Supported Attachment Clinics

- **Organization:** City of Lakes Family Health Team — www.yourfht.com
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Overview

City of Lakes Family Health Team developed Supported Attachment Clinics to improve access to primary care for unattached patients. The initiative redesigned the traditional intake process, which was often time-intensive, administratively burdensome, and disconnected from immediate patient needs. Instead, the team created a clinic model that uses interprofessional providers to complete histories, build patient records, support documentation, and introduce patients to team-based care before or alongside physician assessment. This allows physicians to focus on understanding patient needs and developing care plans from the first encounter. The model has increased attachment capacity, reduced administrative burden, and helped patients leave their first visit feeling informed, connected, and supported by their care team.

Key Elements of Initiative

Change Ideas Tested or Implemented

The team introduced dedicated Supported Attachment Clinics during daytime and evening hours; developed referral pathways through Health Care Connect, geriatric services, midwifery programs, Children's Aid Society, Public Health, and other partners; and used electronic medical record tools, patient e-forms, standardized documentation, and encounter supports to streamline intake.

Objective of Change Ideas

Reduce barriers to primary care attachment by creating an efficient, scalable, team-based process that prioritizes meaningful patient connection from day one.

Team Members Involved

Family Health Team leadership and staff, including the Executive Director, medical reception, RN, NP, RPNs, pharmacist, dietitian, social work, family physicians, the SEMEL Ontario Health Team, and local referral partners.

Target Population

Unattached patients requiring access to primary care.

Measurement Progress

Number of patients attached per clinic; total attachments monthly, quarterly, and annually; number of patients removed from attachment wait lists; timely access for participating family physicians; and patient experience related to timely access and connection to care.

Implementation Experience: Successes & Challenges

Results/Early Wins

Over six months, the team delivered 10 clinics. Each three-hour clinic attached 30 to 60 patients with support from 3 to 6 interprofessional providers. The model more than doubled attachment capacity, reduced wait times, minimized the need for multiple follow-up intake visits, and improved patients' understanding of their care plan and care team.

Enablers of Success

Strong interprofessional collaboration, leadership support, willingness to innovate, clear workflows, standardized roles, flexible clinic scheduling, strong referral partnerships, SEMEL OHT funding and regional alignment, use of digital tools, and a consistent focus on patient experience.

Challenges and Solutions

Limited human resource capacity was a key challenge. The team addressed this through SEMEL OHT funding for evening clinics, allowing existing staff and community-based interprofessional providers to work additional hours within primary care without adding strain to regular daytime operations. Daytime clinics were also offered, but evening clinics significantly improved capacity and outcomes.

Advice for Other Teams: Leverage the full scope of the interprofessional team, start small and learn quickly, create clear workflows and standardized tools, build strong partnerships, measure what matters, and keep the patient experience at the centre.

Future Steps & Sustainability

Next Steps and Embedding into Practice

City of Lakes Family Health Team received SEMEL OHT funding to continue the initiative in the 2026–2027 fiscal year. The clinic model and digital supports have been shared across the Sudbury Espanola Manitoulin Elliott Lake Ontario Health Team and beyond, with interest from organizations across Northeastern Ontario.

Embedding into Practice: The initiative is being sustained through standardized workflows, digital intake tools, team-based roles, ongoing review of clinic outcomes and patient feedback, and adaptation by other teams seeking practical approaches to improve attachment and care delivery.

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