

6

STEP SIX:

Plan Implementation

6

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Where are you in the PEPPA Framework?

- You are at the sixth step where you and your team will develop a detailed plan for implementing and evaluating the introduction of an advanced practice nursing (APN) role and any other changes to the current model of care.

What do you need to move forward to complete this step?

- Identified goals, activities and outcomes for an improved model of care (as outlined in the logic model developed in Step Five).
- Determination that an APN role is needed and identification of the specific type of APN role to be implemented.
- Identified and engaged stakeholders.

How will this chapter help you?

- Identify barriers and facilitators that need to be addressed for successful APN role implementation.
- Develop a road map for implementation.
- Recruit, screen and hire the APN.
- Develop an APN orientation plan.
- Plan effective communication strategies to ensure support for planned change.
- Develop a detailed evaluation plan.
- Provide various tools that can help with implementation and evaluation such as development of a business plan and project management.

Step Six Objectives

- Develop a plan to ensure system readiness for the APN role.¹

Guiding Questions for Step Six Activities

- I. What goal related outcomes are expected from the introduction of an APN role and changes to the model of care? When will these outcomes be achieved and how will you know?
- II. What are the facilitators and barriers to APN role development and implementation?
- III. What strategies are required to maximize APN role facilitators and minimize role barriers?
- IV. What resources and supports are required for APN role introduction and implementation?

Key Messages

1. Draw heavily on lessons learned in the earlier steps in this toolkit.
2. Keep the focus on the goals and outcomes to be achieved and use an anticipatory stance in planning the implementation to address potential barriers and to leverage on facilitators.
3. Develop a detailed evaluation plan focusing on the key dimensions of the APN role as well as structure, process and outcome indicators.
4. Keep a focus on stakeholder awareness, administrative supports and resources, regulatory mechanisms, policies and procedures and APN education.
5. Use tools such as business case templates, project management principles and change management to develop a robust implementation plan.



Introduction

After the role of the advance practice nurse is defined, as in Step Five, there is a need to develop a *planned implementation strategy* based on evidence, where available.¹ Fortunately, in Ontario, there have been recent research studies that can inform this process.²⁻⁴ In developing this implementation plan, each one of the guiding questions can be addressed.

What is a planned implementation strategy and why do you need one?

A planned implementation strategy comprises a deliberate set of activities that are aimed at meeting a defined set of goals and outcomes and are informed by existing knowledge of what has worked previously. The strategy includes the following major activities:

- a. Establish an advisory committee.
- b. Articulate a clear vision including end goals and outcomes to achieve.
- c. Establish a business case and get approval from organizational authorities.
- d. Develop an evaluation plan to monitor progressive APN role implementation and achievement of expected goals and outcomes.
- e. Understand and plan for anticipated barriers and leverage on facilitators.
- f. Define a road map for implementation.
- g. Design specific implementation strategies to address the following four areas:
 - Stakeholder awareness of role;
 - Administrative supports and resources;
 - Regulatory mechanisms, policies and procedures; and
 - Advanced practice nurse education.

A workplan checklist plans for these activities is found in Appendix G1.

A Establish an advisory committee

The advisory committee allows for more than one person to plan and direct the implementation of the APN role. Potential members of the committee should include a team leader (usually a senior nurse leader such as the Chief Nurse Executive, Chief or Director of Nursing or Clinical Program Director – someone who the APN will be reporting to), Human Resource Department representative, an advanced practice nurse, one or two staff members and a physician. A university faculty member on the team can also help to enhance planning and supports for professional/scholarly activity.

The advisory committee's role is to plan, advise on the direction of the role, monitor the role implementation, direct the evaluation and support communication of the role to key stakeholders. Some advisory committee members may take on more active roles such as helping to develop orientation materials or data collection tools for evaluation.

B. Articulate a clear vision including end goals and outcomes to be achieved

The role of the team leader is to co-ordinate the details of the implementation according to the established plan. This role requires understanding of the broader context and the skills to balance and manage changing patient needs, the scope of the APN role, differing stakeholder priorities, availability of resources and the quality of the implementation. It is also important to articulate a clear vision including end goals and outcomes that will result from a successfully executed implementation plan.

Starting any implementation journey requires clear communication about the goals and outcomes for improving the model of care. In Step Four, you developed goal(s) for what you hope to achieve by addressing priority problems in your model of care delivery. It is important to situate these goals within the organization's broader vision for the clinical service or program in order to provide the context for how the role will help achieve this vision.

Most healthcare organizations have a vision statement and strategic plan outlining their values, beliefs and priorities. It is important to take the time early on to ensure that the advisory committee and any other working teams are clear on this vision. This will be particularly important when making a business case for the role and for communicating to the rest of the organization about how the new role will contribute to the overall vision.

The vision, goals and outcomes should become the focal point in any implementation plan. The following are some practical tips to maintain this focus:

- Post the vision/goals/outcomes on a flip chart or poster on a wall at all meetings so the members can ensure the discussions and the plan remain focused. Members can remind each other by referring to the posted vision/goals/outcomes if the group is straying.
- Start all your reports and other formal documents with these focal elements.
- Integrate the vision/goals/outcomes in communication messages regarding the APN role.

Figure 1 Example of vision, goals, outcomes

C. Establish a business case and get approval from organizational authorities

■ Developing a business case for an APN role

In order to secure senior management and possibly board approval for introducing a new APN role in the organization, you will likely need to prepare a proposal or a business case. A business case may also be required if the role is being expanded or undergoing substantial change; for example, if there is a plan to establish a new APN run clinic. Additionally, a business case may be needed to protect the funding for the APN role after an initial pilot phase or when external funding has ceased.

■ What is a business case?

A business case is a written document that provides the argument or justification for the proposed APN role; with a particular emphasis on resources required and results of the resource investment.⁵ The business case addresses the following questions:

- What is being proposed?
- Why is this necessary?
- How does this contribute to the overall vision and mandate of the organization and/or service area?
- What will be achieved?
- How much is this going to cost?
- What is the cost/benefit for introducing the role in the organization?
- What risks are anticipated and how will these be mitigated?
- What is the implementation plan and what are the timelines?

The emphasis of a business case is to provide the rationale or evidence for why the introduction of an APN role is a good idea. The implementation or operational plan does not have to be detailed or can be tentative with the proviso that the stakeholders will be engaged in developing a detailed plan for implementation of the role should the business case receive approval.

■ Providing rationale and strong support for the advance practice role

Developing a business case means that you will need to convince others that there are positive outcomes associated with the APN role you are proposing. See Appendix G2 for a brief summary of effectiveness research that you can use to build your position or argument.

■ Business case template

See Appendix G3 for template of a business case proposal.

Developing a business case – things to remember

- The development of the business case can start as early as when the idea is first proposed to understand the needs of the population. However, the ideal timing is when a proposed model for advance practice is discussed and particularly when there is anticipated need for senior management buy-in and funding requirements.
- Involvement of stakeholders in the needs assessment, as discussed in Step Three, is a key opportunity to engage stakeholders in the development of the business case.
 - Stakeholders, especially front line staff, can become disappointed and de-motivated if a lot of investment has occurred in the development of an APN role and it does not get funded. Therefore, it is important to set and manage expectations from the outset.

Some common questions senior managers would want to be addressed are:

- What benefits will the APN role provide?
- What impact will this APN role have on other staff, systems and processes?
- What are other ways that the same benefits could be achieved without the additional financial investments?
- What would happen to patient care and care delivery systems if nothing is done?

- Much of the content for the business case can be gathered from earlier discussions in Steps One to Five. The business case template will help organize the information and largely focus on ensuring there is good rationale, supporting evidence and budget requirement.
- Involving a stakeholder from the Human Resources Department will provide you with the necessary information on competitive salary/benefits, the market for the required skill sets and recruitment strategies and opportunities.

- Discuss the right timing for the submission of the business case proposal to senior management and consider who will be the most appropriate person to circulate and present the proposal. Usually, the Chief Nurse Executive (CNE) brings such proposals to the senior management team. Therefore, it may be important to first present the proposal to the CNE and get buy-in as well as to identify questions that may be raised by senior management members. Addressing these questions in the business case will provide a stronger argument.
- It is important to present the argument on why the status quo is not an option e.g., patients would continue to complain about pain, staff would continue to feel lack of support and add to human resource challenges, response times may continue to be delayed beyond provincial targets or benchmarks etc.

D. Plan evaluation of implementation and goals/outcomes

■ Develop evaluation plan

Planning the evaluation of the APN role is as important as the actual implementation. Evaluation must be planned at the outset and before role implementation occurs. The planning for evaluation allows the clear understanding of why the role need exists, why it is an important strategy to meet the needs, and how it would be recognized that the needs are met. Planning also helps to ensure that APN evaluation is a priority and receives dedicated resources.

A key strategy in evaluation planning is to clearly articulate the purpose of evaluation.

There are likely two main purposes of evaluation:

1. To monitor progress in role development and implementation and the extent to which the APN role is integrated within the team/organization, functions according to the planned job description and achieves expected outcomes.¹ This type of formative evaluation assists the advisory committee and the APN to identify and address barriers to role implementation and to make any necessary modifications to the role and/or other aspects of the model of care. This type of evaluation is essential for enabling the effective implementation of new and/or developing APN roles.
2. To determine the extent to which implementation of the APN role is producing the desired outcomes. This type of evaluation is summative and focuses primarily on the measurement or achievement of outcomes.¹ Such evaluations should only take place when the APN role is sufficiently developed and when it has been determined that necessary resources and structures are in place to adequately support role implementation. APN role evaluations that focus purely on outcomes may have little value because data that would help to explain or understand why the role was/was not effective is not collected. Evaluations that show no or limited improvement in achieving expected outcomes, may result from roles that are insufficiently developed or supported or may be due to factors beyond the control of the APN role.

Use the template in Appendix G4 to capture your evaluation plan. Use the guidelines below as you develop your plan.

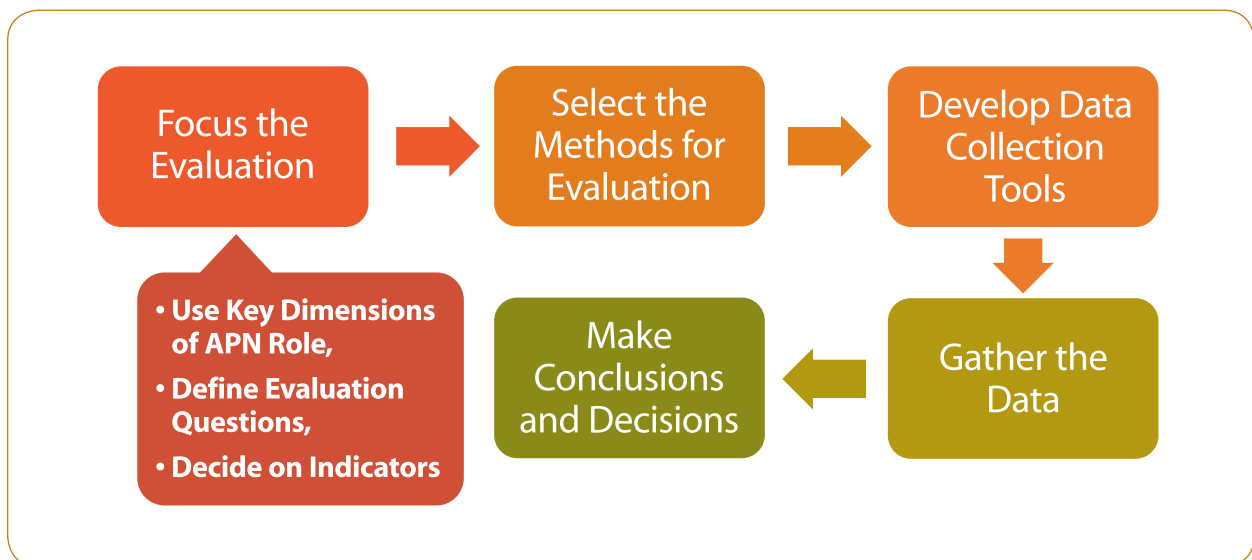
TIP

Evaluation, especially robust evaluation requires dedicated resources. In resource constraint environments, little funding, if any, is available for evaluation activities.

Here are some creative ways of accessing support to conduct your APN role evaluation:

- a. Build an evaluation budget in your business case.
- b. Network with university and college faculty, within nursing or other healthcare provider programs to identify interested faculty who might want to get involved and/or take a lead role in the evaluation.
- c. Identify graduate students who may be interested in gaining experience in evaluation research and/or undergraduate students who could assist in data collection.
- d. Identify volunteers who may help with some of the evaluation activities such as mailing, conducting simple interviews, handing out surveys and collecting them back, etc. Some training should be provided, particularly regarding confidentiality, preventing bias, importance to accuracy/attention to detail and logistics.

Figure 2 Evaluation Planning Flow Diagram



■ Focus the evaluation

Write a clear statement of what you want to achieve through the evaluation; that is, why is it important to conduct the evaluation?

For example, the main purpose of your evaluation may be to justify the need for additional APN roles, evaluate the extent to which the key dimensions of the APN role are utilized or to demonstrate if the role contributes to achieving desired outcomes in the patient population (e.g., decreased complications, decreased re-admission rate, increased satisfaction).

To further focus the evaluation, consider using the key dimensions of the APN role to frame the evaluation, define several evaluation questions that are related to your overall purpose for evaluation, and specify the indicators for measurement using Donabedian's framework of structure, process and outcome indicators.⁶

Figure 3 illustrates the relationships between APN role structures, processes and outcomes and the importance of considering each one of these variables in developing an evaluation plan.^{1,7}

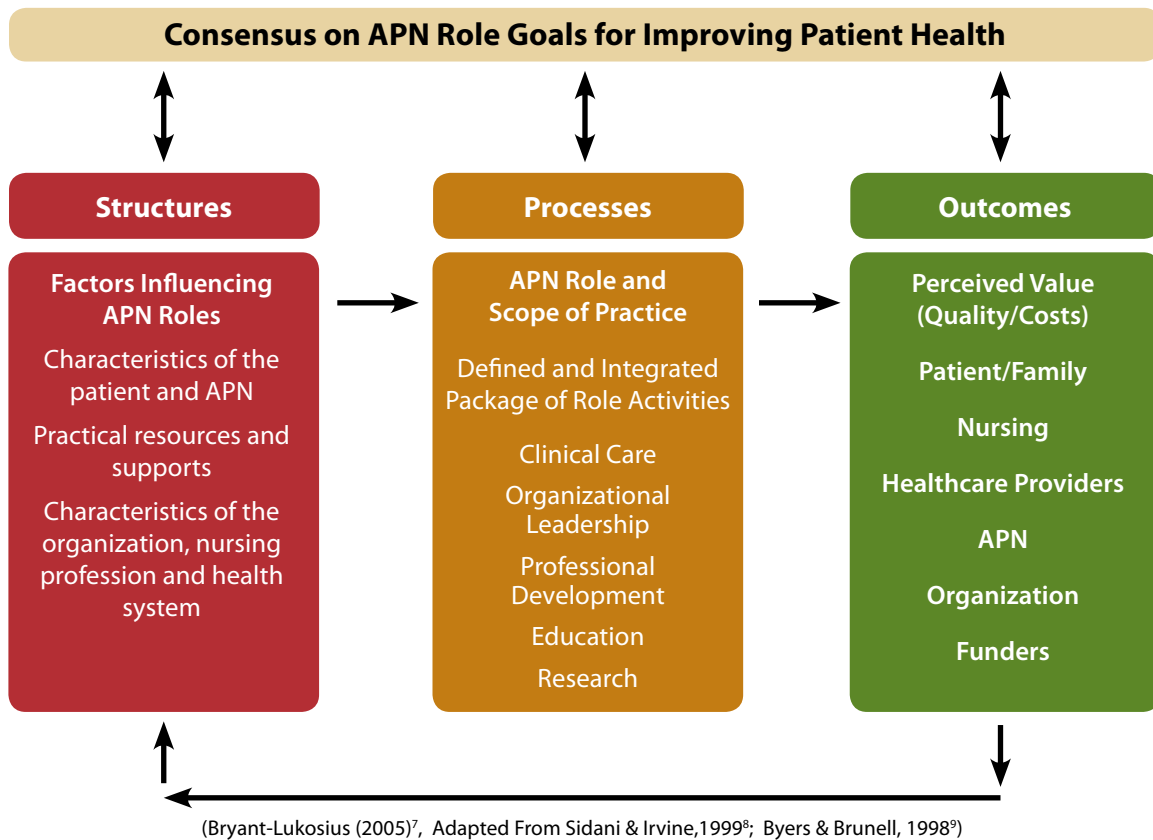
Structures are the practical supports, human and physical resources and the organizational, cultural, political and economic characteristics of the practice environment that influence how APN roles are developed and implemented. This includes characteristics of the APN and the patient population that she/he serves.

Processes are what the APN does in the role. This includes the types of activities and services the APN provides, who these services are targeted to and how and when these services occur. Processes should be examined in terms of how the APN functions in all five dimensions of the role.

Outcomes relate to the impact of the APN role and are the products or results of APN role structures and processes. APN role outcomes can be examined from the perspective of patients and families, health providers, the APN, the organization and the broader healthcare system.



Figure 3 Structures, processes and outcomes in APN role evaluation



■ Use the key dimensions of the APN role

The following areas of the APN role can help to focus evaluation questions and the indicators for measurement: clinical practice, education, research, organization leadership and professional/scholarly activity. The extent to which there is emphasis on any particular dimensions will depend on the APN role description that was developed in Step Five.

The following are generic outcomes that can be measured in the introduction of new therapeutic interventions such as the introduction of an APN role:

- Safety
- Efficacy
- Efficiency
- Quality of care
- Acceptance and satisfaction
- Extent of role transfer
- Long-term integration (Spitzer,¹⁰; Mitchell-DiCenso et al.,¹¹)

Define evaluation questions

Define questions that need to be answered regarding the structures and process for implementing the APN role. Some possible evaluation questions include:

- Were the necessary resources and supports put in place to support the implementation of the APN role?
- Were activities to prepare key stakeholders and practice settings for the introduction of a new APN role implemented as planned?
- To what extent have APN activities for each of the five role dimensions (as outlined in the logic model) been implemented as planned?
- How well were healthcare providers and other stakeholders in the practice setting prepared for the introduction of a new APN role?
- What have been the barriers and facilitators to implementing the APN role as planned?
- What modifications to the APN role and role implementation plan are required to support the continued development of this role?

Additionally, Sidani,¹² concludes that the following are effective outcomes of an APN role:

- Comprehensive care
- Continuity of care
- Coordination of services

Also, ask questions regarding impact of the APN role. Ensure the evaluation questions reflect the original intent for the APN role and the role description. Examples of evaluation questions that focus on impact include:

- How satisfied are key stakeholders with the introduction of the new APN role?
- What are healthcare provider perceptions of how well the APN role is meeting patient health needs?
- What is the extent of patient and healthcare provider acceptance of the new APN role?
- To what extent have expected APN role goals and outcomes (as outlined in the logic model) been achieved?
- What have been the barriers and facilitators to achieving expected role outcomes?
- What modifications to the APN role and implementation plan are required to support achievement of expected outcomes?

Define the indicators for measurement

Indicators can be classified as:

- Structural indicators (budget, space, equipment),
- Process indicators (attendance at care conferences, research activity, developing relationships), and
- Outcome indicators (e.g., length of stay, pain levels, satisfaction).

Re-examine the short, intermediate and long-term outcomes and determine which ones will be evaluated within the defined time period. Some outcomes may not be achieved for a long time and therefore, you will likely need to select the short and intermediate outcomes.

Use the logic model developed in Step Five to ensure your key stakeholders are in agreement with the purpose statement, the desired outcomes and the key implementation activities.

Appendix G5 provides some examples of APN role indicators to consider. The role evaluation plan should also consider structure, process, and outcome indicators relevant to other planned changes in the model of care and not just the introduction of the APN role.

■ Select the methods for evaluation

There are numerous methods of getting data depending on the evaluation question, existing sources of data and ease of accessing the data.

Data can be found from documentation that may already be maintained such as activity logs, minutes, etc., or through people's experiences such as through interviews or focus groups. Additionally, surveys can be used to obtain patient and staff perspectives. Existing data collected regularly through Canadian Institute of Health Information (CIHI), workload, or other quality improvement activities may also be appropriate.

For example, if a key function of the APN is to coordinate patient care; then some of the system indicators may be length of stay, re-admission rates, wait times, or the number of patients seen in a week. These indicators are likely part of the on-going data capture in the organization.

■ Develop data collection tools

Where data is not accessible, tools may need to be developed and pilot tested. It is important to identify existing tools and assess whether they can be adopted or modified. Tools used by researchers in studying the implementation and impact of the APN roles are a good place to start. Most researchers are happy to provide permission to use their tools when these are requested.

The Canadian Health Services Research Foundation and Canadian Institutes of Health Research APN Chair Program at McMaster University has developed an online Data Collection Toolkit that includes a comprehensive

Ethics approval: Note that each organization has policies around when ethics approval is needed for any research as well as for program evaluation. Usually, new data to be collected from any human beings, patients or staff, will require formal ethics approval from the organization's ethics review board. Ethics Boards have established forms, processes, times and who it will accept as leaders of research/evaluation activity. Ensure you learn what the policies and processes are and engage appropriate people to assist with this process. See Appendix D2 for a detailed description of the ethics process.

compendium of data collection tools used in APN research. The psychometric properties of the tools have been reviewed and information on how to use and access the tools are provided. You can access this toolkit at <http://apntoolkit.mcmaster.ca/doku.php>

■ Gather and analyze data

Data gathering and analysis should also be planned. Consider the following questions to develop your data collection and analysis plan:

- Who will gather the data?
- When will it be collected?
- How much data will be collected?
- What are the costs associated with data collection and is this feasible?
- Who will analyze the data?
- How will the data be analyzed?
- When will the data be analyzed?

TIP

- + Where data have not already been captured and there is a need to systematically collect information by conducting interviews or focus groups or sending out a survey or the completion of audit tools or other questionnaires, you may want to look at resources such as students and volunteers. Students could be trained to interview patients who attend a clinic or volunteers can help stuff envelopes.
- + Volunteers can also be used to enter data into a computer database.
- + For each piece of data you collect ensure that you know how you will analyze the data to answer your evaluation questions. For example, if you are taking existing patient roster lists, know what you will do with these. You may simply be counting the number of patients each week that are seen by the clinic. You may want to compare average number of patients per week before the APN role was introduced, for the first three months, second three months, etc.
- + Remember, some data may be available retrospectively through logs, records, time sheets, etc. Other sources of data include diaries, minutes of meetings or tracking forms.
- + If you are collecting qualitative data by using open-ended questions in a survey, interview or focus group, decide how the information will be coded into themes and summarized. This can be done manually or using software such as NVIVO if there is a lot of data.
- + Use your faculty contacts to assist in planning your evaluation, specifically your data analysis.

■ Make conclusions/decisions

A critical role of any evaluation activity is to answer questions and to take action to address the findings. This last step in the process is often neglected for various reasons:

- Too much data is collected and it is difficult to make sense of it all.
- Not enough time is allocated to follow up on findings – especially, if an external evaluator has been brought in who prepares the final report and leaves.
- The evaluation exercise has been conducted to satisfy external requirements and has not been owned by the team.
- The evaluation findings are unexpected and key stakeholders are resistant to accepting the findings.
- Evaluation of the APN role is confused with the performance issues of the individual in the role.

Here are some suggestions in closing the evaluation cycle:

- a. Tie your conclusions to the original purpose of the evaluation and the evaluation questions.
- b. Develop a simple PowerPoint presentation answering the evaluation questions. Make a presentation to the various stakeholder groups and engage them in validating the findings and developing potential follow up actions.
- c. Compile a follow-up action plan so that decisions with each proposed action can be made by the team. Trim down the list to the agreed upon actions and assign tasks to address them. See Appendix G6 for an example of a follow up action plan.
- d. Make a decision on which indicators will be tracked over time and used as a monitoring activity.

E. Understand and plan for anticipated barriers and leverage on facilitators

■ Addressing specific barriers and facilitators

Research on introducing APN roles in healthcare organizations has provided information about a wide range of barriers that APNs and organizations have faced and lessons on what have been helpful facilitators.^{2,3} Appendixes G7 and G8 summarize these research findings about the barriers and facilitators to role implementation and their impact on the integration of APN roles, and provides some strategies that could be used to address the barriers and leverage on the facilitators.

F. Define a road map for implementation

■ Road map for implementation

To ensure your implementation plans are organized, monitored and communicated to stakeholders, you can use a number of project management principles and tools to maintain a clear road map or implementation plan. See Appendix G1 for an implementation action plan checklist.

- a. **Project plan** – A written implementation plan based on clear goals and outcomes that reflects a thoughtful set of activities, responsibilities, timelines, resources and monitoring systems. A good project plan includes a start and end time frame with a plan for sustainability. Assigning these dates allows for clear milestones for review and evaluation. An implementation plan for an APN role can start from the time an approval is received to proceed with hiring to a time when it is expected that the role is fully integrated in the organization. Having clarity on the timeline for the implementation plan ensures that it is clear why certain objectives of the role will take longer to achieve.
- b. **Controlled scope for the implementation plan** – It is important that the activities are relevant, meaningful and feasible within given time frames. It is very easy to expand the focus of the role and the implementation in order to please multiple stakeholders as well as changing to meet additional needs. There is a tendency to “overload” the expectations of the role. This could set up the individual to fail or make the implementation activities too ambitious. The role of the team leader is to ensure that “scope creep” is prevented.
- c. **Communication plan** – The implementation of the APN role is a collaborative effort between a range of stakeholders, therefore, there is a need for planned, continual and effective communication. See Appendix G9 for details on communication planning.
- d. **Risk management strategy** – Every implementation plan should address contingency plans based on potential or anticipated risks. A risk is any event, person or decision that could significantly impact on the success of the implementation plan. Some potential risks are listed below; however, you should brainstorm with your advisory team on what risks your organization could face and how these will be addressed should they occur.
 1. You are unable to identify candidates with the right skill sets for the position of the APN.
 2. Your budget is only guaranteed for the first year; after which, you will need to put in another business case.
 3. The primary mentor will be leaving the organization three weeks after the start date for the APN.
 4. You have not been able to secure office space for the new APN.
 5. The APN you have identified as your first choice is not willing to carry a pager 24/7 – a key component of the program.

Each of your identified risks should be discussed ahead of time so you can develop appropriate actions to mitigate them. For example, you may need to advertise out of province or country if you are not able to find the right skills etc. This means you will need to build a contingency budget for the higher cost for recruitment. Alternatively, you may want to use a career ladder approach and identify someone internally who takes the role on as an “intern” position and is sent for additional education and training.

G. Design specific implementation strategies

■ Implementation strategies

An extensive review of the literature² suggests the need to ensure a concerted focus on four implementation areas:

1. Stakeholder awareness;
2. Administrative supports and resources;
3. Regulatory mechanisms, policies and procedures; and
4. APN education.

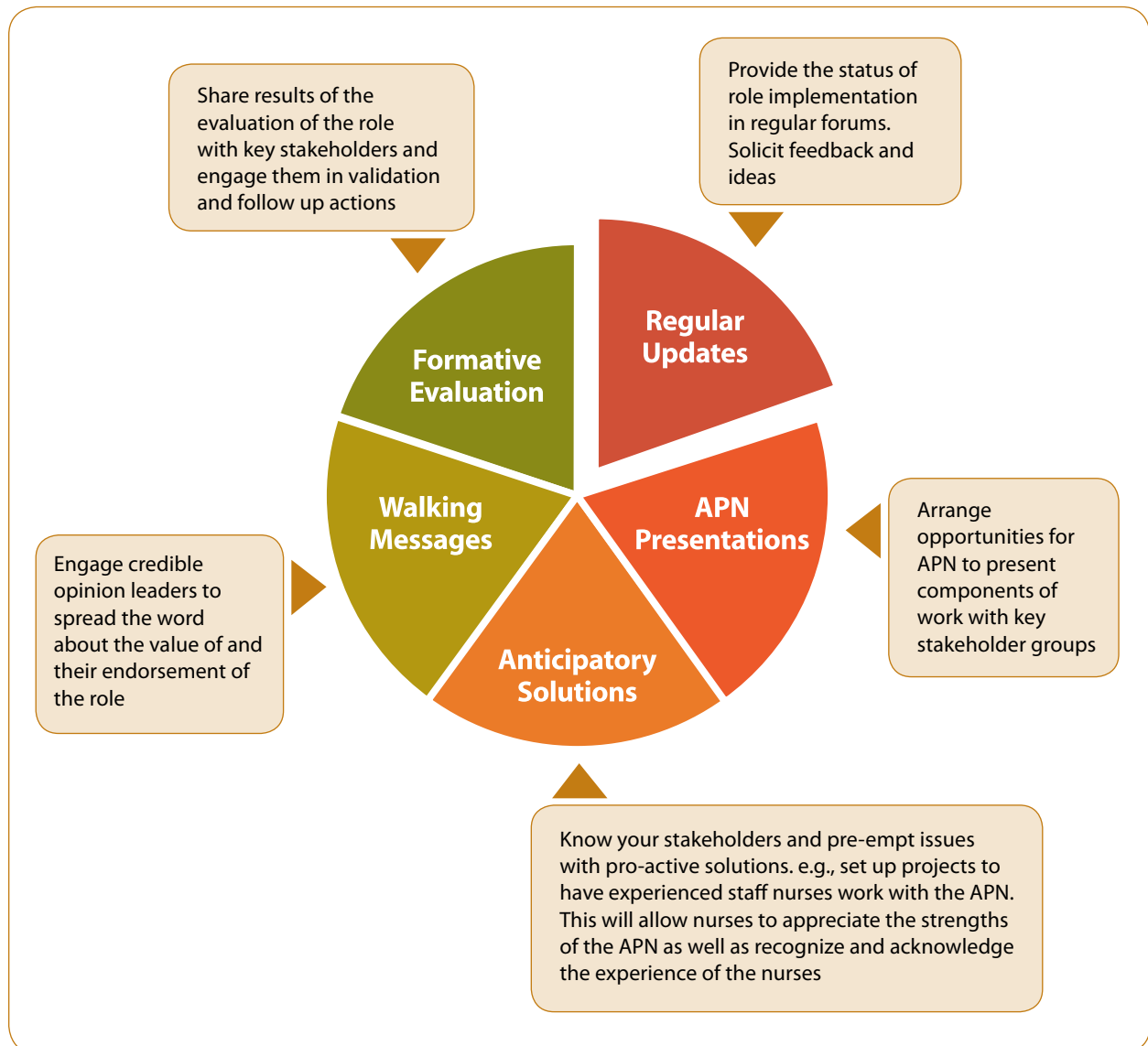
Each of the four areas is discussed below with specific strategies and tools to assist you in your implementation planning.



1. Stakeholder awareness - Keeping stakeholders engaged

A key reason to ensure the on-going involvement of key stakeholder is to address the potential barriers that may arise if the APN role is not clear, if there are areas of role overlap, and if mechanisms or processes for how the APN can best collaborate with other health provider have not been discussed. Members of the interdisciplinary team may, over time, articulate the role differently than it was initially envisioned. This is natural and can be expected as individuals will tend to describe the role as it impacts their own functions or what they see enacted on a daily basis. Often, members may not appreciate the complexity or the diverse elements of the APN role in the areas of clinical practice, leadership, innovation and change, research, and scholarly activities. It is therefore important to revisit Step Two activities and examine the list of key stakeholders and how they are being engaged.

TIP The following are some tips in keeping stakeholder engaged:



2. Administrative supports and resources

■ Reporting mechanisms

The optimal reporting structures for APN roles are unclear and may depend on the mix of direct and in-direct clinical responsibilities. In Ontario, the majority of oncology APNs (about 60%) report to a senior nursing leader in the organization such as the Chief of Nursing.⁴ However, almost 60% of oncology APNs reported to two or more other supervisors including clinical program directors, medical directors, and/or unit managers. Almost 20% of APNs had three and up to four supervisors. Multiple role supervisors were often implemented to provide APN accountability for organizational and clinical role responsibilities, especially for those with medical role functions.

In an earlier study, APNs found that reporting to multiple role supervisors was quite cumbersome and did not contribute much to providing APN role support.³ In fact, the greater the number of role supervisors, the greater the likelihood for confusion among supervisors about their responsibilities and for competing supervisor expectations regarding the APN role.

Previous research has found that nursing administrative support is important for developing a nursing orientation practice, linking the APN role to nursing development initiatives, and for APN job satisfaction while physician support was important for role implementation.¹³⁻¹⁷

Non-hierarchical or flat organizational structures that permit senior nursing leaders to be involved in APN role development and where the APN is viewed as an important contributor to the management team and to achieving organizational goals, have also been identified as important role facilitators.^{16,18}

TIP

- + Limit the number of role supervisors to no more than two senior management leaders.
- + It is preferable for the primary role supervisor to be a senior nursing leader in the organization.
- + A physician supervisor may be required to support collaborative practice agreements and the implementation of medical role functions beyond the usual scope of practice for the registered nurse.

■ Recruitment, screening, interviewing and hiring plan

What do we already know about the role of the APN?

- The role has five domains: clinical practice, education, research, organizational leadership and scholarly/professional development.
- You have developed a detailed job description in Step Five reflecting the above domains and your service delivery model priorities.
- We know through research²⁻⁴ that APNs may not have strength in all role domains; in particular, the area of research (grant/proposal writing, research conduct, evidence-based practice activities), scholarly/professional development and leadership (strategic planning, goal setting to promote nursing).

Recruitment checklist

- Engage assistance from the Human Resource Department and share the process you have undertaken based on Steps One to Five; in particular the job description.
- Ensure you understand what your organization's policy is on whether the position is unionized or not. If it is a union position, you will need to follow appropriate protocol for union positions according to the bargaining agreement.

Know your target population statistics – human resources personnel will already have this information or will need to understand the market place for the skill sets you are looking for. This will help in knowing how wide to cast the net – locally, regionally, provincially, nationally or internationally.

- Review and approve all advertisements before they are posted or published.
- Discuss non-traditional methods of spreading the word (e.g., through graduate program faculty coordinators, specialty association list-serves, interest group newsletters, etc).

TIP

The Ontario Oncology APN Community of Practice, Canadian Association of Nurses in Oncology and Canadian Association of Advanced Practice Nurses provide their members with access to job postings on their websites.

Screening checklist

- With the aid of human resource personnel, develop a list of criteria that can be used to assess and shortlist applications and to address any queries from potential candidates.
- Depending on the market, the criteria can be loose or fairly tight.

Interview plan and interview questions

- It is important to include key stakeholders and members of the healthcare team in the recruitment and hiring process. Stakeholder involvement is important for getting feedback to ensure that the best candidate for achieving expected goals is selected and for promoting stakeholder acceptance of hiring decisions and the selected candidate. Stakeholder and healthcare team involvement in the interview process also provides candidates with a sense of team commitment and participation in APN role planning and implementation.
- Address how many levels of interviews will be taking place. For example, will there be a one-on-one interview first, followed by a panel interview?
- Who will be conducting the various levels of interviews?
- Who is responsible for organizing the interviews?
- Will the candidates be instructed to prepare any material ahead of time? For example, do you want to see any written work or a presentation on the candidates' vision of oncology advanced nursing practice?
- Do you want candidates to conduct a mock assessment or prepare a plan of care, etc?
- Draft the interview questions and ensure you get feedback from those who will be involved in the interviews. Allocate responsibility for each question and roughly allocate the time to ensure you get through all pertinent questions.
- Warn candidates in advance how much time the interview will take, if they need to bring any materials with them and if there will be any practical component to the interview.
- See Appendix G10 for sample interview guide.

Examples of screening criteria:

- Eligible to work in Ontario
- Oncology experience
- Graduate degree in nursing
- Certification in oncology nursing

Hiring Process

- The actual hiring involves the negotiation of salary, benefits and other working conditions.
- Contracts are a common practice in the current time and are usually handled through the Human Resources Department.
- It is very important to clearly identify APN role conditions outside of normative practices. Here are some examples:
 - If the organization is sending the candidate for extensive training, what level of commitment does the organization wish to have (e.g., pay back of training costs if candidate leaves within a specified period)?
 - Availability after normal hours of work.
 - Achievement of certain deliverables within a specified time frame.

Orientation plan

- The orientation plan is shaped by the APN role requirements and the specific learning needs of the candidate.
- The orientation plan should be discussed with the hired APN and modified as necessary.
- Orientation time may vary considerably and may last several months and overlap with the APN having resumed standard duties.
- Access resources and make available resources that the APN can use (e.g., the Ontario Oncology Nursing e-Mentorship Program, peer supports, clinical supervision, faculty support).
- See Appendix G11 for a sample orientation plan template.

Logistics support

The following supports are important considerations for effective and efficient APN roles:

- Office space – preferably easily accessible, private space instead of shared. Shared space is only effective if the APN does not require a lot of office time or if there are separate hours of use.
- A computer is a essential. Laptops are becoming popular as it allows the APN to take work along with her/him to a clinic, meetings, home, etc.
- Other computer and communication technology such as pagers, cellphones and/or personal digital assistants (PDAs), promote APN accessibility to patients and providers and permit great work flexibility, particularly if the role is being implemented in more than one setting.
- Clerical support may be required depending on APN role needs. Sometimes, a few hours a week of dedicated time is sufficient for ordering supplies, preparing materials for a meeting, setting up appointments, keeping track of data, etc.
- Establishing regular meeting times between the supervisor/manager and the APN is crucial for managing barriers to role implementation and for providing logistics as well as other supports.
- Additional organizational resources such as data management or statistical analysis expertise may also provide practical supports to implement specific aspects of the APN role.

Helpful supervisory support³

- Facilitate APN participation on committees
- Available for contact and support
- Provide continuing education opportunities
- Provide leadership opportunities
- Introduce key stakeholders and providers
- Provide adequate orientation time at role onset
- Introduce other APNs and nursing faculty
- Provide timely mediation of role conflicts

■ Linking to organizational initiatives

A key strategy for assisting the APN role to become integrated in an organization is to provide links to existing or upcoming organizational initiatives. One does need to be careful to identify initiatives that are related to the APN role and where the APN can bring value. Avoid over-loading the APN with too many committees, task forces or projects so that the primary role functions of the role are jeopardized. Plan so that the links to the organizational initiatives occur in a gradual manner. It may be better to link some initiatives with the APN role at the start of the initiative instead of mid-way. This may prevent the APN from having to fit in teams that have already “gelled”.

3. Regulatory mechanisms, policies and procedures

TIP

Review Step Five for sections on understanding the different APN roles as well as delegated and controlled acts.

What is regulation?

Regulation comprises all of the activities (legislative, professional, organizational) used to identify and to create legitimacy, order and control of a profession to ensure accountability and for protection of the public. Areas of regulation include membership to a profession with a designated title (entry to practice), scope of practice, standards of formative educational preparation, requirements of continuing competence and standards for ethical conduct.

Scope of practice

In Ontario, scope of practice for nursing has been determined through legislation in the Regulated Health Professional’s Act.¹⁹ Expanded or extended scope of practice (those actions outside the scope of practice for the registered nurse) may vary in different provinces.

Since there is little additional direction specific to the APN in oncology from legislation or professional regulatory body, it will be up to each organization to define the necessary specialty-based credentials it will accept for practice within the organization. Fortunately, the Canadian Association in Nursing Oncology (CANO) has developed competency standards for the Advanced Oncology Nurse.²⁰ These standards could be used as foundational competencies to build organization specific requirements in policies and procedures.

■ Credentials set by organizations:

The following are ideas and suggestions that organizations can use to develop their own standards for APN credentials:

- a. Contact other organizations to see if they have done any work in this area. Two organizations that are commonly shared are: Hamilton Health Sciences Centre and The University Health Network.
- b. Use the CANO²⁰ standards for the Advanced Oncology Nurse
- c. Consider having the APN write the Canadian Nurses Association certification examination for oncology nursing (this is for basic but not advanced practice).
- d. Consider having the APN write advanced oncology nursing examinations provided by the Oncology Nursing Society in the United States.
- e. Advocate for your regional authorities such as the Local Integrated Health Networks (LHIN) in Ontario to work on credentials in a collaborative team. This is particularly important as APN roles often need to stretch beyond organizational boundaries to support the patient across healthcare sectors in a seamless and value add manner.
- f. Research how other countries have addressed this matter.
- g. Monitor activity in this area at a local, provincial and national level.

■ Policies and procedures

To support the standards set for regulation, organizations will need to establish appropriate policies and procedures and match with necessary financial resources and/or time for APNs to fulfill the requirements.

For APN roles that require an extended scope of practice that is beyond the scope of practice for the registered nurse, specific policies and procedures will need to be considered. The need for these policies varies according to the type of APN role and practice setting. For example nurse practitioners (NPs) with an extended class (EC) license can order diagnostic tests and write prescriptions in community and outpatient settings, but the Ontario Hospital Act²¹ does not permit these activities for inpatient settings.

Policies and procedures to consider include:

- Collaborative practice agreements between the APN and physician colleagues (see Appendix G12 and G13).
- Development of medical directives for medically delegated acts such as procedures and ordering of laboratory and diagnostic tests and medications (see Appendix G14 for a medical directives template).
- Medical Advisory Council approval for hospital privileges.
- APN access to health records and policies about dictation of patient reports.

- On call requirements and APN access to physician consultation and support for clinical issues.
- Ensuring that the APN has the necessary malpractice insurance and addressing physician concerns about potential liability.

■ Liability issues

In the past, one concern of physicians is that they could be financially responsible for lawsuit claims involving joint care, if NPs had insufficient malpractice coverage. The Canadian Nurse Protective Society (CNPS) provides professional liability coverage to NPs in Ontario and in other provinces and territories. In 2004, the CNPS addressed physician concerns by improving NP coverage to include “tail coverage” (protection extends from the date of the incident, regardless of when the claim is made even if the NP has left the practice or the policy has expired) and increasing the amount of professional liability coverage for NPs to \$5 million per incident and an annual aggregate of \$5 million. These improvements have addressed physician concerns about NP liability protection^{22,23} and NPs are felt to have sufficient liability protection.^{24,25} The literature also indicates that overall liability risks are low and malpractice claims for NPs in Canada and the United States are exceptionally rare.²⁶

4. APN education

There are two constituents to consider for APN education:

- a. The APN candidate
- b. Organizational members

a. The APN candidate

In a recent Ontario study of APNs in oncology, researchers found that 50% of the APNs classified themselves as novice APNs and at least 20% of APNs had no oncology experience at the time they were hired into their role.⁴ This means that there is a high likelihood that you will not be able to recruit and hire an experienced oncology APN. You will need to address the broader APN education beyond orientation needs.

Develop a longer term learning plan with the involvement of the newly hired APN. Remember that each APN will have different knowledge, skills and experiences and therefore the plan will be individualized; although some of the strategies for learning may be shared amongst a group of APNs. An initial important step in developing a learning plan is for the APN to conduct a self-assessment. The self-assessment should be based on some of the generic requirements for advanced practice as well as the specific requirements of the role. You may want to use some type of scale from 1 to 10 where 1 = not-proficient to 10 = very proficient and have the APN self rate each competency criteria.

b. Organization members education - communication plan

Marketing concepts may be important to consider when planning to educate the wide range of organizational members that will be impacted and/or have their work intersected by the APN role. One of these marketing concepts is to use a communication plan. For the successful introduction of an APN role in the organization, a well planned communication strategy addresses the following issues:

- Who are the audiences?
- What are the key messages for each audience?
- Why is it important to communicate these messages?
- What is the best modality to communicate messages for different audiences?

A written communication plan is helpful to track as well as ensure activities are appropriately delegated with sufficient timelines. For example, if you wanted a short article in the organization newsletter, you will need to negotiate the space and ensure the article is written and submitted along with a photo of the APN before the deadline. See Appendix G9 for template of a communication plan.

Table 4 illustrates some tried and true communication principles you may consider.²⁸

Issues to consider when addressing APN education needs

It may take three to five years for novice APNs to develop expert levels of practice and fully implement their roles in all dimensions.²⁷

Bryant-Lukosius et al, found that less than 10% of APNs were implementing activities related to the research dimension of their roles.⁴

Self ratings of oncology APN performance were lowest in scholarly activity (maintaining cross appointment), research (grant/proposal writing) and leadership (strategic planning, goal setting to enhance nursing practice).⁴



Principles for Effective Organizational Communication

Principle	Reason
Credibility	Without a credible communication approach or credible communicators, individuals will simply not believe in the end goal.
To involve, not just inform	Promotes ownership of the program and a feeling of being a necessary part of the program
Trusted and respected communicators	If the staff does not trust or respect the communicators, the messages may fall on deaf ears.
Visible management support	Active management commitment gives credibility to communication; management must be perceived as supportive.
Face-to-face communication	Audience is involved; communication is two-way and provides a feedback mechanism.
To avoid information overload	Too much information leads to confusion and irritation. Accurate and timely information is important.
Consistent messages	Inconsistency loses credibility in the program. Without consistency, audiences are confused and frustrated about what to expect.
To repeat messages and vary mechanisms	The more ways a message can be communicated, the more likely it is to be internalized. Using different mechanisms ensures repetition without individuals 'switching off'.
To create demand: encouraging team to pull for information, rather than management pushing it at them	Ensures buy-in to the change.
Tailor communication to audience needs: give information that audience wants, not what you want to tell	Makes information "real" to the audience. The audience is more likely to listen if the information is pertinent to their current frame of reference.
Central co-ordination	Ensures consistent approach.
Manage expectations	Encourages audience to believe in what you to tell them. Preparing shows you understand their needs.
Listen and act on feedback	Encourages support in the approach by being responsive to the needs of the audience. Ensure approach meets changing audience needs.

Treasury Board of Canada website
(http://www.tbs-sct.gc.ca/btep-ptp/documents/2004/templates-gabarits/commplan/commplanpr_e.asp?format=print)

Implementation Pointers

Follow the systematic process outlined in the chapter to support the implementation of your service delivery model.

Remember that although the steps in this toolkit are sequential, there may be times where you may have to go back to a previous step to strengthen your approach to priority setting, identifying and engaging stakeholders or even simply to remind the team of decisions that were previously made.

Having a well documented process, needs assessment, design, implementation and evaluation plans will allow the team to stay on course, communicate effectively amongst the team members as well as with other stakeholders and decision makers.

Do not forget the great set of resources available in the Resources Section of this toolkit.





References

1. Bryant-Lukosius, D., & DiCenso, A. (2004). A framework for the introduction and evaluation of advanced practice nursing roles. *Journal of Advanced Nursing*, 48(5), 530-540.
2. Bryant-Lukosius, D. DiCenso, A., Browne, G., & Pinelli, J. (2004a). Advanced practice nursing roles: Development, implementation, and evaluation. *Journal of Advanced Nursing*, 48(5), 519-529.
3. Bryant-Lukosius, D., Green, E., Fitch, M., Robb-Blenderman, L., Macartney, G., McFarlane, S., & Milne, H. (2004b). *The advanced practice nursing role in Ontario cancer centres: An interim evaluation*. Final Report to the Nursing Secretariat of the MOHLTC. Toronto, Canada.
4. Bryant-Lukosius, D., Green E., Fitch, M., Macartney, G., Robb-Blenderman, L., Bosompra, K., McFarlane, S., DiCenso, A., Matthews, S., & Milne, H. (2007). A survey of oncology advanced practice roles in Ontario: Profile and predictors of job satisfaction. *The Canadian Journal of Nursing Leadership*, 20(2), 50-68.
5. The Improvement and Development Agency (IDeA), Communities and Local Government (CLG) and the London Borough of Lambeth (2007). *Business case guidance*. Retrieved November 24, 2009 from <http://www.idea.gov.uk/idk/core/page.do?pagelid=5820962>.
6. Glickman, S.W., Baggett, K.A., Krubert, C.G., Peterson, E.D., & Schulman, K.A. (2007). Promoting quality: the health-care organization from a management perspective. *International Journal of Quality in Healthcare*, 19(6), 341-348.
7. Bryant-Lukosius, D. (2005). *Step 8: Evaluating the impact of your APN role*. Workshop presentation to the APN Group at Winnipeg Health Sciences Centre. Winnipeg, Manitoba. November.
8. Sidani, S. & Irvine, D. (1999). A conceptual framework for evaluating the nurse practitioner role in acute care settings. *Journal of Advanced Nursing*, 30(1), 58-66.

9. Byers, J.F., & Brunell, M.L. (1998). Demonstrating the value of the Advanced Practice Nurse: An evaluation model. *American Association of Colleges of Nursing Clinical Issues*, 9, 296-305.
10. Spitzer, W.O. (1978). Evidence that justifies the introduction of new health professionals. In P. Slayton & M.J. Trebilcock (Eds.). *The Professions and Public Policy*. Toronto: University of Toronto Press.
11. Mitchell-DiCenso, A., Pinelli, J., & Southwell, D. (1996). *Introduction and evaluation of an advanced nursing practice role in neonatal intensive care*. In K. Kelly (ed.), *Outcomes of effective management practice*. Thousand Oaks: Sage.
12. Sidani, S., Irvine, D., Porter, H., O'Brien-Pallas, L., Simpson, B., McGills-Hall, L., et al. (2000). Practice patterns of acute care nurse practitioners. *Canadian Journal of Nursing Leadership*, 13, 6-12.
13. McFadden E.A., & Miller M.A. (1994). Clinical nurse specialist practice: facilitators and barriers. *Clinical Nurse Specialist*, 8, 27-33.
14. Beal J.A., Steven K., & Quinn M. (1997). Neonatal nurse practitioner role satisfaction. *Journal of Perinatal Nursing*, 11, 65-76.
15. Woods L. (1998). Implementing advanced practice: identifying the factors that facilitate and inhibit the process. *Journal of Clinical Nursing*, 7, 265-273.
16. Cameron A., & Masterson A. (2000). Managing the unmanageable? Nurse executive directors and new role developments in nursing. *Journal of Advanced Nursing*, 31, 1081-1088.
17. Irvine D., Sidani S., Porter H., O'Brien-Pallas L., Simpson B., McGillis Hall L., Graydon J., DiCenso A., Redelmeir D., & Nagel L. (2000). Organizational factors influencing nurse practitioners' role implementation in acute care settings. *Canadian Journal of Nursing Leadership*, 13, 28-35.
18. Manley K. (1997). A conceptual framework for advanced practice: an action research project operationalizing an advanced practitioner/consultant nurse role. *Journal of Clinical Nursing*, 6, 179-190.
19. College of Nurses Ontario. (1991). *Legislation and Regulations*. Retrieved August 10, 2009, from <http://www.cno.org/policy/legis/index.htm>
20. Canadian Association in Nursing Oncology. (2001). *Standards of care, roles in oncology nursing, role competencies*. Retrieved August 10, 2009 from www.cano-acio.org/en/files/practice
21. Public Hospitals Act R.S.O. 1990 Retrieved November 24, 2009 from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90p40_e.htm.
22. Canadian Medical Protective Association (CMPA)/Canadian Nurse Protective Society (CNPS). (2005). *Joint Statement on liability protection for nurse practitioners and physicians in collaborative practice*. Retrieved August 7, 2009 from http://www.cnps.ca/joint_statement/joint_statement_e.html
23. Petruccelli, E. (2005). Liability protection for RN(EC)s and physicians in collaborative practice: CMPA/CNPS joint statement addresses OMA concerns. *Ontario Medical Review*, May, 43-46.

24. Canadian Nurse Practitioner Initiative. (2005). *CNPI cross-country check up. Legislation and regulation of NPs responsibility of provinces and territories*. Retrieved March 5th, 2009, from http://206.191.29.104/documents/pdf/Cross_Canada_e.pdf
25. Hass, J. (2006). Nurse practitioners now able to work across Canada. *Canadian Medical Association Journal*, 174(7), 911-912.
26. Worster, A., Sardo, A., Thrasher, C., Fernandes, C., & Chemeris, E. (2005). Understanding the role of nurse practitioners in Canada. *Canadian Journal of Rural Medicine*, 10(2), 89-94.
27. Hamric, A.B. & Taylor, J.W. (1989). Role development of the CNS. In A.B. Hamric & J. Spross (eds.), *The Clinical Nurse Specialist in Therapy and Practice*, 2nd edition. Philadelphia: W.B. Saunders, pp. 41-82.
28. Treasury Board of Canada Secretariat. (2004). *BTEP - A Template for Communication Plan*. Retrieved August 10, 2009 from <http://www.tbs-sct.gc.ca/btep-pto/documents/2004/templates-gabarits/commplan/commplanpr-eng.asp>



