2 STEP TWO:
Identify Stakeholders and Recruit Participants

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Where are you in the PEPPA Framework?

- You are at the second step where you will identify key stakeholders and recruit participants.

What do you need to move forward?

- Patient population that is the focus for the potential introduction of advanced practice nursing (APN) role.
- Current understanding of the care delivery model – this will help identify the key stakeholders (See strategies for developing a macro level care map in Step One).

How will this chapter help you?

- Use effective strategies for recruiting and engaging key stakeholders in the healthcare redesign process.
- Understand what patient-centered care means.
- Promote the effective involvement of patients and their families.
- Select a credible facilitator to lead the planning process.

Step Two Objectives

- Identify, recruit and engage key stakeholders from a variety of backgrounds and organizations relevant to the identified model of care to participate in the healthcare redesign process.
- Select a credible facilitator with demonstrated commitment to lead the process.
- Set the stage for promoting equitable and valued involvement of all participants.

Guiding Questions for Step Two Activities

I. Which key stakeholders directly or indirectly influence, or will be influenced by, changes to the current model of care delivery?

II. How do we effectively engage stakeholders?

III. How are we going to work together and make decisions as a group?

IV. What types of leadership qualities will be important for facilitating the group?

Key Messages

1. Understand the purpose and rationale for stakeholder involvement.
2. Identify, select and engage appropriate stakeholders including patients/families or patient advocates and interdisciplinary team members.
3. Determine strategies for promoting stakeholder involvement and prevent stakeholder fatigue.
4. Identify an appropriate facilitator.
5. Develop a communication plan to update, engage and enlist the support of key stakeholders throughout the healthcare planning process.

Purpose and rationale for stakeholder involvement

The primary purpose of this step is to identify key stakeholders who will participate and lead the healthcare planning process.

The principle assumption of the PEPPA Framework is that all stakeholders, regardless of their roles, have the capacity to reflect, learn, inform and work to improve the model of care, and ultimately to maximize patient health.[1]

Stakeholder participation at the onset of the process is critical for ensuring commitment to and providing support for planned change. Stakeholders represent vested interests, values and perceived levels of power. Stakeholders may have differing expectations about goals, roles, responsibilities and the need for planned change related to the model of care. Moreover, these stakeholders may also have varying views and expectations about APN roles.

When APN roles are established in isolation from key stakeholders, issues related to role clarity, role boundaries, role acceptance and potential barriers to role implementation are not addressed.[2-8]

Ultimately, any advanced practice role will need to be established within the framework of interdisciplinary teamwork and therefore the planning must be based on the principles of teamwork and collaboration. Effective teams have been shown to be associated with improvements in quality of care, patient safety and addressing issues such as staff shortages, stress and burnout.[9]

TIP

Early stakeholder engagement in healthcare planning and APN role development may promote…

- Commitment, support and resources for planned change and APN role implementation
- Role clarity and shared vision of the role
- Awareness and understanding of the role
- Role acceptance
- Early identification and resolution of role barriers and maximum use of role facilitators

I. Which key stakeholders directly or indirectly influence, or will be influenced by changes to the current model of care delivery?

Stakeholder groups that are relevant to advanced practice roles and healthcare redesign may be internal or external to your organization and/or the model of care. Examples of these stakeholders are found in Table 1.

TABLE 1

Who are APN stakeholders?

Stakeholders internal to the organization and model of care:

- Patients and families, nurses, APNs, physicians and other healthcare providers, support staff, program managers, senior administrators, chiefs or directors of nursing, human resource managers, union leaders, volunteers and students/trainees or other learners.

Stakeholders external to the organization and model of care:

- Patient advocacy groups, healthcare agencies, professional associations, government, funders, health planners, faculty, researchers, policy makers, regulators of health professionals, insurance companies, healthcare suppliers and businesses.

Table 2 provides some examples of issues to consider when selecting stakeholder groups and their representatives to participate in the healthcare planning process.[1]

TABLE 2

Factors to consider in selecting participants

- Ability to invest time and energy in planning activities
- Ability to communicate stakeholder group issues and interests
- Representation of a broad range of stakeholders with varied viewpoints
- Manageable group size that will facilitate consensus decision-making
- Balance and mix of varied health provider and non-health provider view points
- Experience or expertise related to APN or other types of advanced health provider roles
- Inclusion of patients and/or a patient representative (family, advocacy groups)

Goals for effective stakeholder involvement

Various stakeholders will have different understandings and expectations about advance practice roles. They may also have differing levels of commitment and/or influence that can facilitate or obstruct planned changes to the model of care, such as the introduction of a new advanced nursing or other health provider roles.

Goals for selecting stakeholders and managing their involvement in the planning process are to:

- Maximize congruence between stakeholder interests and goals for improving patient health through changes to the model of care and possible introduction of an APN role,
- Maximize stakeholder engagement in the process, and
- Minimize the risks of stakeholder non-support for planned changes to the model of care.

Strategies for stakeholder identification and analysis

Table 3 outlines a framework for analyzing levels of stakeholder support and influence related to the introduction of an advance practice role. The framework also provides strategies for maximizing stakeholder involvement and support in the healthcare planning process.

a. From the care map developed in Step One, identify key stakeholders who make, influence or are affected by important decisions about the current model of care and how healthcare services are funded, organized, delivered and provided.

b. Using the worksheet provided in Appendixes C1 through C4, make some predictions about the level of influence and support these key stakeholders will have for this project. Provide rationale for your predictions and make some recommendations about the strategies you will use to maximize stakeholder engagement in this project.

   Questions to guide your analysis may include:
   - How are decisions made about nursing practice and care delivery across the patient journey?
   - Who is involved in decision-making and when?
   - Who influences decisions?
   - Who may influence APN role implementation?
   - Who will lead, champion or support APN role implementation and other planned changes to the model of care?

c. Stakeholders who are identified as high support and high influence should be leveraged with ease and effectiveness. They are your closest allies. Those who are of high influence but low support can impair your work if they are not sufficiently engaged. Their influence is often needed to address barriers to implementation. This will be discussed further in Step Six.

TABLE 3

Strategies for maximizing effective stakeholder involvement in APN role development, implementation and evaluation

	High Influence	Low Influence
High Support	Will positively impact on decision making and APN implementation initiatives Need lots of attention and information to maintain their buy-in **Strategies** • Collaborate • Empower • Support and nurture relationship • Encourage frequent involvement, opportunities to have input into decisions and provide support • Seek feedback • Prepare for implementation	Can positively influence decision making and APN implementation if given attention Need attention to maintain buy-in and prevent development of neutrality **Strategies** • Collaborate • Empower with professional status • Encourage participation • Seek feedback • Prepare for implementation • Involve at some level
Low Support	Can negatively affect decisions making and APN role implementation Need a great amount of attention to obtain and maintain neutrality and work towards buy-in **Strategies** • Consensus • Build relationships • Recognize their needs • Use external stakeholders and consultants • Encourage some participation • Stress the APN role development, implementation, evaluation process • Don't provoke into action • Monitor	Least able to influence decisions and APN role implementation Could have negative impact so should be monitored Lowest priority but requires some attention to obtain neutrality and to work towards buy-in **Strategies** • Consensus • Build relationships • Recognize their needs • Use external stakeholders and consultants • Encourage some participation • Monitor

Adapted From: RNAO (2002). Best Practice Guidelines. Toolkit: Implementation of Clinical Practice Guidelines. Retrieved from www.rnao.or/bestpractices/PDF/BPG_toolkit.pdf

TIP

Think broadly about advance practice nursing environments and stakeholders internal and external to the model of care when recruiting participants

See Appendix C5 for further information on strategies to recruit participants to the healthcare planning team.

II. How do we effectively engage stakeholders?

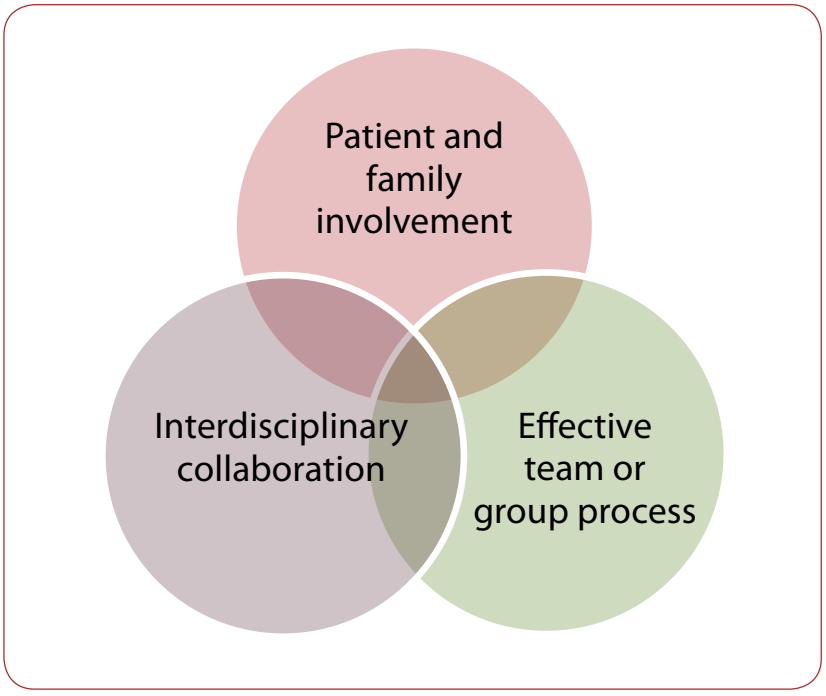
Often the most well intentioned activities such as identifying and engaging patients and their families, working with an interdisciplinary team and having effective and meaningful conversations goes by the way side if there is insufficient planning and use of effective strategies. In this section, three areas will be discussed as depicted in Figure 1:

a. How to effectively involve patients and their families.

b. How to collaborate within an interdisciplinary team.

c. How to plan and implement effective team or group processes.

Figure 1 Key areas to focus in promoting stakeholder involvement



TIP

Engaging stakeholders effectively involves understanding *when, how* and for *what* to engage them. Keep these three questions in mind at all times and it will help prevent stakeholder fatigue.

How to effectively involve patients and their families?

Involving patients and their families requires a fundamental belief in the values of patient-centered care. The RNAO best practice guideline lists a number of values and beliefs that are foundational for patient or client-centred care approaches.[10]

- Respect: Respect patients' wishes, concerns, values, priorities, perspectives and strengths.
- Human Dignity: Care for patients as whole and unique human beings, not as problems or diagnoses.
- Patients Are Experts for Their Own Lives: Patients know themselves the best.
- Patients as Leaders: Follow the lead of patients with respect to information giving, decision making, care in general and involvement of others.
- Patients' Goals Coordinate Care of the Healthcare Team: Patients define the goals that coordinate the practices of the healthcare team. All members of the team work toward facilitating the achievement of these goals.
- Continuity and Consistency of Care and Caregiver: Continuity and consistency of care and caregiver provides a foundation for patient-centred care.
- Timeliness: The needs of patients and communities deserve a prompt response.
- Responsiveness and Universal Access: Care that is offered to patients is universally accessible and responsive to their wishes, values, priorities, perspectives and concerns.

Using a patient-centred approach means that healthcare providers support patients in their involvement in decision-making and partnerships in ways that are a) preferred by patients and b) are supported with information in formats that are relevant and free of technical jargon, are in accessible language and provide decision-making tools and facilitation.

TIP

Use the RNAO Client-Centred Best Practice Guidelines to learn more about creating a care environment that supports patient or client-centred care.

The involvement of patients and their families, as well as patient advocacy groups (often comprised of people who are going through or have gone through similar healthcare experiences), requires special attention, as the healthcare sector is often not well equipped in this activity.

There are two major models of patient or "end user" involvement that you may need to review and decide how they fit with the philosophy of your organization and/or project.[11]

a. ***Managerialist/consumerist approach:*** The focus is on getting input from patients to inform the planning and development of the model of care. This has been the most common approach in the healthcare sector to date and where patients are involved through focus groups, surveys or member representation on a task group.

b. ***Democratic approach:*** The focus is on partnering with patients and emphasizes greater patient say and control in healthcare planning. The ways to become involved are often directed by the patients themselves. Community development models in the public/primary health sector are an example of a democratic approach. This is a more difficult and time intensive approach; often, requiring professionals to receive some level of education and support to ensure the approach is successful.

TIP

Involve patients from the priority patient population. Past patients can often be found through consumer advocacy groups or associations. Search for available groups in your area or approach relevant provincial or national organizations for assistance in identifying stakeholders.

As you begin the process, you will need to address the following questions:

a. **Which patients/families/patient advocacy groups to involve?** You will have addressed this as part of the stakeholder identification step. However, you may want to take note of some additional points:

- Be clear on the aims of patient/representative involvement. This will allow you to identify the appropriate individuals/groups for involvement.
- Ensure that the voices of marginalized groups are included or represented. These often tend to be those who are very sick, have a disability, are poor or those who experience barriers related to language or cultural issues.
- Involving a sole representative in a group may further marginalize the individual and/or not allow for the diverse experiences of end users. Consider more than one representative.
- Connect with established consumer groups such as the Canadian Cancer Advocacy Network, Canadian Lung Association, Canadian Breast Cancer Network or self-help groups where there are natural groups of people with similar experiences who can be involved as a group. See www.selfhelp.on.ca or contact them directly to identify self-help groups in your local area.

b. **What supports are needed to ensure that the patients/families or advocacy groups are effectively involved?**

- There are various accessibility barriers to involvement of patients that may need to be addressed. These barriers may include timing of involvement, process, transportation, language or the ability to articulate healthcare needs. For example, individuals who are receiving palliative care may have short windows of time when their pain and fatigue levels are manageable.
- It is also important to ensure that the tone and professional jargon used in meetings or sessions with patients are appropriate.
- Efforts may need to be made to ensure others on the team are well versed with principles of patient engagement in order to ensure that their experiences are heard, appreciated and taken seriously.
- Efforts may need to be made to provide people with information and skills necessary to ensure they can be engaged appropriately and therefore in the best position to make effective contributions.
- The most critical component of patient involvement is the transparency with which they are engaged. Ensure there is clarity on what decisions can or cannot be taken, how their input will be used, how much control they have on the final decisions, etc.

c. **Are there any ethical issues to be considered in patient involvement?**

- Individuals who are part of the target patient group may require special consideration and need to be treated in a sensitive manner. For these patients, it is key to ensure that that there is no undue pressure to be involved and special attention be made to make certain no one is being excluded.
- The most important principle to keep in mind is that people are given the opportunity to participate and are provided the supports and access necessary to participate.

d. **What are the best types of activities for patient involvement?**

- Although it is appropriate and often necessary to ensure that patients are involved at all stages of the planning, developing and implementation of the model of care, there are some key areas where involvement would be particularly beneficial. These include:
  - Defining the needs of the priority patient population,
  - Understanding the experiences of the priority patient population within the current model,
  - Defining gaps in the current model of care,
  - Developing recommendations and strategies for improving the new model of care, and
  - Developing evaluation criteria e.g. process and outcome indicators.

e. **What specific strategies can be used to facilitate patient/family or advocacy group involvement?**

- Note that there is no 'one-size-fits-all' strategy or strategies. A careful selection process should include dialogue with various patients. See Table 4 below for examples and a description of some strategies.

TABLE 4

Strategies for engaging patents, families and advocacy groups

Strategy	Description
Publications, press releases, posters, local papers, clinic flyers, letter/phone calls to advocacy groups	Used for recruiting patients, families or advocacy groups.
Presentation at existing patient education events or self help groups meetings	Used for recruitment as well as initial education. Self help group meetings can also be used for defining needs, experiences and gaps in the current model of care.
Team education for patient involvement	Meaningful patient involvement in healthcare planning is a relatively new process and therefore education will be important. Having a patient involved in the teaching process can be particularly effective in shifting the power balance between healthcare providers and service users.
Evaluation of services	Get patient feedback on the current model of care and the impact of subsequent improvement initiatives.
Participation in project planning team or sub-groups	Involvement in some or each step in healthcare planning, implementation and evaluation.
Surveys, focus groups	Specifically designed surveys, focus groups, to solicit input into various stages of the planning, implementation and evaluation stages.
Submissions	Invite individuals or groups to provide written submissions in response to specific questions. The request for submissions needs to be widely advertised in order to get a diverse perspective.
Suggestion box, complaints process	Inviting patients and/or families/visitors to complete a suggestion entry can provide a wide spectrum of suggestions. These can be collated and reviewed over time to generate ideas.

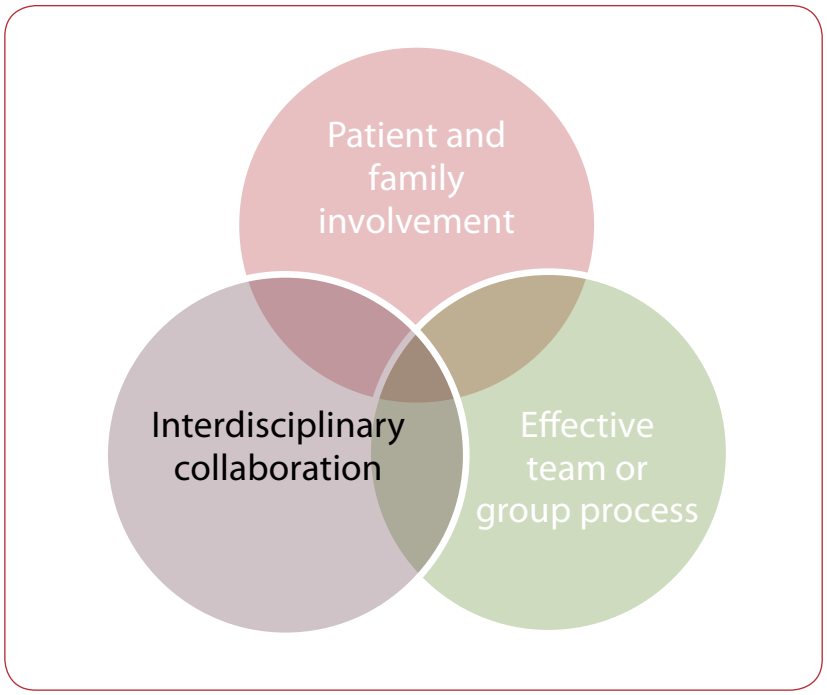
TABLE 4

Strategy	Description
Workshops	A joint patient and staff session can be used to learn from each other as well as develop shared ideas or solutions. This is effective if participants are carefully selected and provided support to prepare prior to the workshop. This method can be used effectively to reach democratic decision-making.
Public meetings and forums	These meetings can be used to make presentations on needs assessments, models of care delivery and what feedback has been received to date from stakeholders. These meetings are important to provide information and project updates as well as raise the profile of the model of care. Invitations can be made to attendees to provide feedback at or following the meeting.
Seminars and conferences	Joint professional and advocacy group led seminars and conferences can create opportunities for the two groups as well as other stakeholders to come together to share their perspectives.
User councils and reference groups	Establishing ongoing service user groups can be occur in any or all steps in the planning, implementation and evaluation process.
Networking	Informal connections made with patients, families and advocacy groups can serve to building trust and links for further joint work.
Community development	The process is usually initiated by people in the target group as a means of self-empowerment. Solutions arise from the grassroots. Professional participation is on an invitation basis by the people who are already engaged in the process.

Adapted from Tritter, J. et al. (2004). *Improving cancer services through patient involvement.* Oxon, United Kingdom: Radcliffe Medical Press Ltd.

III. How are we going to work together and make decisions as a group?

The nature of planning, implementation and evaluation for a model of care will require the involvement of an interdisciplinary team. Increasing attention is currently been given to effective interdisciplinary collaboration as the basis for engaging all healthcare disciplines to come up with creative and innovative solutions to complex healthcare issues. Both the Romanow Commission and the First Ministers' Accord emphasized that quality of healthcare requires the need for collaborative practice.[12,13]



The Canadian Nurses Association[14] outlines principles and a framework for interdisciplinary collaboration that includes the following:

- Focus on patient/client
- Population health approach
- Quality care and services
- Access
- Trust and respect
- Communication

The British Columbia Competency Framework for Interprofessional Collaboration[15] is organized into three domains:

1. Interpersonal and Communication Skills
2. Patient-Centred and Family-Focused Care
3. Collaborative Practice
    a. Collaborative Decision-Making
    b. Roles and Responsibilities
    c. Team Functioning
    d. Continuous Quality Improvement

The above two sources point to the importance of people coming together for the purpose of achieving patient-centred objectives through collaborative efforts that require the ability to communicate, share responsibilities and delivery quality results. Therefore, the ability for teams or groups to work together is crucial.

The Resources Section includes more information and strategies for promoting effective team work:

- How to plan and implement effective team or group processes
- Processes for effective team work
- Examples of team rules or norms that promote team function

TIP

Organizations with limited resources are often concerned about the extent of time and resources required to sufficiently engage patients/families, patient advocates and interdisciplinary members. It should be noted that stakeholder engagement can be creatively accomplished with limited resources. Consider the following:

+ Are there stakeholders such as patient representatives, chaplains, hospital volunteers, or community representative that can support your efforts in reaching out to patients/families and patient advocates? You may have untapped resources in your midst.
+ Do you have students, faculty members or researchers who can combine their teaching and research goals with your goals?
+ Are there existing outreach activities such as patient satisfaction surveys, forums or focus groups that you can piggy back with?
+ Are there existing committees where interdisciplinary teams meet that you can tap into for feedback and involvement of members?

An important issue that your healthcare planning team must discuss at the outset is how and who will have the ultimate responsibility for making decisions. Participatory approaches that promote a high degree of team member and stakeholder involvement throughout the decision-making process are more likely to lead a high quality decisions.[16] In addition, consensus decisions or those with a high level of team and stakeholder agreement also promote the acceptance, support and adoption of future changes that arise from these decisions.[17]

However, the types of decisions involved in healthcare planning can vary according to the significance of their impact, their complexity, required expertise and timelines and thus may require different types of decision-making approaches.[16] For example, your team may feel very comfortable in making decisions about the strategies used to complete each step of the PEPPA Framework including what and how information is collected, analyzed and communicated to key stakeholders. For major decisions such as those that impact other departments, resources or personnel, it may be more appropriate for your healthcare planning team to agree on specific recommendations but that the final decision is made by senior administration. Thus, transparency and clarity about decision-making roles and responsibilities at different stages of healthcare planning will be important for ensuring ongoing team commitment and engagement in the process.

See the Resources Section for more information, tools and resources on decision-making.

IV. What types of leadership qualities will be important for facilitating the group?

The role of a facilitator is critical for the success of a group or team's work. The facilitator will require a flexible leadership style that is responsive to evolving stages of work and the maturity of the team, including the skills, time and interest of the team members in taking on work tasks.

In the PEPPA Framework, the facilitator is an active participant in the healthcare planning process who plays a leadership role in promoting equitable and valued involvement of all participants.[1]

Given that participants may have varied and potentially competing values and interests at stake in relation to the model of care, the challenge for the facilitator is to guide participant discussion such that the range of experiences, issues and needs can be identified.

A goal of the PEPPA Framework is to improve the model of care through shared learning and consensus decision-making within the healthcare planning team. The facilitator will require transformational leadership and expert group process skills in order to manage conflicts and to promote individual and group development.

Finally, a credible facilitator will need to demonstrate commitment to the healthcare planning process and the ultimate goal to improve patient health, rather than to pre-determined goals or agendas.

In the Resources Section you will find more important information on facilitation including:

- The diverse roles of the facilitator
- Skills and attributes of the facilitator
- Facilitator qualities for different stages of team work
- Strategies for running effective meetings

Key responsibilities of the facilitator are to:

- Understand and guide the planning process from start to finish
- Use the toolkit as a "how to guide"
- Initiate meetings, agenda preparation, ensure administrative supports are available, other logistics
- Assist the team in establishing and monitoring feasible deadlines and facilitate team work to achieve these deadlines
- Establish a collaborative process where team members can share the planning activities
- Monitor group processes and address conflicts or barriers to effective team work
- Lead brainstorming sessions or focus groups or identify others to support data collection activities
- Link to senior manager or management to present business case for improving care delivery model which may include introduction of APN role in model of care

Develop a strategy to communicate the work of the healthcare planning team to key stakeholders

Once the facilitator, healthcare planning team members and terms of reference for working together have been established, consider how and when you will communicate the goals and work of the team to key stakeholder groups.

Use the strategies outlined in Table 3 to develop targeted communication strategies for stakeholders with varying degrees of influence and support.

Examples of communication strategies include:

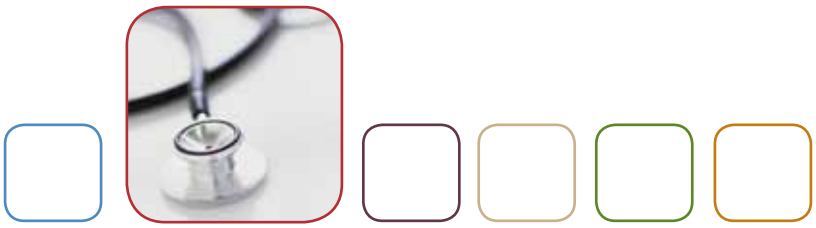
- Updates at important decision-points or the completion of specific objectives such as the completion of each step of the PEPPA Framework

- Regular updates at scheduled administrative and executive leadership meetings to keep influential stakeholders apprised of your progress and to enlist their support
- Regular updates at key organizational or regional committee meetings and rounds or education sessions
- Develop a project team newsletter and circulate widely to key stakeholder groups
- Develop a short briefing note for selected stakeholders to update them on key project issues, the generation of new information and/or accomplishments
- Establish an interactive website with open and password protected sections for use by the public, key stakeholders and team members
- Highlight the participation and roles of key team members and the stakeholder groups they represent in communication strategies

Next Step

Now that you have established your healthcare planning team, revisit the care mapping exercise in Step One. Have the team review and agree on the macro level care map created in Step One and further develop a micro level care map so that all members have a shared and complete understanding of the current model of care.

In Step Three, we build on the progress made in identifying key stakeholders and recruiting participants by assessing the current model of care delivery and defining the need for a new model. The fundamentals of conducting a needs assessment and data management will be explained.



Implementation Pointers

There are excellent resources available to create an enabling environment that allows for patient-centred care, collaborative practice and supportive leadership. Ensure the resources identified in the toolkit are easily available to your team for review and/or reference.

Copying specific templates and making them available to the team at the appropriate time will allow for the process to be smooth and supported.

Check the Resources Section for the following tools:

- Brainstorming
- Accessing and evaluating research evidence
- Decision making

R

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