROGRAMS

This section will provide the ministry with information about the services your Indigenous IPC Team proposes to provide to meet the traditional and culturally appropriate health care needs of your community, and the number of clients your Team will serve.

Question 13

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

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

- Socio-economic status: may include housing, safe drinking water/environmental contaminants, the level of unemployment, the income and wealth distribution, the education level distribution, and violence against Indigenous women 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 (e.g. chronic disease, with a particular emphasis on diabetes), including co-morbidities 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).
- Language barriers: may include miscommunication between Indigenous clients and medical staff and/or lack of information on Indigenous populations/communities to be served, including known health status or conditions, current access to services, etc.

For additional information about determinants of health, please see:

Public Health Agency – What Determines Health

<http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php>

Our Health Counts

<http://www.ourhealthcounts.ca/>

Additional information on health and health care data is available at:

The First Nations Data Centre

<http://fnigc.ca/fndc>

Metis Nation of Ontario Healing & Wellness Complete Studies on Diabetes, Cancer, Cardiovascular Disease & Respiratory Disease

<http://www.metisnation.org/programs/health-wellness/chronic-disease-studies/>

Statistics Canada

<http://www5.statcan.gc.ca/subject-sujet/theme-theme.action?pid=10000&lang=eng&more=0>

Question 14

This answer will provide information about how your proposed Indigenous IPC Team will improve access for First Nation populations and communities described in Question 13 that you intend to serve. Your response should indicate the current level of access for these populations and how your Team will reach these clients to provide better access to address their primary care needs, especially in rural, remote and “fly-in” locations.

This answer should describe the proposed role your Indigenous IPC Team will play in delivering and improving Indigenous traditional health services to the community. Please include any specific programs or community healing services, if applicable, that may not be readily available that you plan to implement. (e.g. diabetes / chronic disease management program, mental health and addictions/substance abuse program).

Question 15

Applicants proposing Indigenous primary care services and programs provided in coordination with other organizations on reserve are required to engage their Band Council and provide a signed letter of support from the Band Council.

Please indicate which primary care services your proposed Indigenous IPC Team will provide to your clients and include the following information:

Services: Services provided by Indigenous IPC Teams are listed in the table. However, if your proposed Team will not provide a listed service, be sure to provide a rationale as to why the service will not be offered.

Specialized Programs: Indigenous IPC Teams will provide programs to meet the needs of their community. Please advise the ministry of programs that will be offered, applicable to your proposal (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 Indigenous IPC Team will provide services directly or in coordination with others not involved in the Indigenous IPC Team, and how you will ensure the care and services provided are culturally safe and appropriate. For example, an Indigenous IPC Team may provide a health promotion class in coordination with a local non-profit association. Other examples of providers that you might partner with include: specialist services, mental health services, diabetes programs, addiction/substance abuse programs, pharmacist’s services, nutrition counselling, PHUs, hospitals, rehabilitation services, palliative care and urgent/emergency care.

Question 16

Please provide a brief description of the services and programs you plan to offer, and any alignment with other Indigenous traditional services and programs in the community and/or provincial or federal health investments, in efforts to correct system-wide service fragmentation. For example:

“Organized health promotion and disease prevention programs” should include routine screening and immunizations but may also include a smoking cessation program;

“Nutritional counselling” may include the Northern Fruit and Vegetable Program;

“Client education and preventative care” may include a falls 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, or expanded telemedicine/telehomecare services.

This response should relate to the community needs discussed in question 9.

SECTION 5: ABOUT YOUR COMMUNITY FUNDING PARTNERSHIPS

This section will provide the ministry with information about planned collaboration with community partners, integration of services and their financial support for your proposed Indigenous IPC Team.

Question 17

Please identify any funding partners who have committed to provide support to your Indigenous IPC Team. The ministry encourages communities and their partners to support and develop creative solutions to one-time (e.g.

leasehold improvements) and ongoing (e.g. supportive infrastructure) costs to support the introduction of the Indigenous IPC Team.

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).

SECTION 6: ACCOUNTABILITY

This section will provide the ministry with information about the program's accountability structure that will ensure high quality and culturally safe primary care services. It will also advise the ministry if your organization has become accredited and developed the special skills and knowledge needed to work effectively within Indigenous communities by providing professionally certified and culturally safe care that honours traditional Indigenous culture and healing philosophies.

Question 18

Indigenous Culturally Safe Training is designed to increase knowledge, enhance self-awareness and build on existing skills of health care providers to support a culturally safe health care system for Indigenous communities, which is respectful and understanding of the unique history of the Indigenous peoples.

Quality Improvement Plans (QIPs) are intended to assure and/or improve the quality of care delivered by an individual or organization. QIPs include the assessment or evaluation of care being provided; identification of problems or shortcomings in the delivery of care; activities designed to enhance care delivery; and follow-up monitoring.

The QIP is an organization-owned plan that establishes a platform for quality improvement that can be used to harmonize efforts to improve quality of care across the health care system. While most health care sectors are familiar with developing QIPs as a way that expresses quality goals and targets for their organizations, the sectors are at different starting points when it comes to developing QIPs. The ministry's expectation is that health care organizations will have their QIPs finalized, publicly posted, and submitted to Health Quality Ontario (HQO) by April 1st of each year. Information on quality improvement planning can be found at:

<http://www.hqontario.ca/quality-improvement/quality-improvement-planning>

For additional support and guidance for developing an annual QIP, please visit:

- 1) Health Quality Ontario's website, which includes general as well as sector-specific QIP information:

<http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-Plans>

- 2) The Ministry of Health and Long-Term Care's website, which includes information about the *Excellent Care for All Act* (2010) and associated regulations, as well as more information about QIPs:

<http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/>

The Primary Care Patient Experience Survey enables primary care providers to measure their patients' experiences in their practices. The survey was developed by HQO in collaboration with the Association of Family Health Teams of Ontario, the Association of Ontario Health Centres, the Ontario College of Family Physicians, and the Ontario Medical Association. Understanding patient perspectives can help provide insight into current strengths and opportunities for improvement and inform the practice's annual QIP. Information on the Primary Care Patient Experience Survey can be found at:

<http://www.hqontario.ca/Quality-Improvement/Our-Programs/Quality-Improvement-in-Primary-Care>

For additional information on the Primary Care Patient Experience Survey, or if you have any questions, please contact PatientExperience@HQOntario.ca.

To view the Aboriginal Health Access Centre/Community Health Centre Version of the Primary Care Patient Survey, visit:

<http://www.hqontario.ca/Portals/0/documents/qi/primary-care/primary-care-patient-experience-survey-chc-ahac-en.pdf>

Question 19

How will your Indigenous IPC Team track and evaluate clinical data in a way that can be reported? Will technology enhancements be required?

Question 20

For all the services and programs identified and outlined in Questions 15 and 16, please describe how you will track the activities in a respectful manner that can be meaningfully reported. For example, the number of:

- Direct services delivered to community members/clients (*e.g.* mental health, traditional healing);
- Client encounters; and
- Community Healing Services and Programs delivered (*e.g.* Beauty for Ashes, nutrition classes, diabetes education).

Question 21

Will the Indigenous IPC Team have access to and use the Electronic Medical Records (EMR) software of the sponsoring organization? If so, please describe.

Question 22

Describe the intended outcomes of the program - what positive effects will the program have on the community? Examples of outcomes could include, but are not limited to:

- Increased Indigenous traditional and culturally safe services and programs;
- Enhanced access to culturally safe services and programs;
- Improved service integration and care coordination;
- Enhanced access to mental health and addictions and suicide prevention services and programs;
- Indigenous stakeholder/partner and community engagement;
- Improved access to care for all services and programs provided by the team;
- Improved quality enhancements;
- Improved coordination/integration - increased collaboration between primary health care and hospital sectors with the aim of reducing hospitalizations and ED visits; and
- Improved cost effectiveness for:
 - Reduced usage of ED;
 - Reduced rates of hospitalization;
 - Improved/enhanced integration of programs with community agencies;
 - Reduced rates of ordering of repetitive tests; and
 - Reduced rates of multiple prescribers.

Describe how you intend to measure if your program is achieving the intended outcomes. Examples of measures of program success could include, but are not limited to:

- Voluntary and confidential self-identification;
- Expanded technology, client self-management;
- Reduced repeated emergency room visits and hospital admissions;
- Client satisfaction surveys;
- Program utilization (*e.g.* attendance rates);
- Other outcomes that can be directly related to programs and services delivered by the Indigenous IPC Team;
- 100% of clients will be able to access services within 48 hours;
- Clients will receive follow up primary care within seven days of hospital discharge;
- The percentage of clients receiving an influenza vaccine; and
- Increase, by at the least 5%, the number of clients receiving preventive cancer screening in the Indigenous population.

SECTION 6: READINESS TO OPERATE

This section will help the ministry determine the length of time that would be required for your proposed Indigenous IPC Team to become operational and whether space and human or other resources for your program have been identified.

Having a site or identified available space in the community in which you are planning to locate your Indigenous IPC Team is an important step towards operational success. These questions will help the ministry to determine the “readiness” of your Indigenous IPC Team to begin providing services.

Question 23

If the site of your proposed Indigenous IPC Team has been chosen, please provide the street address. Please describe the site that has been selected, and if applicable, details on any leasehold renovations of the site that might be required prior to readiness. Please also indicate the approximate time it would take for your proposed site to be “move-in” ready following approval.

Question 24

All clinical staff must be covered by liability insurance. The current insurer for clinical staff of the associated interdisciplinary primary health care team may be able to cover the staff in the Indigenous IPC Team.

Be sure to secure a letter of intent to cover professional liability insurance for all proposed staff in writing from the insurer or insurance broker and attach it to the application.

Question 25

Please provide as much detail as possible about the factors that will affect the length of time your proposed Indigenous IPC Team would need to become fully operational. Consider delays that may be caused by capital expansions, availability of health professionals in your community, any other issues that may cause delays. Consider a “phased in” approach using temporary space and recruiting in stages to fit available space.

Operational Status will depend on the readiness of an applicant to implement.

Please fill out the table with approximate timelines for each phase of the roll out of your Indigenous IPC Team.

Use the table provided to indicate the proposed timeline to implementation of your Indigenous IPC Team. *The following is an example only:*

Phase	Implementation	Key Factors
1) Within 1 to 4 Months	Develop Business and Operational Plan: <ul style="list-style-type: none">Identify clients and services;Identify human resources;Identify space requirements; identify and select site, and plan required renovations;Identify information technologyPlan timing and roll-outBusiness Plan Completed and Submitted	<ul style="list-style-type: none">Receipt of funding to develop business and operational planIdentify and acquire consultant resources <i>e.g.</i> Project Manager/ConsultantIdentify accommodation/site and assess its readinessReceipt of development funding from community partners and ministry, if applicableComplete operational and business planningIdentify Information Technology (IT) infrastructureConfirm commitment of physicians and IHPs
2) Within 5 months	Approval from the ministry	<ul style="list-style-type: none">Ministry of Health and Long-Term Care approval of Business Plan and Operational PlanExecute funding agreement
3) Within 6 to 9 Months	Implementation of Indigenous IPC	<ul style="list-style-type: none">Lead Administrator hired, administrative

	Team Programs and Services	structure in place <ul style="list-style-type: none"> • Establish governance model • Receipt of funding from community partners and ministry • Develop recruitment strategy • Acquire IT infrastructure • Register/track clients within the Indigenous IPC Team • Develop the collaborative team structure
4) Within 9 to 12 Months	Operational	<ul style="list-style-type: none"> • Hire at least one IHP, and continue recruitment of approved Human Resources (HR) • Provide services and programs • Leasehold improvements to Team site (if applicable)
5) 12 Months and beyond	Fully Operational	<ul style="list-style-type: none"> • Hire the majority of approved HR • Evaluate Indigenous IPC Team to identify performance measures and areas for improvement

Question 26

This question allows applicants to provide the ministry with any relevant information that may strengthen your Application or may not have been included in the above questions.

