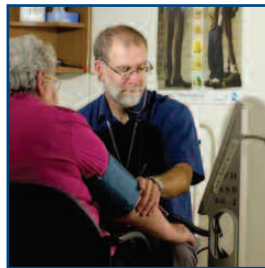




Nurse Practitioners
Your Partners in Health

Canadian Nurse Practitioner Initiative



**Implementation and Evaluation Toolkit for
Nurse Practitioners in Canada**

This toolkit was produced by the Canadian Nurse Practitioner Initiative, a project that ended in June 2006. The views or opinions expressed in this toolkit are those of the authors and do not necessarily reflect the views of the CNA Board of Directors or CNA policies.

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OVERVIEW OF IMPLEMENTATION AND EVALUATION TOOLKIT FOR NURSE PRACTITIONERS IN CANADA

The history of nurse practitioner (NP) implementation and the evaluation of the implementation process indicate that, in many cases, the inability to integrate NPs into the health-care team successfully often stems from a lack of implementation planning. The Implementation and Evaluation Toolkit for Nurse Practitioners in Canada (herein referred to as the “Toolkit”) is designed to act as a practical guide to users for assessing the need and readiness for NP implementation, as well as to identify key steps and factors that will support successful NP implementation and ongoing monitoring by a structured and forward-looking approach to evaluation.

This Toolkit was developed as part of the Canadian Nurse Practitioner Initiative, and is therefore part of a larger report. It was developed and tested as a web-based document for ease of movement between the Toolkit’s three parts and for quick links to suggested references and tools.

The Toolkit is based on extensive literature and research, on key stakeholder consultation, and on a review of best practices. Its design was based on the framework for a Participatory, Evidence-based, Patient-focused Process for Advanced practice nursing (PEPPA), developed by D. Bryant-Lukosius and A. DiCenso¹ at McMaster University, as well as on *A Results-Based Logic Model for Primary Health Care* developed by D. Watson, A.M. Broemeling, R. Reid, and C. Black for the Centre of Health Services and Policy Research (September 2004).

The Toolkit provides practical advice and tools for NP implementation and assessment. However, it was clear from the outset of this project that every health-care setting is unique, with various factors and forces that will affect NP implementation differently. As such, the Toolkit and its supporting logic models are not expected to address every unique health-care organizational setting across Canada. Rather, organizations that use the Toolkit will need to reflect on their own needs, desired outcomes and culture, as well as the context within which they will be introducing the NP role. This Toolkit has been designed, therefore, to give guidance and tips to users on how to tailor the NP planning, implementation and evaluation process to their own unique needs and requirements.

¹ Bryant-Lukosius, D. & DiCenso, A. (December 2004), “A Framework for the Introduction and Evaluation of Advanced Practice Nursing Roles.” *Journal of Advanced Nursing* 48(5):530-540.

Part I: Assessing The Need For Nurse Practitioners In The Practice Setting

INTRODUCTION

Part I of this Toolkit is designed for administrators and clinicians who are considering introducing a nurse practitioner (NP) into their setting or adding to their current complement of NPs. NP roles have often been introduced without a good sense of the community's specific needs. The absence of this information has made it difficult to ensure a fit between community needs and NP roles and responsibilities.

This Toolkit builds extensively on the work of D. Bryant-Lukosius and A. DiCenso (2004): A Framework for the Introduction and Evaluation of Advanced Practice Nursing Roles. *Journal of Advanced Nursing*, 48(5):530-540.

The other parts of the Toolkit are:

Part II: Implementing the Nurse Practitioner Role in the Practice Setting

Part III: Evaluating the Implementation of the Nurse Practitioner Role

Parts II and III are useful if the needs assessment confirms the decision to introduce or expand the NP role in the practice setting and guide the implementation of the role and the evaluation of expected outcomes.

OVERVIEW OF PART I

Part I outlines steps for assessing current and future community health needs and determining the appropriate health-care delivery model to meet these needs. This process includes an assessment of the potential role an NP might play in addressing gaps and/or weaknesses in the current health-care delivery model, and assessing the agency's readiness and capacity to implement an NP role, if appropriate.

The objective of Part I is to provide planners with a process for:

- Identifying community health needs and assessing the fit between the needs and the current health-care delivery model
- Identifying and engaging key stakeholders to determine the most appropriate delivery model to meet community health needs
- Revising the current health-care delivery model as necessary

With respect to NPs, Part I is intended to help the agency answer two essential questions:

- Can the introduction of an NP help meet the identified community health needs, and if so, how should the role of the NP be designed to address these needs?
- Is there support from key stakeholders to develop and implement the NP role?

Defining the Need

What is a Need? A need can be defined as a gap between what is and what should be.

What is a Health Needs Assessment? A needs assessment is a strategy for collecting data from a target group (e.g., patients and community members) to determine their health needs (Manitoba Health, 1998; Jacobsen & O'Connor, 1998).

Why Undertake a Needs Assessment? A needs assessment can be prompted by a lack of awareness about a community's needs, a suspicion that needs have changed over time, and/or an indication of dissatisfaction with the current service delivery model. A carefully constructed needs assessment is critical to ensure that the community health needs are clearly understood, to determine whether the current model of care addresses the identified needs, and if necessary, to modify service provision to coincide with the identified needs.

There are a number of readily accessible workbooks and step-by-step resources for conducting needs assessments:

Multipurpose Services—Assessing Community Needs. Australian Government Department of Health and Ageing, 2004. Available at:

http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ruralhealth-services-mps_needs_assessment.htm

The Needs Assessment: Tools for Long-term Planning, Community-Based Health Program Tip Sheet. AED Center for Community-Based Health Strategies, 2000. Available at:

<http://www.coach.aed.org/pubs/factsheets/NeedsAssessment.pdf>

Preventing Chronic Disease: A Guide for Local Health Departments. Contra Costa Health Services, September 2002. Available at:

<http://www.partnershipph.org/col2/showcase/pdf/CC-PHD-disease-guide.pdf>

Potential Pitfall

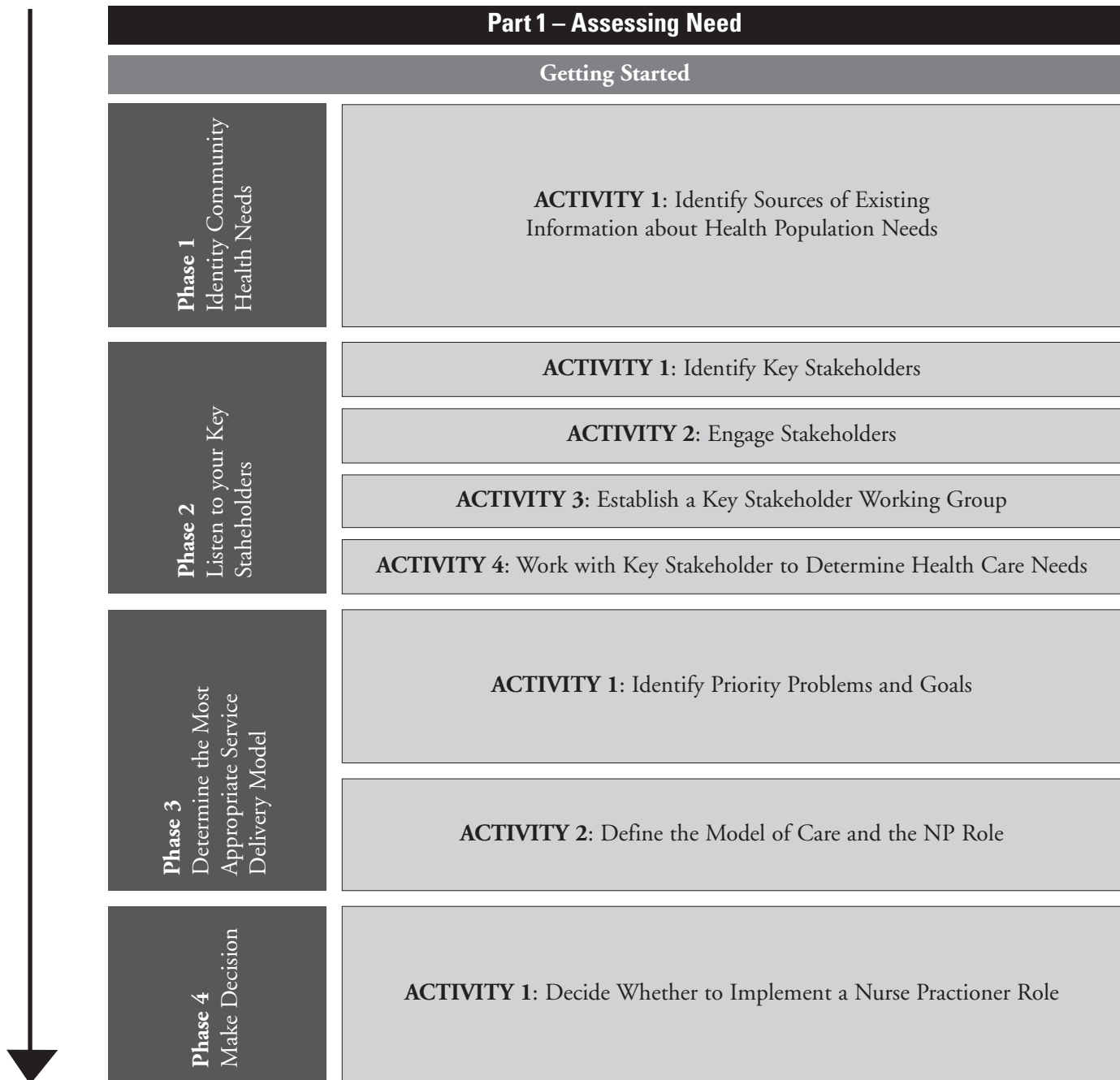
Time and Resources Required

Because undertaking a needs assessment can involve time and money, it is important to be realistic about the types and amounts of information that can be collected. **Focus on data that will allow your organization to track key issues.**

Your organization and others may already be collecting data on the health needs and expectations of the community. It will be important to identify and build on these sources.

ASSESSING THE NEED FOR AN NP ROLE: KEY STEPS

Overview of Part I: Structure



Toolkit Checklist: Key Steps in Assessing The Need for an NP Role

The following checklist summarizes the four steps required to assess the need for an NP role and outlines the related activities. As readers go through the checklist, they can indicate which activities have already been completed. For those that have not been completed, they can turn to the specified page in the Toolkit for a detailed description.

Toolkit Component: Part I	Has Step/Activity Been Completed?		Page on Which Detailed Description Found
Phase 1: Identify Community Health Needs	YES	NO	7
ACTIVITY 1: IDENTIFY SOURCES OF EXISTING INFORMATION ABOUT POPULATION HEALTH NEEDS	YES	NO	7
Phase 2: Listen to Your Key Stakeholders	YES	NO	8
ACTIVITY 1: IDENTIFY KEY STAKEHOLDERS	YES	NO	8
ACTIVITY 2: ENGAGE STAKEHOLDERS	YES	NO	10
ACTIVITY 3: ESTABLISH A KEY STAKEHOLDER WORKING GROUP	YES	NO	11
ACTIVITY 4: WORK WITH KEY STAKEHOLDERS TO DETERMINE HEALTH-CARE NEEDS	YES	NO	13
Phase 3: Determine the Most Appropriate Service Delivery Model	YES	NO	15
ACTIVITY 1: IDENTIFY PRIORITY PROBLEMS AND GOALS	YES	NO	15
ACTIVITY 2: DEFINE THE MODEL OF CARE AND THE NURSE PRACTITIONER ROLE	YES	NO	15
Phase 4: Make Decisions	YES	NO	16
ACTIVITY 1: DECIDE WHETHER OR NOT TO IMPLEMENT A NURSE PRACTITIONER ROLE	YES	NO	16

PHASE 1: IDENTIFY COMMUNITY HEALTH NEEDS

Activity 1: Identify Sources of Existing Information about Population Health Needs

Critical Questions

1. What is the population of interest?

Are you interested in finding out the health needs of the entire community, or those of a targeted group? Determining the focus of your assessment is a key step to putting together a useful plan. Ask yourself:

- Which issues are of particular interest to your organization, and why?
- What don't you know about these issues? What questions do you need to answer?
- What outside resources can you gain access to in order to understand the issues better? Have you made links with health services researchers at your local universities in order to gain access to their data?

2. Have you obtained existing data about the health of the community?

In tracking information about population health needs, you may want to review certain data and information sources, some of which may already exist within your organization. Examples of existing data include service wait times, population-to-practitioner ratios, lengths of hospital stay, causes of death, use of health services and teen fertility rates. Sources of existing data include:

- Census data
- Records kept by your agency (e.g., patient medical charts), your regional health authority and other institutions with which your agency is affiliated (e.g., local hospital admission and discharge records)
- National databases (e.g., Canadian Institute for Health Information (CIHI), Statistics Canada). Examples of data available from these databases include measures of health status, health services received by the region's residents, health system performance, and prevalence rates of specific diseases and health problems (e.g., incidence of mental health problems in a region or community)
- Local, provincial or national health-related surveys and reports that provide data about your community
- Health-related programs and services available in your region
- Health-care literature

✓ Tip

Decide on Types of Data to Use

Regardless of the data sources you choose, it is important to take into account:

- Available time
- Available resources
- Stakeholder consultations methods
- The size and characteristics of the target population(s)
- Your relationship with the target population(s)

PHASE 2: LISTEN TO YOUR KEY STAKEHOLDERS

Activity 1: Identify Key Stakeholders

Critical Questions

1. Have you consulted with community representatives about the health needs of the community?
2. Have you consulted with the existing health-care team?

Key Steps

The involvement of stakeholders is key to identifying local needs and resources. Stakeholders can include patients and families, advocacy groups, volunteer agencies, health-care organizations, the health-care team, professional associations, support staff, administrators, educators, and government agencies (Bryant-Lukosius & DiCenso, 2004). Stakeholder participation at the outset is critical for ensuring commitment to, and providing support for, planned change.

When identifying stakeholders, your agency should:

- Ensure there is a mix of internal and external stakeholders
- Ensure the stakeholders have the time and energy to invest in this activity
- Ensure the stakeholders are able to identify and communicate stakeholder issues
- Ensure they represent a range of stakeholders who would affect or be affected by changes to the model of care
- Carefully consider the right balance in composition and number of participants (if the range is too narrow, or if one stakeholder group is over-represented, the scope of ideas for change may be limited; alternatively, too many participants can impede consensus development) (Bryant-Lukosius & DiCenso, 2004)

As well, you should develop an understanding about how stakeholders will be impacted by the NP role:

- Identify enablers and existing barriers in the community which may impact/support the implementation of the NP role
- Identify internal staff and management directly impacted by the NP role, including clinicians and other departments and managers
- Identify external agencies, organizations and individuals that will be working with the NP or directly impacted by the implementation of the NP, including patients, external clinicians, external agencies and external funders (e.g., Ministry of Health)

Potential Pitfall

Lack of Stakeholder Involvement

When new NP roles are established without stakeholder involvement, issues related to role clarity, role boundaries and role acceptance—and potential barriers and facilitators to role implementation—are generally not addressed (Read, 1999; Centre for Nursing Studies and the Institute for the Advancement of Public Policy, 2001; Guest et al, 2001; Seymour et al, 2002; Marsden et al, 2003; Bryant-Lukosius & DiCenso, 2004).

✓ Tip

New Models Require New Ways of Thinking

Moving beyond a traditional health-care model that focuses on illness towards a model that is instead integrated, prevention-oriented, patient-focused and holistic requires a significant shift in thinking and attitudes among various stakeholders.

Shifts of this magnitude require dialogue among participants with varied viewpoints and opinions to reach a consensus on the most appropriate model of health care. (Smith, 1997).

Activity 2: Engage Stakeholders

Key Steps

To engage stakeholders:

- Develop an efficient strategy to communicate with the stakeholders and, where feasible, use or modify existing feedback mechanisms (e.g., established patient feedback meetings, staff meetings, and management and clinician forums)
- Consider strategies for collecting information from the stakeholders related to the needs of the population of interest (e.g., interviews, surveys, focus groups)

Before you poll the community, take some time to think broadly about what you're really after. Are you interested in finding out the health needs of the entire community, or are you planning to focus on the services a targeted group is receiving? Determining the focus of your area of interest is a key first step to putting together a useful, usable plan. Ask yourself the critical questions suggested in Activity 1 that pertain to identifying sources of existing information.

✓ Tip

Tip for Consulting More Broadly

Community Meetings or Focus Groups: Consider setting up small community meetings or focus groups that are designed to learn about the community's perspectives on local issues and options for future health-care models.

Town Halls or Public Forums: Consider organizing larger consultation gatherings, such as town hall meetings, where community members can discuss important issues at a well-publicized location and time. This gives people of diverse backgrounds a chance to express their views about the community's needs and resources, and about potential strategies for addressing those needs.

Both consultation processes can help you get a sense of what community members know and feel about the issue, as well as any related resources, barriers, and possible solutions.

Consulting directly with community members will give you the advantage of knowing how the community feels about an issue and what community members think should be done about it. Gathering the opinions of community members along with existing data about the health of the population and community resources will provide a more complete picture.

✘ Potential Pitfall

Engaging Stakeholders is Not Always Easy

Engaging stakeholder groups within the community can be both labour- and resource-intensive. Engagement strategies should be based on the realities of your organization. If you are not able to bring together a stakeholder group, another strategy may be to confirm the data you have gathered about your population through targeted community consultations.

Additional Reference Tools and Helpful Documents

Doing it Right!: A Needs Assessment Workbook. Edmonton Social Planning Council, 1993.

Community Health Needs Assessment Guidelines, Manitoba Health.

<http://www.gov.mb.ca/health/rha/chnag.pdf>.

Assess Community Needs and Resource. Community Toolbox. http://ctb.ku.edu/tools/tk/en/tools_tk_2.jsp.

Activity 3: Establish a Key Stakeholder Working Group

Key Steps

Once the necessary information about the health-related needs of the population of interest has been gathered from existing data and from a broad range of stakeholders, a working group representing key stakeholder interests should be established to determine the most appropriate health-care delivery model to meet the identified needs.

The role of the working group is to:

- Analyze and assess data and information
- Identify priority health-care problems and community needs
- Determine gaps in the current health-care delivery model
- Consider whether or not introducing an NP would address the gaps
- Modify the existing health-care model or develop a new one

Because this Toolkit focuses on the introduction of NPs, it will also be important that the working group:

- Understand the NPs' scope of practice
- Determine whether or not the community needs coincide with the NPs' scope of practice
- If so, review the literature commissioned by CNPI (www.cnpi.ca) about NP implementation and barriers and facilitators to NP integration. Also see IBM & McMaster University, *Report of the Integration of Primary Health Care Nurse Practitioners in the Province of Ontario* (revised 2005). Available at http://www.health.gov.on.ca/english/public/pub/ministry_reports/nurseprac03/nurseprac03_mn.html.
- Identify specific facilitators and barriers in the community and agency that may influence the implementation of the NP role
- Consider whether and how the barriers can be addressed

Depending on the nature of your agency and community, consider representatives from the following groups for the working group:

- Patients and families
- Advocacy groups
- Volunteer agencies
- Health-care organizations
- Current health-care team members
- Key professions (e.g., nursing, physicians, pharmacists)
- Support staff and administrators
- Educators

✓ Tip

Include a Nurse Practitioner in the Working Group

An NP in the working group can inform discussions about the fit between community needs and an NP role. If there is a fit and support for the NP role, NP involvement in the group will facilitate the process of establishing a culture of shared values and beliefs necessary to operationalize the role.

Nursing associations can address implementation issues related to role standards, competencies, licensing, education, liability, mentorship and outcomes (Dunn & Nicklin, 1995; Read, 1999).

✓ Tip

Factors to Consider When Selecting Working Group Members

- Does the individual represent a key stakeholder group?
- Can the individual invest the time and energy required?
- Can the individual work collaboratively?
- Can the individual put community interests ahead of the interests of his/her stakeholder group?
- Is the individual able to communicate stakeholder issues?

The process for defining a patient-focused model of care must include patients and families. Patients are active participants in their own health care and are experts in their needs (Bryant-Lukosius & DiCenso, 2004; Gray et al, 1995).

Do not only select members who are eager for change. Consider including representatives who are resistant to change as well, as it will be important to win these groups over to ensure long-term support for the change.

Activity 4: Work With Key Stakeholders to Determine Health-Care Needs

Once the working group is established, its role will be to summarize the community health needs and determine the health-care delivery model and health-care team configuration that will best meet current and future needs.

Key Steps

Questions for the Working Group to Consider when Analyzing Information and Identifying Community Needs ²

1. How can you best describe the community you serve, both at present and in the future? What conclusions can you draw about the region's needs and strengths from this basic information? Examples include: age categories, income levels, educational levels, employment, family structures, cultural backgrounds, service use, geography, environment and economy.
2. What five to 10 major community health needs were identified through existing data, stakeholder discussions or focus groups?
3. Are these concerns consistent with the health needs identified by the health-care team?
4. What is the context in which these needs occur, and what are the consequences of these needs going unmet? What factors contribute to these needs?
5. What additional information about these needs is required?

Critical Questions to Consider in Examining the Strengths and Weaknesses of the Current Model of Care

The reflective process begins as participants analyse the strengths and limitations of the current model of care (Smith et al, 1993; Dunn & Nicklin, 1995; Bryant-Lukosius & DiCenso, 2004) and may address some of the following questions:

1. What are the strengths of the current model of care and team configuration?
2. Does the current delivery model respond to patient volume and acuity, provider/consumer satisfaction, and changes in the quantity, distribution, or roles of health-care providers (Mitchell-DiCenso et al, 1996)?
3. How accessible are the health-care services? Are the health-care services that are needed currently available?
4. How well are the skills of the current health-care team being used? Are professionals being used to their full scope of practice?
 - For example, do you need an RN operating at full scope, or do you need someone who can also order tests, interpret results and prescribe medication—such as an NP?
5. How affordable, effective and efficient is the current health-services and human-resources model for meeting health-care needs and demands?
6. How are the context and consequences of patient/family, health-care provider, and health-care system factors contributing to patients' unmet needs?
7. What are the gaps in the current delivery model and team configuration?
8. What combination of skills and expertise is required to strengthen the health-care delivery model and team in order to better meet the community's health needs?

² Source: Manitoba Health, Community Health Needs Assessment Guidelines, <http://www.gov.mb.ca/health/rha/chnag.pdf>

 **Tip****Facilitating Dialogue**

Meetings of the Working Group should be structured and facilitated to ensure that participants fully discuss experiences, issues, needs and areas of disagreement, and to ensure that the group determines shared goals and actions for the new health-care model (Gray et al, 1995; Smith et al, 1993; Soltis-Jarrett, 1997).

The facilitator requires expert group process and transformational leadership skills, should have the support of the working group, and should be perceived as a credible individual with a commitment to the process rather than to a specific agenda (Bowling 1997).

PHASE 3: DETERMINE THE MOST APPROPRIATE SERVICE DELIVERY MODEL

Activity 1: Identify Priority Problems and Goals

By reviewing relevant data, the working group will develop an understanding of current and future community health needs.

Key Steps

The working group may consider categorizing community health needs into themes and then examining the consistency between these themes and the existing model of care. Where there are discrepancies, the working group may want to use a consensus process to prioritize the unmet needs and identify goals for addressing, in the first instance, the high-priority needs. This process will form the basis for identifying outcomes to evaluate the modified or new model of care and new roles played by the health-care team.

This might be an opportune time for the practice setting to develop or revise its mission, vision, values and team strategy, integrating information about community needs.

 **Tip****Achieving Group Consensus**

There are a number of methods for achieving consensus including:

- Group discussion (Bowling, 1997)
- Delphi technique (Dunham, R.B., (1998). The Delphi Technique. <http://instruction.bus.wisc.edu/obdemo/readings/delphi.htm>)
- Consensus panel
- Various voting methods, including anonymous, dot voting

Activity 2: Define the Model of Care and the Nurse Practitioner Role

Key Steps

At this stage in the process, the working group synthesizes the information gathered in relation to the current model of care and engages in:

- Discussions of the strengths and limitations of the current model, and identification of gaps
- Discussion about what is the most appropriate model of care
- The determination of what modifications are required to the current model of care
- Decisions about new health-care provider roles that are needed, such as the NP
- Decisions about how these new roles will address the identified gaps

These discussions should generate a number of strategies to improve the model of care. The process will be more broadly supported and strengthened because community health needs have been examined from multiple viewpoints.

Critical Questions to Consider in Examining Models for Health-Care Delivery

1. What new care practices and care delivery strategies can be employed to achieve identified goals? Is there evidence to support these changes?
2. Are changes to the current roles and responsibilities of health-care providers required to implement new care practices and care delivery strategies?
3. Is there a need for additional expertise provided by a new health-care provider role, or are there members of the current team whose expertise and scope of practice are not being fully employed?
4. What are the health human-resource requirements based on current and future community health needs? What mix of health care professionals is needed to meet current gaps and future health-care needs?
5. Do patients and the community support the current delivery model?
6. How aware is the community about new health-care models? What is the level of support for changing the current health-care model?
7. If new expertise and roles are required, would an NP role enhance the health-care team's ability to meet community health needs? How do you know this?
8. How well would an NP role "fit" within a revised model of care?
9. What are the advantages and disadvantages of an NP role compared with alternative health-care provider roles?

PHASE 4: MAKE DECISIONS

Activity 1: Decide Whether or Not to Implement a Nurse Practitioner Role

Based on analysis of the needs assessment data, decision-makers should have sufficient information to determine whether or not the NP role is appropriate to meet current and future community health needs.

Critical Questions

1. Is the NP scope of practice consistent with the community's identified health needs?
2. Will the practice of an NP contribute to the expertise of existing team members in meeting current and future health care needs?
3. How will overlapping scopes of practice between various team members be identified and discussed?
4. Will the plans for providing health-care services incorporate the full utilization of the NP role—clinical practice, education, research and professional development activities?
5. Is there adequate awareness of the NP role?
6. In principle, is there support for, and acceptance of, the role within the culture of the organization and the teams that provide care?
7. What team-building activities should be undertaken during the implementation phase if an NP is hired?
8. Are the barriers to implementation significant? If so, can they be addressed during the implementation phase?

Key Steps

If the working group plans to recommend adding an NP to the model of care delivery, they should:

- Identify enablers and barriers—in the agency and community—to the implementation of NP practice
- Assess the level of support for the NP role, and acceptance by internal and external stakeholders, and determine whether or not implementation of the NP role is feasible
- Identify the changes required in the agency for successful implementation of the NP role, and assess the likely financial impact of these changes
- Review existing collaborative practice arrangements to determine the requirements for effective collaboration among health-team members
- Identify changes to the current roles and responsibilities of other health-care providers that will be required in order to implement the NP role, as well as the potential ramifications of these changes

✓ Tip

Tips for Introducing the NP Role

Formally communicate about the NP role to individuals and agencies affected by it rather than letting them hear of it through the “grapevine.”

When Making Changes, Address the Actual Health-Care Need: Case Example

In a limited assessment of the needs of adolescent mothers, lack of information about child care has been identified as a priority problem. Implementing only one strategy, such as mounting a child nutrition education series, will have a limited impact on the health of children of adolescent mothers. Instead, a comprehensive needs assessment may indicate that, in addition to information about child nutrition, the expertise of an NP could be utilized to provide a broad-based education series for young mothers, focusing on issues such as child development, immunization, safety and parenting.

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Part II: NP Implementation Framework: Implementing the Nurse Practitioner Role in the Practice Setting

Part II of this Toolkit focuses on strategies to guide the implementation of the NP role in the practice setting. It assumes that the need for the role has already been determined.

The other parts of the Toolkit are:

Part I: Assessing the Need for Nurse Practitioners in the Practice Setting

Part III: Evaluating the Implementation of the Nurse Practitioner Role

Part I outlines steps for assessing current and future community health needs and determining the appropriate health-care delivery model to meet these needs. This process includes an assessment of the potential role an NP might play in addressing gaps and/or weaknesses in the current health-care delivery model and an assessment of the readiness and capacity of the agency to implement an NP role, if appropriate.

Part III outlines a framework for evaluating the NP implementation process and associated outcomes.

OVERVIEW OF PART II

Part II outlines three phases comprised of five steps for implementing the NP role and for ensuring the long-term sustainability of the role.

Implementation activities have been divided into three areas. The three phases focus on preparing for implementation, engaging in implementation, and sustaining implementation. Activities associated with preparing for and implementing the NP role are essential for initiating and establishing the NP presence and role integration in the agency. Activities associated with sustaining the role are necessary for retention and role evolution in the agency. All three types of activities should be considered during the planning stage to ensure successful implementation of the role over the long term.

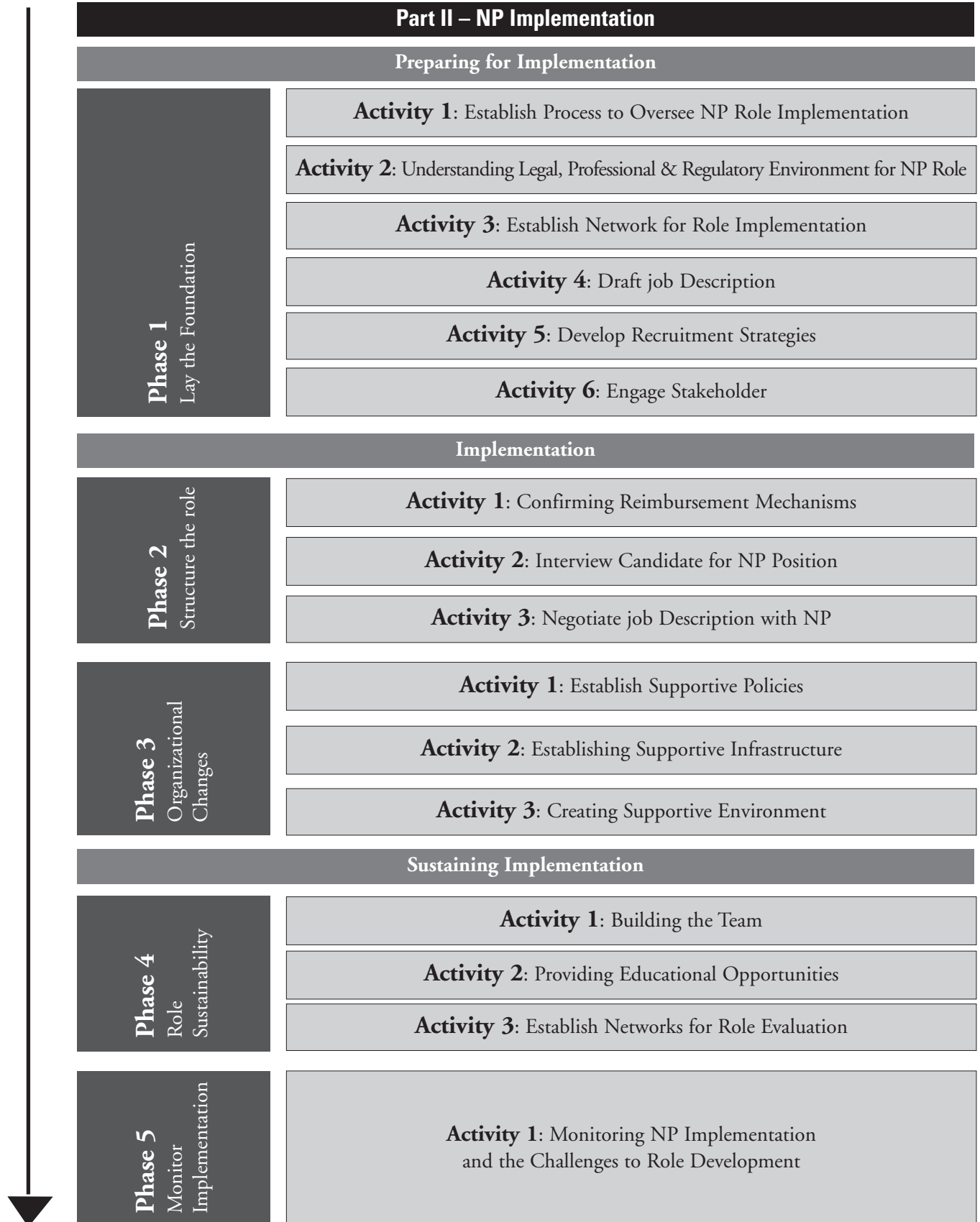
Not all the activities may be relevant or necessary in all agencies. This needs to be decided on a *case-by-case basis in light of organizational and community-based circumstances*. However, it is important as an initial step to establish a supportive environment before actually attempting the initiation of the role.

Suppose you have decided to implement an NP role. Before proceeding, have you considered and addressed the following critical questions?

- Do you have administrative support for the NP role?
- Have you reviewed, and do you understand, the legal, professional and regulatory guidelines and standards in relation to the NP role?
- What recruitment strategies should you employ?
- Do you understand the role expectations that will increase team effectiveness and improve patient/community outcomes?
- Do key stakeholders understand what the new NP role will be?
- Is the team ready to accept and work with the NP?
- Are external providers willing to accept the new role and work with the NP?
- Are patients aware of the role of the NP, and are they willing to see the NP?
- Is there a general understanding among stakeholders that an NP provides care via the three designated acts, which are: diagnosing; ordering and interpreting diagnostic tests; and prescribing?

If you do not know the answer to these questions, we recommend you undertake all or some of the steps described in the following table (Part II—NP Implementation):

Overview of Part II: Structure



Toolkit Checklist: Key Steps in Implementing NP Role

The following checklist is provided as a quick reference guide to the recommended key steps to support NP implementation and long-term integration and sustainability of the role. Part II of the Toolkit is laid out in three phases with supporting steps and activities. The checklist below allows the reader to assess whether or not the step or activity has been completed, and includes the reference page where more information can be found.

PREPARING FOR IMPLEMENTATION			
Toolkit Component: Part II	Has Step/Activity Been Completed?		Page on Which Detailed Description Found
Phase 1: Lay the Foundation	YES	NO	28
ACTIVITY 1: ESTABLISH PROCESSES TO OVERSEE NP ROLE IMPLEMENTATION	YES	NO	28
ACTIVITY 2: UNDERSTAND LEGAL, PROFESSIONAL & REGULATORY ENVIRONMENT FOR THE NP ROLE	YES	NO	29
ACTIVITY 3: ESTABLISH NETWORKS FOR ROLE IMPLEMENTATION	YES	NO	31
ACTIVITY 4: DRAFT JOB DESCRIPTION	YES	NO	32
ACTIVITY 5: DEVELOP RECRUITMENT STRATEGIES	YES	NO	36
ACTIVITY 6: ENGAGE STAKEHOLDERS	YES	NO	37

PREPARING FOR IMPLEMENTATION

Toolkit Component: Part II	Has Step/Activity Been Completed?		Page on Which Detailed Description Found
Phase 2: Structure the Role	YES	NO	38
ACTIVITY 1: CONFIRM REIMBURSEMENT MECHANISMS	YES	NO	38
ACTIVITY 2: INTERVIEW CANDIDATES FOR NP POSITION	YES	NO	39
ACTIVITY 3: NEGOTIATE JOB DESCRIPTION WITH NP	YES	NO	40
Phase 3: Make Organizational Changes	YES	NO	41
ACTIVITY 1: ESTABLISH SUPPORTIVE POLICIES	YES	NO	41
ACTIVITY 2: ESTABLISH SUPPORTIVE INFRASTRUCTURE	YES	NO	42
ACTIVITY 3: CREATE SUPPORTIVE ENVIRONMENT	YES	NO	44

SUSTAINING IMPLEMENTATION

Phase 4: Sustain Role	YES	NO	46
ACTIVITY 1: BUILD THE TEAM	YES	NO	46
ACTIVITY 2: PROVIDE EDUCATIONAL OPPORTUNITIES	YES	NO	48
ACTIVITY 3: ESTABLISH NETWORKS FOR ROLE EVOLUTION	YES	NO	49
Phase 5: Monitor Implementation	YES	NO	50
ACTIVITY 1: MONITORING NP IMPLEMENTATION AND THE CHALLENGES TO ROLE DEVELOPMENT	YES	NO	50

PREPARING FOR IMPLEMENTATION

A logic model is a planning tool that can be used to guide the implementation of an NP role and that connects the implementation-related activities to the expected outcomes.

LOGIC MODEL

What is a logic model?

A logic model identifies the linkages between the activities required to implement a policy, program or initiative (e.g., the NP role) and the achievement of the initiative-related, specific, measurable outcomes (Treasury Board of Canada, 2001). Typically a logic model is a one-page graphical representation depicting relationships between the goal of the initiative, the associated resources, the activities required to implement it, the outputs that result directly from completing the activities, and the anticipated outcomes or consequences that the policy, program, or initiative is intended to influence.

It is at once a planning, monitoring and evaluation tool which diagrammatically identifies (Treasury Board of Canada, 2001):

- The goal of the program/initiative (objective)
- The human, material or financial resources required to implement the program/initiative (input)
- The actions required to implement the program/initiative (activities)
- The indicators that demonstrate that the expected activities occurred (outputs)
- The significant consequences attributed to the program/initiative; these can be described as immediate, intermediate, or final; direct or indirect; and intended or unintended (outcomes)

As such, a logic model serves as a “roadmap” clarifying linkages between inputs, activities, outputs, and expected outcomes.

LOGIC MODEL FOR NURSE PRACTITIONER ROLE IMPLEMENTATION

The logic model on the following page identifies the activities that should be carried out to support successful and sustainable NP role implementation in primary health-care settings. The logic model also identifies the potential outcomes of successful NP implementation.

Please click to view large graphic of

**LOGIC MODEL FOR PAN-CANADIAN INTEGRATION OF NURSE PRACTITIONER INTO
THE HEALTH CARE SYSTEM**

**LOGIC MODEL FOR PRIMARY HEALTH CARE NURSE PRACTITIONER INTEGRATION AND
IMPLEMENTATION AT THE AGENCY LEVEL**

DEFINING THE COMPONENTS OF A LOGIC MODEL

The following components and definitions were used as guideposts in the development of the logic model (Treasury Board of Canada Secretariat, 1993, 2001 & 2005):

Inputs—What are the human, material or financial resources required to carry out the activities, produce outputs and/or accomplish results?

Activities—What are the key actions that must be undertaken to support NP implementation that will contribute to the achievement of the outcomes?

Outputs—What are the indicators that the key activities have been undertaken? Outputs provide evidence that the activity did occur.

Outcomes

Immediate Outcomes (Direct Outcomes)—What short-term consequences are expected from the NP implementation activities and outputs?

Intermediate Outcomes (e.g., two to five years)—What are the next links in the chain of outcomes that occur, flowing from the activities and outputs and occurring after the immediate outcomes have been achieved? These outcomes could be considered medium-term.

Final Outcomes (e.g., over five years)—What are the final outcomes associated with NP integration and/or implementation? The final outcomes demonstrate why the activities were undertaken. These are generally outcomes that take a longer time to be realized and are subject to influences beyond the NP role or initiative itself.

Contextual Factors—are also included to acknowledge the effect of external influences (e.g., social, cultural, political, economic determinants) on the outcomes.

PHASE 1: LAY THE FOUNDATION

Activity 1: Establish A Process To Oversee Role Implementation

Key Steps

A number of activities need to be completed to successfully implement an NP role. To accomplish them efficiently, it is advisable that a structure be put in place to oversee the implementation process (Reay et al, 2003). Consider the following suggestions:

- Assign responsibility for NP implementation to an individual or working group (henceforward referred to as the NP Implementation Management Working Group)
- Ensure that the individual or working group has access to information about the practice setting (e.g., mission statement and strategic plan, needs of the patient population and community, administrative structure and style) and about organizational change and team-building
- Discuss with the individual or working group key considerations for guiding decisions on implementation that will allow for role evolution in keeping with the organization's structure and management style
- If appropriate, ensure that boards, medical advisory committees, regional health authorities or other committees/councils affiliated with your practice setting are informed about the plans to implement an NP role

KEY CONSIDERATIONS

- Consider an inter-disciplinary working group if you are staffing multiple NP positions
- Assign the responsibility to one individual if your organization is planning to incorporate one NP at this time
- Ensure that protected time is available for the working group to meet to discuss progress with NP role implementation, integration and potential barriers to role sustainability

Additional Reference Tools/Helpful Documents

Reay, T., Golden-Biddle, K. and GermAnn, K., *Challenges and Leadership Strategies for Managers of Nurse Practitioners. Journal of Nursing Management.* 2003 Nov; 11(6):396-403.

http://www.vch.ca/professionals/docs/phcn/challenges_leadership_strategies.pdf

Activity 2: Understand the Legal, Professional and Regulatory Environment for the NP Role

Critical Questions

1. Have you ensured that the vision for the NP role in your practice setting is consistent with federal and provincial/territorial regulations and guidelines?
2. Have you considered any union issues that may influence the implementation of the role?
3. Do all members of the health-care team have liability protection?
4. Are members of the health-care team aware of the additional authorities (e.g., diagnosing, ordering and interpreting diagnostic tests and prescribing) that the NP is authorized to perform?
5. How is clinical competency monitored in your practice setting?

Key Steps

The individual or working group should:

- **Collect information on professional, legal and regulatory guidelines and standards for the NP role by:**
 - examining federal and provincial/territorial regulations and guidelines related to NP practice
 - consulting regulatory and professional nursing bodies for educational requirements, licensing requirements, standards of practice and guidelines for collaboration, supervision and independent practice
 - consulting practice-setting lawyer and liability insurers about the implications of NP role implementation
 - if the NP position is to be unionized, consulting with the union to identify any issues that may influence the implementation of the role
 - consulting with referral agencies and organizations to whom the NP will relate to identify issues that may influence role implementation
 - examining the practice setting's capacity to ensure compliance with professional and regulatory standards. Examples include:
 - Availability of a peer review process and quality assurance program to ensure periodic assessments of clinical competency
 - Development of a policy and procedures committee
- Ensure a mechanism is in place to obtain updates on guidelines and standards
- Develop a plan to disseminate information about regulations, guidelines and standards as required throughout the implementation process to: the interview team, team members, individuals involved in developing policies and procedures, staff and patients in the practice setting and community, as well as key stakeholders in community services, such as pharmacists, laboratory and diagnostic services, and social services

✘ Potential Pitfall

Envisioned NP role does not meet the federal and provincial/territorial regulatory and professional standards.

Additional Reference Tools/Helpful Documents

In March 2005, the Canadian Nurses Protective Society (CNPS) and Canadian Medical Protective Association (CMPA) issued a Joint Statement on Liability Protection for Nurse Practitioners and Physicians in Collaborative Practice. For a detailed summary, see: http://www.cnps.ca/joint_statement/English_CMPA_CNPS_joint_stmt.pdf.

Also in 2005, Health Canada released a report that provides definitions of collaboration and collaborative patient-centred practice as well as a context for interprofessional education to encourage collaborative patient-centred care. See Health Canada, Interprofessional Education For Collaborative, Patient-Centred Practice. Research Synthesis Paper. (2005). http://www.hc-sc.gc.ca/hcs-sss/hhr_rhs/strateg/interprof/synth_e.html.

Activity 3: Establish Networks for Role Implementation

Critical Question

1. Have you considered any other external sources of information that would help you with NP implementation decisions?

Key Steps

The individual or working group should:

- **Identify and link with agencies that have experience with or knowledge about NP implementation by:**
 - consulting with other agencies that have implemented the role to determine best practices and lessons learned
 - linking to professional associations to learn their policies about working with NPs (medical, pharmacy, respiratory therapy, occupational therapy, physical therapy, etc.)
 - linking to any agency or institution in the community that will be considered an actual or potential collaborator with the NP
 - linking to community groups, public health units, long-term care agencies and governments
 - connecting with NP educators and researchers in universities and colleges regarding NP implementation issues
- **Identify and link with agencies that the NP will be expected to work with, including**
 - agencies or institutions in the community that may collaborate with the NP
 - local hospitals if referral to these institutions is part of the NP role
- **Disseminate information about the NP role as required throughout the implementation process**
 - develop a communications plan about the NP role targeted:
 - internally to providers, staff and patients within the practice setting
 - externally to key stakeholders in community services such as pharmacists, laboratory and diagnostic services, and social services (and to the public)
- **Ensure a mechanism is in place to provide regular updates to those involved in the implementation process**

Activity 4: Draft the Job Description

Role clarity is essential for successful integration and sustainability of the NP role.

Critical Questions

1. Is each team member working to his or her full scope of practice?
2. Has the team agreed on the necessary knowledge and skills needed to meet existing and future patient and community needs?
3. Will the relationship between the NP and physician be collaborative or consultative?
4. Will the focus of NP practice be condition-based, population-based, or scope-based?
5. Does the NP role fit with the current model of care and strategic plan?
6. Are the NP role expectations realistic and achievable?
7. Is there an understanding of the legal, professional and regulatory guidelines and standards for the NP role?
8. Has an NP had input into the job description?

Determine the Practice Models

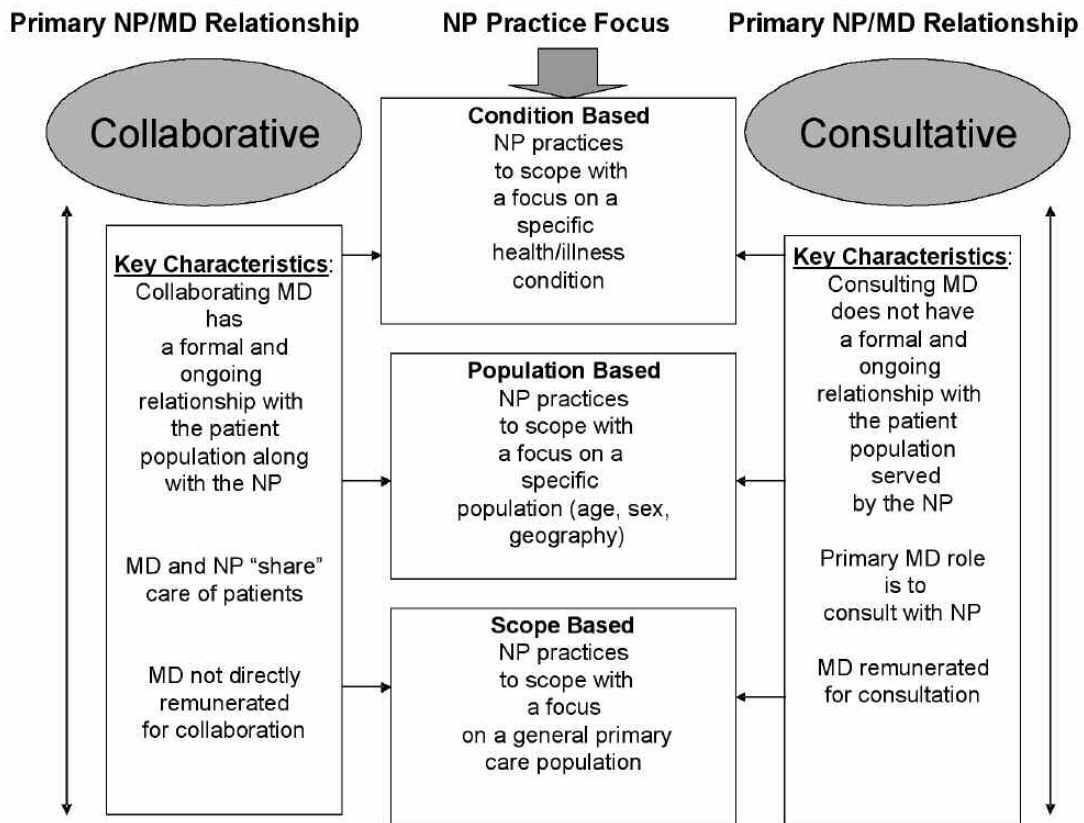
Several practice models have been identified in the literature reviews completed by the CNPI (www.cnpi.ca). Consistent in all of these practice models is a discussion about the relationship between the NP and the physician, including the need to clarify the collaborative and consultative role and the focus of the practice.

There are two main types of NP-physician working relationships: collaborative and consultative. Within either type of relationship, the focus of the NP practice can be condition-based, population-based or scope-based. Thus, there are six possible practice models:

- Collaborative or Consultative—Condition-based
- Collaborative or Consultative—Population-based
- Collaborative or Consultative—Scope-based

The following diagram clarifies these concepts.

OVERVIEW OF PRACTICE MODEL FRAMEWORK



Source: IBM & McMaster University (2005, revised). *Report of the Integration of Primary Health Care Nurse Practitioners in the Province of Ontario*. Retrieved from http://www.health.gov.on.ca/english/public/pub/ministry_reports/nurseprac03/nurseprac03_mn.html.

Collaborative Approach

In collaborative practice, the NP and physician work together in a joint effort to deliver patient care. They participate in joint decision-making while respecting each other's unique qualities and abilities. A collaborative approach is based on establishing a collegial relationship that evolves over time based on experience.

Consultative Approach

In the consultative model, the NP calls on the physician when required, but the physician does not have an established or ongoing relationship with the patient population. His or her primary relationship is with the NP. In consultative practice models, the physician is compensated for providing advice.

NP Practice Focus

- 1) With a **condition-based focus**, the NP practice is primarily based on a specific patient condition—for example, practices where NPs see patients who require chronic disease management or have specific health problems (e.g., diabetes, mental health issues).
- 2) With a **population-based focus**, the NP practice is primarily based on a specific type of patient population or geographic area—for example, practices where NPs only see teenagers, children, the elderly, marginalized people or First Nations people.
- 3) With a **scope-based focus**, the NP primarily sees a broad-based primary care patient population, and consults or collaborates with the physician mainly with respect to issues beyond the NP's scope.

Key Steps

The individual or working group responsible for overseeing NP implementation can facilitate sessions or interviews to define the NP's role expectations, or they can appoint a team member or another employee within the agency who has expertise in role development to gather this information.

The individual or working group should:

- **Collect information on team members' scopes of practice, the NP's suggested scope of practice, health-care services, access issues, and legal accountability concerns.**
Related tasks include:
 - encouraging discussion about existing team members' scope of practice, suggested role expectations for the NP, and how these expectations affect the roles of the existing team
 - using the Practice Model Framework described above, defining the NP role in light of the legal, professional and regulatory guidelines and standards; determine the extent of independence with which the NP can function and the extent of consultation required
 - considering the suggested NP roles in light of the knowledge, skills and scope of practice that guide NP educational programs discussing organizational changes that will occur in the practice setting with the introduction of the NP role
 - discussing the team's readiness and willingness to accept the NP role and encouraging the team to:
 - discuss role expectations of the NP within the context of the legal, professional and regulatory guidelines and standards, and needs of the team and patients
 - identify special considerations for role expectations and guidelines for independent and consultative practice when hiring NPs as independent contractors
 - discuss acceptable boundaries to the NP's practice for diagnosing, prescribing and ordering tests within the practice setting's policies and procedures
 - identify role expectations related to the dimensions of advanced practice nursing—clinical practice, leadership, education and research
 - develop a strategy for how patients will be assigned to the NP to ensure the new NP services are accessible to them

- **Prepare the NP job description by:**
 - incorporating the information described above into a written job description
 - reviewing the draft job description with practicing NPs from other practice settings to obtain their reactions and suggestions

✘ Potential Pitfall

Job description does not reflect the desired NP knowledge, skills and abilities, and fails to consider overlap with other team members' roles.

Activity 5: Develop Recruitment Strategies

Critical Question

1. Are your current recruitment strategies and resources appropriate for obtaining a sufficient pool of NP applicants?

Key Steps

The individual or working group should:

- **Finalize the job description by:**
 - using feedback from team members and community stakeholders to ensure that the job description reflects community needs and an appropriate level of knowledge and skill for the desired services; for example, based on the desired services, is it important to recruit an experienced rather than a newly trained NP?
 - obtaining approval for the job description from the practice setting and/or from external employers (e.g., government, regional health authority, community council) as required in your jurisdiction
- **Include HHR planners and key stakeholders (physicians, nurses, NP) in NP recruitment plan**
- **Determine the advertising strategies and required financial resources to ensure an appropriate pool of NP applicants by:**
 - considering what advertising strategies are appropriate for obtaining a sufficient number of suitable NP applicants
 - considering financial and other implications of alternative recruitment strategies—for example, hiring a recruitment consultant

✘ Potential Pitfall

Recruitment plans do not reflect the desired NP knowledge and skills, and fails to consider any duplication with other health-care providers' roles.

Activity 6: Engage Stakeholders

A number of attitudinal issues have been identified as barriers to NP implementation. Stakeholders who are invited to participate early in the process can have an opportunity to express concerns and shape the role.

Critical Questions

1. Do your engagement strategies allow for honest expression of views about the NP role?
2. Is there a strategy in place to consider feedback?

Key Steps

The individual or working group should:

- Engage stakeholders in the process by:
 - inviting them to voice their concerns about NP integration into the practice setting (e.g., specialist physicians may refuse to take referrals from NPs), and to identify the benefits of NP integration
 - developing an engagement strategy to address the concerns as fully as possible and to facilitate NP integration into the social network of the practice setting and community
 - considering the systematic distribution of information about the NP's scope of practice to health team members and community partners
 - developing a communication strategy to inform stakeholders about any changes to the NP role in the practice setting and its potential impact on them; for example, referrals or prescriptions, expected changes or improvements to services offered, or effect on team functioning
 - monitoring the level of understanding about the NP role and commitment to implementing the role
 - addressing stakeholder concerns and incorporating feedback into decisions for implementing change

KEY CONSIDERATIONS

- The engagement strategy can include the provision of information on the job description that has been developed to date as well as the plan for implementation. Other topics for discussion can include the NP's contribution to services, changes in the delivery of services, the NP role's fit with the agency's strategic plan, how to gain access to the NP and for what purpose, consultation guidelines, professional standards and legal implications
- Use lessons learned from other jurisdictions and organizations where the NP role has been introduced when developing engagement strategies for the community and practice setting
- The communications strategy needs to be multi-pronged, focusing at this stage on gauging stakeholder understanding and acceptance, and addressing misconceptions and concerns

IMPLEMENTATION

During the implementation phase, activities focus on hiring the NP, finalizing the job description, and creating a supportive environment to facilitate implementation of the NP role.

PHASE 2: STRUCTURE THE ROLE

Activity 1: Confirm Reimbursement Mechanisms

Key Steps

The individual or working group should:

- **Ensure allocation of funding for the NP salary and for supports required to implement the role by:**
 - confirming reimbursement mechanisms and practice arrangements (for example, salary and benefits, vacation, overhead expenses, space, equipment, travel expenses, medical supplies and administrative staff to support the work of the NP, capital replacement costs, educational materials, information technology and decision supports, on-call reimbursements, access to peer supports, etc.)
 - developing a process for ensuring that appropriate resources and funding are allocated to the NP role
 - developing incentives for NPs working in remote areas
 - investigating alternative funding mechanisms for different practice arrangements (e.g., independent practice or contracts)
- **Consider whether or not physicians require compensation for time spent consulting with the NP**

KEY CONSIDERATIONS

- Be informed about the provincial/territorial medical association's position on reimbursement of physicians working with NPs
- Address the perceived negative financial impact on physicians and other health professionals
- Be informed about provincial standards for remuneration

Activity 2: Interview Candidates for NP Position

Key Steps

The individual or working group should:

- **Determine the interviewing process by:**
 - considering whether the interview will be conducted by one person, such as the agency manager, or by a number of individuals, including health-care team members and community stakeholders associated with the practice setting. If the interview involves more than one interviewer, determine whether these individuals will interview the candidate as a group or individually

The interviewer(s) and the NP should explore the following:

- **Clinical expectations, such as:**
 - the NP's anticipated role and the fit with NP skill and competency sets and their appropriateness to the setting. It is important to describe the patient care roles expected (e.g., health promotion, management of chronic diseases) and to describe the patient population (e.g., diversity, ethnicity, refugees, new immigrants)
 - education and appropriate licensing of the NP as it applies to your jurisdiction
 - anticipated independent, collaborative, and consultative role expectations and the NP's knowledge of the professional, legal and regulatory guidelines and standards that govern the parameters of the role
 - the anticipated role of the NP in disaster planning, surveillance and screening within the community if appropriate (identify whether or not the NP has the necessary knowledge and skills)
 - the realistic current and future role demands of the NP and other health-care team members (e.g., expected patient numbers, community visits, educational initiatives)
 - the process for the NP to re-negotiate the role to be responsive to the needs of the population and agency
 - information obtained from agency liability insurers and legal counsel regarding the NP's scope of practice
 - agency liability policies
 - NP liability protection through professional nursing or other organizations to which he or she may belong
 - reporting and accountability arrangements for the NP
 - time allocated for consultation with physician if required
 - the availability of a support network or mentor (administrator, nurse, manager) to discuss concerns

- **Other role expectations including education, research and leadership:**
 - the gradual implementation of different role functions (practitioner, educator, researcher, and professional leadership) to ensure competency at each stage of role development
 - opportunities, such as links to a university through clinical appointments, that allow for teaching students, or for representing the agency on community boards or councils
 - protected time for other role expectations, such as mentoring NP students and participating in research projects
- **Access to patients:**
 - process for how patients are assigned to ensure client accessibility to new NP services
 - time allocation to specific priority needs that respond to agency/population needs
 - strategy for locum relief if appropriate to the setting
 - on-call and home visiting responsibilities if applicable
- **Continuing education:**
 - specific continuing education requirements (funding, time allocation, number of hours/credits required etc.)
 - NP's plan for life-long learning and professional development
- **General terms of agreement:**
 - terms of agreement (length of contract, vacation, termination provisions)
 - benefit package
 - the agency's responsibility for funding NP role and reimbursement mechanisms (see Phase 2, Activity 1: Confirming Reimbursement Mechanisms)
 - the process by which resources are allocated to NP
 - any modifications to the job description based on the agency's needs and the NP's expectations of role responsibilities of self and other team members
- **Agreement on expected outcomes from role implementation:**
 - the NP and other members of the team should discuss expected outcomes from the introduction of the NP role. These expected outcomes should be incorporated into the NP Implementation Evaluation Plan (see Part III of Toolkit)

Activity 3: Negotiate Job Description with the NP

Key Steps

Critical Questions

1. Have all the legal, financial and professional issues been considered in the negotiation of the role?
2. Is the NP aware of the policies and procedures, the agency's expectations for ethical and professional practice, and reporting structure?
3. Does the NP have the knowledge, skills and attributes to perform the role responsibilities?
4. Has there been a negotiated timeline established to introduce the different role expectations?
5. Are the role expectations realistic and achievable?

NOTE: Once the NP is hired, make any agreed-upon changes to the job description.

✘ Potential Pitfall

- There is no strategy to prioritize role expectations appropriate to specific stages of role development. (The different role expectations in practice, education, research, leadership and professional development should be implemented gradually to ensure competency at each stage of role development.)
- There is no commitment to the NP role as an advanced practice nursing role.
- The NP does not have the appropriate education and competency requirements to meet the role expectations.

✔ Tip

- Ensure there is a process in place to address role expectations that fall outside the legislated scope of practice of the NP.
- Topics for discussion should include how the NP's practice will focus on specific patient conditions, types of patient populations, range of services for acute and chronic illnesses, health promotion and disease prevention, and guidelines for referral.
- Ensure there is a process in place for communicating changes in role expectations and reporting arrangements.

PHASE 3: MAKE ORGANIZATIONAL CHANGES

Activity 1: Establish Supportive Policies

Critical Question

1. Is the organization committed to developing the necessary policies and procedures to support the NP's practice?

Key Steps

The individual or working group should:

- **Develop role protocols/guidelines and policies that are congruent with the legal, professional and regulatory guidelines and standards by:**
 - supporting the ability of the NP to prescribe and dispense drugs, including controlled substances, that meet provincial/territorial and federal standards and legislative requirements
 - allowing NPs to order appropriate screening and diagnostic investigations, including diagnosing diseases, disorders and conditions in conformity with professional and provincial/territorial regulatory standards
 - supporting NP consultation and collaboration with physicians, other health-care professionals and social-services providers
 - supporting NP referrals to specialist physicians, other health-care professionals and social-services providers
 - reflecting the full utilization of the advanced practice nursing role, including health promotion and health education, disease and injury prevention, curative and supportive care, research, leadership, education, and professional development
- **Develop an evaluation plan by:**
 - identifying key activities and expected outcomes from NP role implementation and integration, including key evaluation questions and performance measures/indicators that can be used to guide data collection (note: refer to Part III of the Toolkit for more guidance on developing an evaluation framework)
 - monitoring NP implementation to ensure that expected outcomes are tracked and assessed over time and that required adjustments are made in a timely manner

The NP should:

- Monitor any changes in professional, legal and regulatory guidelines and standards and communicate them to appropriate individuals in the agency or community

KEY CONSIDERATIONS

- Ensure that the role protocols and policies reflect the professional code of ethics and/or provincial/territorial ethical guidelines
- Ensure that role protocols and policies make full use of the NP scope of practice to address the community's health needs

Tips:

- Informal or formal access protocols should be developed on the principle of “most appropriate provider with expertise needed to provide service.”
- Develop a strategy to report restrictions in legislation and regulation that unnecessarily limit the NP role to nursing associations and government offices.
- Ensure that the NP role reflects advanced practice nursing which includes role responsibilities in the following domains: practice, education, research, leadership, and professional development.
- Implement independent, collaborative and consultative roles consistent with agency policy and legislative and professional standards.

Activity 2: Establish Supportive Infrastructure

Critical Questions

1. How will you ensure that the NP is visible within the organization?
2. Have you thought about what supports the NP will need to fulfill her/his role?
3. Is there easy access to evidence-based resources to guide practice?

Key Steps

The individual or working group should:

- **Ensure appropriate space**
- **Plan for office and clinical space that allows the NP to implement her/his role adequately and efficiently**
- **Ensure appropriate technology by:**
 - ensuring computer access to evidence-based resources to support clinical practice
 - ensuring that the NP designation is incorporated in electronic charts or documentation systems in the agency and community
 - exploring the use of technology for the transfer of information among team members and community agencies
 - ensuring access to federal and provincial/territorial information systems for submitting documented patient care information
- **Ensure appropriate resources by:**
 - providing equipment and full clerical support (appointment keeping, filing, faxing, preparation of clinic rooms etc.)

KEY CONSIDERATIONS

- Make use of professional associations and university library services to identify electronic links to evidence-based resources
- Establish quick electronic links to sites providing evidence about common clinical problems and clinical practice guidelines
- Develop a protocol to update links to evidence-based resources
- Train providers in the use of these links

Potential Pitfall

No budget to ensure sufficient available resources for the NP to remain up-to-date with practice developments

Activity 3: Create a Supportive Environment

Key Steps

Critical Questions

1. How will the NP be introduced to the health-care team, patients and key stakeholders?
2. Will the NP and other health-care team members be included in the development of a shared philosophy and goals for the practice setting?
3. Has there been sufficient orientation of the health-care team to the NP role?
4. Are there resources for increasing awareness of the NP role in the agency and community?

The individual or working group should:

- **Establish formal orientation supports by:**
 - developing an orientation plan
 - realizing that mentoring relationships can be critical to the development of confidence among novice NPs and contribute to successful integration and retention
 - identifying a mentor for the NP (the mentor could be a physician, NP, pharmacist or other member of the health-care team)
 - developing in-house education programs
- **Develop an agency statement on how the NP could meet community needs**
- **Educate the public to ensure a more informed understanding of the potential role of the NP by:**
 - conducting formal or informal patient-education initiatives on the NP role (include information on professional standards, role expectations, different settings that make use of NPs, documented patient outcomes and patient satisfaction)
 - developing formal or informal community education initiatives that focus on key stakeholders, such as pharmacists, etc.
- **Collect information during educational initiatives or informal discussions with patients and key stakeholders on acceptance, potential role expectations and barriers by:**
 - determining the acceptance of the NP role by patients and community partners and addressing any concerns during educational initiatives, informal discussions or clinic visits (some of this information may have been collected through previous consultations or a formal needs assessment)
 - exploring patients' and community partners' understandings of how the NP can contribute to services (include elders, natural healers, complementary/alternative providers, etc.)
 - developing realistic and achievable role expectations for the NP based on community perceptions about how the NP can contribute
 - identifying potential barriers to diagnosing, prescribing, ordering and interpreting tests, referrals to other primary health care or specialist physicians or admitting patients to community hospitals
 - identifying any additional resources required in the community, especially for remote areas, to increase the NP's ability to collaborate with providers outside the community
 - determining if there is limited access to diagnostic services, especially in remote areas
 - discussing any concerns about the NP's legal accountability

NOTE: The information collected at this point can form valuable baseline data for evaluating the results of NP implementation.

- **Encourage community stakeholders to discuss acceptable boundaries** to the NP's practice for diagnosing, prescribing and ordering tests (e.g., pharmacists and directors of diagnostic services in the community)
- **Develop a plan to overcome barriers** to the full utilization of the role in the agency and community within the context of the strategic plan of the agency

The NP should:

- **Establish an engagement/marketing strategy by:**
 - providing a formal orientation to the team on role expectations, NP availability, reporting arrangements, legal requirements and professional standards, and collaborative, consultative and independent practice guidelines
 - discussing reporting arrangements within the team
 - discussing the physician's availability with the physician, and expectations for collaborative practice
 - discussing access to web pages or printed material to communicate about NP role
 - discussing opportunities to customize service to clients according to NP expertise
 - collaborating with the health-care team to develop a marketing strategy to increase patient awareness of the role through:
 - agreement on methods of communication (e.g., verbal, print)
 - formal and informal presentations to patients and community stakeholders about the NP role and collaborative relationships
 - participation on committees in the agency as well as in community events and health promotion activities to raise the profile of NP services and how to gain access to them
 - education of advocates, such as clients, to communicate to others about the NP role and how to gain access to it

Potential Pitfall

- Key stakeholders do not support or know about NP roles.
- Administrators and supporters of the role believe that resistance to the role will dissipate once the NP role is implemented.
- NPs do not have training for talking with the media, community groups and key stakeholder representatives

Tip

- Conduct informal discussions, interviews, focus groups or surveys with stakeholders to determine the extent of understanding and acceptance of the NP role, if information was not obtained through a needs assessment.
- Identify any resistance to the NP from outside agencies (e.g., other service providers) or patients, and respond to concerns.
- Introduce the NP by letter or meeting to all those who will be important to the role implementation (e.g., pharmacies, local diagnostic services, ambulatory clinics in hospitals and local consultants).
- Educate the NP about how to talk to the media, community groups and stakeholder representatives.
- Create forums and channels for ongoing communication of role.

SUSTAINING IMPLEMENTATION

This section of the Toolkit identifies activities that will help sustain the NP role in the practice setting. You will find information on building a healthy collaborative work environment, providing educational and networking opportunities, monitoring the implementation process and responding to role development challenges.

PHASE 4: SUSTAIN ROLE

Activity 1: Build the Team

Critical Questions

1. How will the importance of collaboration among members of the health team be emphasized?
2. How will the NP be integrated into the team?
3. What type of team-building activities should you undertake?

Key Steps

Team members, including the physician and NP, should:

- **Establish a shared understanding and approach to effective team functioning by:**
 - assessing the group dynamics of the health-care team
 - identifying any strengths and barriers to effective team functioning (e.g., communication, respect, flexibility and conflict resolution)
 - developing strategies to address any concerns that may hinder collaboration, such as lack of trust, mutual respect and open dialogue; concerns about competency to practice; provincial/territorial control issues; undesirable attitudes and behaviours among health-care team members; lack of clarity about health-care provider roles
 - developing a communication structure for the sharing of decisions and responsibilities for meeting patient care needs
 - having regular discussions about any adjustments required to support collaborative or consultative arrangements
 - organizing workshops and ongoing team conferences to discuss collaborative and shared practices
- **Establish a shared understanding and approach to patient care by:**
 - developing a shared philosophy and goals for the team's approach to meeting patient care needs
 - discussing the scope of practice and role expectations of team members regularly
 - ensuring full utilization of the scope of practice of all team members, including the NP
 - promoting the acceptance of overlapping role expectations among team members
 - developing a plan for administrators and the community to address access issues that make full utilization of the NP's and other team members' scopes of practice in the context of a collaborative and/or consultative practice model
 - reviewing the independent, collaborative and consultative role responsibilities of the NP within the policy of the agency and within legislative and professional guidelines and standards as patient care needs change

The NP should:

- **Maintain networks by:**
 - building time into work schedules for regular meetings with team members and external service providers in order to maintain contact, develop relationships, discuss expectations, identify problems and formulate plans to meet role expectations (discuss this with the NP during the negotiating stage)
 - ensuring ongoing communication with team members about the NP's roles and responsibilities (this promotes role clarity) and impact on other health-care team members' roles (this decreases role confusion)
 - creating opportunities for ongoing communication about the NP role with patients (explaining the services of NPs to clients, and informing clients of the team approach to care through discussions at the time of bookings, during visits or through letters)

KEY CONSIDERATIONS

- Administrators should support the team philosophy
- Administrators can foster credibility and support for the NP role by providing public recognition and support for the role
- The NP should be integrated into the team as an equal partner, functioning in collegial relationships with nurses, MDs, pharmacists and all members of the health-care team

Potential Pitfall

The inability to foster partnerships among health-care team members and with other providers will be a major barrier to NP role integration.

Additional Reference Tools/Helpful Documents

Health Canada. *Interprofessional Education For Collaborative, Patient-Centred Practice. Research Synthesis Paper.* (2005). http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/synth_e.html

Activity 2: Provide Educational Opportunities

Critical Questions

1. Do you plan to make resources available within the budget to support the continuing education and professional development of the NP?
2. Can time be allocated in the busy schedules of individuals to act as supports or mentors to the NP? Is mentorship required? Are people willing to take on mentorship roles? Have appropriate measures to support a mentoring program been developed?

Key Steps

Continuing education is essential to support the life-long learning necessary for current, competent care in the dynamic environment of health-care delivery.

The individual or working group should:

- **Ensure initial and ongoing educational supports by:**
 - ensuring a budget to support professional and inter-professional continuing education of the health-care team, including the NP, based on their learning needs
 - assisting the team to develop forums and channels for discussion of quality of evidence and practice guidelines for inter-professional practice
 - planning mentoring programs with the NP appropriate to her/his level of expertise
 - ensuring the necessary time for mentors, which may include physicians and other health-care providers, to participate in the mentoring of the NP

The NP should:

- identify learning needs to meet role expectations
- work with management to develop a plan to achieve professional standards for continuing education
- develop a learning plan to achieve educational goals
- negotiate necessary changes in her/his work schedule to participate in educational initiatives
- demonstrate the achievement of objectives for life-long learning in the performance evaluation

KEY CONSIDERATION

Continuing education should be included as part of the job description and should be facilitated through appropriate coverage of clinical responsibilities.

✓ Tip

- Ensure sufficient funding exists for attendance at conferences, workshops and continuing education initiatives.
- Establish incentive programs for continuing education.
- Provide adequate time to mentors who have agreed to assist novice NPs with entry into the system.

Activity 3: Establish Networks for Role evolution

Critical Question

1. Has the NP developed networks that will support ongoing role development?

Key Steps

Networks are important for sharing information on professional issues, identifying opportunities and solutions to challenges in role evolution, and accessing collegial support and guidance.

The NP should:

- **Ensure professional standards by:**
 - establishing links with nursing professional and regulatory bodies to update knowledge on standards of practice, legislation, educational opportunities and guidelines for collaboration, supervision, and independent practice
- **Remain current on inter-professional views by:**
 - keeping up to date with allied professional associations and governments regarding their views and policies about the NP role (e.g., family medicine, pharmacy, radiology)
 - consulting with NPs and others who have implemented the NP role to identify best practices and lessons learned
- **Foster a relationship with community stakeholders by:**
 - maintaining ongoing communication about the evolving NP role with:
 - local hospitals, if referral to these institutions is part of the NP role
 - providers in telehealth networks, if appropriate
 - community agencies with which the NP collaborates
 - linking with educators and researchers in universities and colleges to identify teaching, research and other scholarly activities in which the NP can be involved

PHASE 5: MONITOR IMPLEMENTATION

Activity 1: Monitor NP Role Implementation and the Challenges to Role Development

Critical Questions

1. Is there a strategy to monitor the fit between the services provided and the needs of clients, as well as the impact of the changing needs on roles, policies, procedures and resources?
2. Is there a process for providing the NP with feedback on her/his actual performance relative to expected performance?

Key Steps

During this stage of role development, the NP should be provided with feedback that reflects the views of the health-care team, the patients, and the community agencies with which the NP works.

The individual or working group should:

- **Identify data to be gathered, a process that includes:**
 - documentation by the NP and others of evidence of role performance which can also be useful in revising role
 - the NP's self-evaluation (identify differences in the NP's expectations about role performance and actual role performance)
- **Identify patient and organizational outcomes to evaluate NP progress that include the following:**
 - methods of assigning patients in accordance with NP expertise and scope of practice
 - full utilization of the role
 - realistic role demands/expectations as responsibilities change
 - fit between role and identified population health needs
 - compliance with provincial/territorial legislation and regulation
 - patient acceptance/satisfaction with team approach to delivery
 - team acceptance/satisfaction
 - accessibility to services
- **Develop feedback mechanisms by:**
 - conducting an annual review of team performance, including that of the NP; reviewing feedback and modifying the approach to care as required
 - adjusting role responsibilities among providers to meet needs and eliminate gaps in care
 - providing feedback to the NP and other team members about their roles to ensure prompt resolution of problems
 - using monitoring and evaluation information to support integrated health human resources planning (determining the best mix of health care providers to meet the demands of the population)

KEY CONSIDERATIONS

- **Address issues as follows:**
 - role conflict due to misconceptions regarding role boundaries through open communication among all team members
 - role ambiguity by clarifying role expectations
 - role incongruity by discussing discrepancies in role performance expectations and results among team members
 - role overload by addressing excessive role demands
 - lack of patient accessibility to the NP by considering different methods of patient assignment (client books directly with NP; referral from team member within setting; receptionist assigns clients; referral from another setting; triage; referral from community)
- **Develop performance review mechanisms that involve input from peers and clients**

✓ Tip

- Provide ongoing constructive feedback and modify the NP's role, if necessary, according to patient and practice needs.
- Involve NPs in the ongoing development of policies affecting their practice.
- Involve NPs and other team members when addressing problems in existing programs or developing new programs to increase access to care.

✗ Potential Pitfall

- Role problems that are not addressed in a timely manner may jeopardize retention and future recruitment.
- Excessive role demands will lead to role stress.
- Lack of clarity of role expectations will result in role conflict and ineffective team functioning.

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Part III: Evaluating the Implementation of the Nurse Practitioner Role

INTRODUCTION

Part III of this Toolkit provides a framework to assist clinicians and administrators in evaluating the NP implementation process.

The other parts of the Toolkit are:

Part I: Assessing the Need for Nurse Practitioners in the Practice Setting

Part II: Implementing the Nurse Practitioner Role in the Practice Setting

Part I outlines steps for assessing current and future community health needs and determining the appropriate health-care delivery model to meet these needs. Part II focuses on strategies to guide the implementation of the NP role in the practice setting.

NP IMPLEMENTATION EVALUATION FRAMEWORK

The NP Implementation and Evaluation Framework has been developed to guide the evaluation of NP role implementation.

GUIDING PRINCIPLES

The following are guiding principles to support the development of evaluation strategies that are relevant to NP role implementation.

- **Keep it Simple:** The evaluation plan should be kept as simple as possible, focusing on assessing the achievement of pre-defined objectives and outcomes through an evaluation process that is within budgeted resources—both human and financial. A simple evaluation design will ensure that the evaluation process will be manageable and can be continued into the future. Wherever possible, use existing data collection instruments. Identify routinely collected data that can inform your evaluation and minimize costs.
- **Adopt a Participatory Approach:** A diversity of views should be sought in the development of the evaluation plan. A participatory approach that involves multiple stakeholders will help to build shared ownership and transparency and will ensure that the evaluation produces results that are relevant and useful to various stakeholders. Stakeholder participation should occur throughout the evaluation process and can include some or all of the following:
 - identification of relevant questions
 - planning of the evaluation design
 - agreement on expected outcomes and appropriate performance indicators
 - agreement on data collection methods
 - assistance in gathering and analyzing data
 - reviewing findings and formulating recommendations for change

- **Develop an Evaluation Plan:** Include structure, process and outcome indicators in your plan.
- **Remember this is a Learning Process:** The purpose of the evaluation process is to help improve NP role implementation. Use the results of the evaluation to guide decisions about changes to the NP role implementation process.
- **Remember Evaluation is an Ongoing Activity:** Data to support the evaluation plan should be collected on an ongoing basis. It is important to collect baseline data (i.e., pre-NP implementation) to which future data (i.e., post-NP implementation) can be compared to determine the extent and nature of the change that has occurred as a result of the implementation of the NP role. Try to incorporate data collection into regular job responsibilities. This will help to ensure that monitoring and evaluation become ongoing activities.
- **Flexibility is Key:** Because the evaluation plan should be decided (as much as possible) through a participatory process, it is expected that users will tailor this NP Implementation Evaluation Framework to fit their agency's requirements, objectives and expected outcomes as they relate to NP implementation.
- **Empirical Orientation:** The evaluation plan should be based on a mix of quantitative and qualitative methods. Qualitative data can help to inform quantitative data collection or explain quantitative results. It is important to use creative methodologies to match the resources, needs and skills of the agency and stakeholders. The evaluation should adhere to professional standards for monitoring and reporting.
- **Be Creative in Minimizing Evaluation Costs:** Enlist qualified volunteers, such as board members or university-based researchers, to take lead roles in the evaluation.

Additional Reference Tools/Helpful Documents

Current Evaluation Practice in the Nonprofit Sector (February 2000: No. 9) *Participatory Program Evaluation is Becoming More Common*

http://www.nonprofitresearch.org/newsletter1525/newsletter_show.htm?doc_id=26488

Policy and Practice: Partnerships for the Public's Health Issue #5, April 2002

http://depts.washington.edu/ccph/pdf_files/Evaluation.pdf

Performance Monitoring and Evaluation

USAID Center for Development Information and Evaluation

http://www.usaid.gov/pubs/usaid_eval/pdf_docs/pnabs539.pdf

Contra Costa Health Services, *Preventing Chronic Disease: A Participatory Evaluation Approach*.

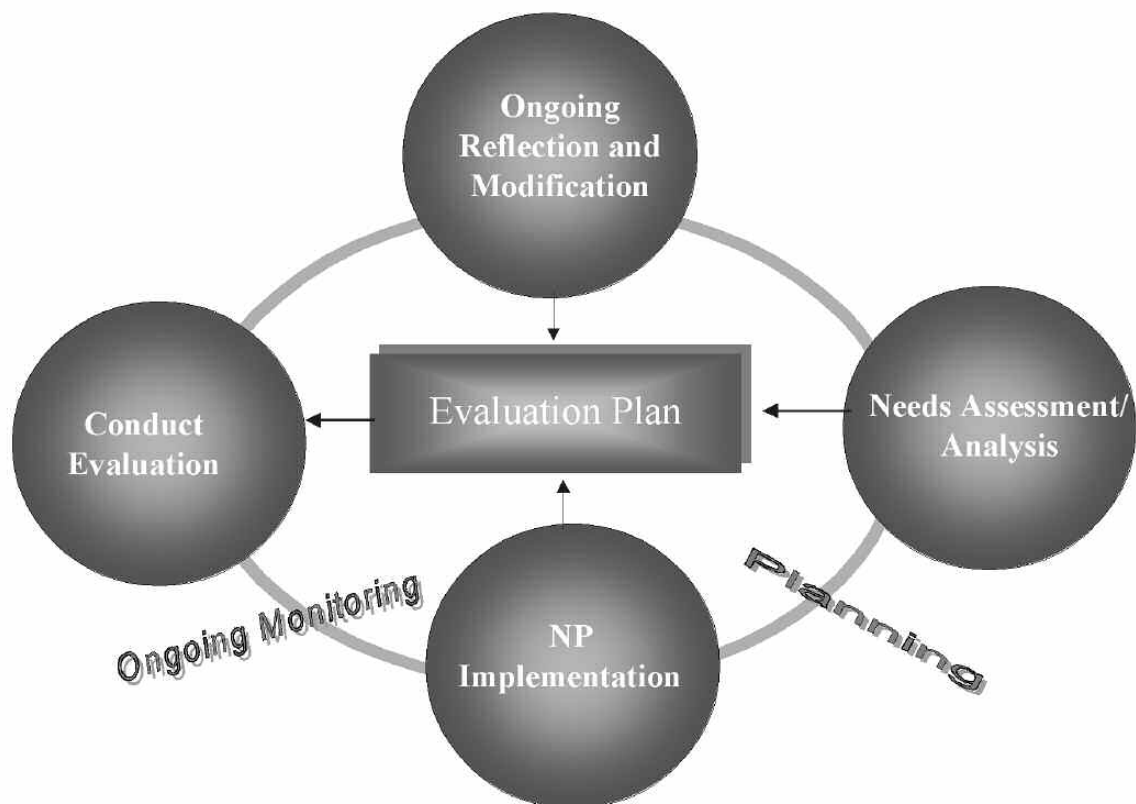
<http://www.partnershipph.org/col2/showcase/pdf/CC-PHD-disease-guide.pdf>

Supporting Integrated Planning and Evaluation

Planning, implementation, and evaluation are interdependent processes that inform one another. The needs assessment informs the program goals and the activities required to implement the program. Once these activities have been completed, evaluation determines whether or not the expected outcomes have occurred, and closes the loop by guiding ongoing planning in the agency.

The schematic below shows the interdependency of the planning and evaluation processes. When the program is planned, the goals for the program should be the same as the expected outcomes. The needs assessment should identify the activities and outputs required to implement the program. The identified activities and outputs must be measured, to be sure they have been attained, before planned outcomes can be expected and measured.

NP Implementation Cycle



Source: Adapted from *User-Friendly Handbook for Project Evaluation*, National Science Foundation. Retrieved from <http://www.nsf.gov/pubs/2002/nsf02057/start.htm>.

Treasury Board Secretariat: *Evaluation Guidebook for Small Agencies* (Overview of Evaluation Life Cycle). Retrieved from http://www.tbs-sct.gc.ca/eval/dev/sma-pet/guidelines/guidebook04_e.asp#4-1.

STEPS IN PLANNING AND CONDUCTING THE EVALUATION

There are a number of steps in undertaking an evaluation. The following steps are adapted from the Treasury Board of Canada Secretariat's *Evaluation Guidebook for Small Agencies* (2005) and from the RNAO *Toolkit on Implementing Clinical Practice Guidelines* (2002).

Step 1: Engage Stakeholders and Expert Resources

Part II of the Toolkit identifies the need to engage stakeholders early in the implementation planning process. These same stakeholders can help shape the evaluation questions, identify sources of data, review findings and assist in their interpretation. In addition to the stakeholders, identify expert resources who can assist with the evaluation process (e.g., individuals with experience in program evaluation, university-based researchers).

Step 2: Formulate Questions

In consultation with the stakeholder group, and after review of the Logic Model described in Part II (Logic Model for Primary Health Care Nurse Practitioner Integration and Implementation at the Agency Level) and the table at the end of this section, formulate the key questions of interest to your agency. Identify the target groups from whom you will collect data.

Step 3: Identify Structure, Process and Outcome Evaluation Measures

At this point, it is important to refer back to the Logic Model described in Part II. In the Logic Model, a number of **activities** are suggested as the key actions that must be undertaken to support NP implementation. The **outputs** indicate that the key activities have been undertaken. If the outputs have occurred, then we can begin to examine **outcomes**, i.e., the consequences that stem from the NP implementation activities and outputs. If the activities and outputs have not occurred, it is likely futile to waste time and resources on outcome assessment.

a) Measuring Outputs

Most often, outputs are measured using **structure** and **process** data.

- **Structure evaluation** assesses settings, staffing, and equipment available and used for the provision of care. It signifies the properties and resources used to provide care. It answers the question: “Were the physical and human resources required to implement the NP role available?” (RNAO, 2002).
- **Process evaluation** evaluates how the program is operating. It focuses on what the program does and for whom. It answers the question: “Was the NP role implemented as planned?” and “How can the implementation process be improved?” (RNAO, 2002).

For example, for the activity Practice Management in the Logic Model, one of the outputs is: ready access to electronic evidence-based resources. Structure evaluation would entail determining if, in fact, these resources are readily available to the NP (and to other members of the health-care team). Another output for this activity is: understanding and acceptance of the roles of all members of the health-care team. Process evaluation would entail using qualitative (e.g., interview) or quantitative (e.g., questionnaire) data collection methods to determine the understanding and acceptance of the NP role by the health-care team members.

b) Measuring Outcomes

- **Outcome evaluation** assesses the impact of the program. It examines the changes that occurred as a result of the implementation of the NP role and evaluates whether or not NP role implementation is having the intended effect. It answers the question: “Has NP role implementation achieved its intended effect?” (RNAO, 2002).

Determine Supporting Performance Indicators and/or Measures

Determine whether or not the measures and indicators shown in the NP Evaluation Table 1 below apply to your unique NP and health-care team and program requirements. If not, develop indicators or measures using the logic model and Evaluation Table as guides. There are four types of indicators or measures:

- Proxy measures/indicators are sometimes used to provide information on results where direct information is not available (e.g., patient satisfaction with NP as a proxy indicator for quality of care provided by NP).
- Quantitative measures/indicators are statistical measures such as numbers, frequencies, percentiles, ratios, and variance (e.g., percentage of patients who refuse to see an NP).
- Qualitative measures/indicators are judgment and perception measures of congruence with established standards, the presence or absence of specific conditions, the extent and quality of participation, or the level of client satisfaction (e.g., interviews with clients to learn their perceptions about the timeliness of access to services).
- Output indicators measure the outputs (products and services), while result indicators measure a program’s impacts.

Consultations with stakeholder groups can be used to select the 10–12 most important indicators or measures. Clearly, time and cost will not permit the measurement of all identified indicators in the following NP Evaluation Tables. CNPI pilot testing of the Toolkit indicates that five to six performance indicators may be a more realistic target.

Step 4: Develop an Evaluation Plan

In consultation with the stakeholder group, prioritize the most important structure, process, and outcome measures to evaluate. Time as well as financial and human resources will not permit you to include all identified measures. The choice of which evaluation areas to include will help determine which evaluation questions and performance measures/indicators you should select, and what methodological approach to use.

When planning the evaluation:

- Consider both quantitative (e.g., surveys) and qualitative (e.g., interviews) data collection methods, depending on the nature of your evaluation questions
- Whenever possible, collect baseline data before implementing the NP role to allow comparison with data collected after the NP role implementation
- Identify national (e.g., Canadian Institute for Health Information (CIHI)) or provincial data sets that may be available for comparison with agency data before and after NP implementation
- Use existing data collection tools wherever possible
- Develop a realistic timeline and identify necessary resources (staff and funds) to carry out the evaluation plan. Depending on the resources available in your agency, the following may be required: a program evaluation expert, data collector, data entry clerk, data analyst, and funds to purchase or print data collection instruments.
- Review the evaluation plan with key individuals (e.g., practice setting administrator) and groups (e.g., patients/clients, community members) that would be required to approve and/or provide input into the plan.

It will be important to determine if ethics approval is required and where that should be obtained. Usually program evaluation and quality assurance are not considered research and do not require ethics approval. However, if sensitive data are being collected, some agencies may require review by a research ethics board. Self-administered surveys do not usually require a written consent form, but should be accompanied by an information letter explaining the purpose of the survey, how confidentiality will be ensured, and how the data will be used.

Step 5: Gather Data as Specified in Evaluation Plan

If available and relevant, the use of existing data will reduce the time and resources required to develop and pilot new data collection methods, and will permit the comparison of pre- and post-implementation data.

With respect to data collection:

- Identify the individuals from whom data will be collected (e.g., patients, health-care team members)
- Ensure that you identify a sample that can be accessed easily
- Identify specific data collection methods (e.g., chart audits, self-administered questionnaires, interviews, focus group discussions)
- Identify individuals to enter the data into a computer program and to conduct the analyses (it is important to review the data collection plans with these individuals **before** collecting the data)
- Plan a pilot study to identify factors that might compromise the collection of reliable and valid data
- Plan strategies to enhance the response rate when collecting data from participants. If less than half of the anticipated sample participate, it will be difficult to determine how representative or meaningful the findings are. You may be able to enhance response rates by offering a small incentive, keeping questionnaires short and simple, or using other strategies summarized in a systematic review of strategies to enhance response rates (Edwards et al, 2002)
- Identify individuals to summarize the findings (verbally and/or in writing)

Step 6: Analyze Information and Compare Findings to Expected Results

You should present evaluation findings to demonstrate links between findings, conclusions, and recommendations.

An evaluation report should contain the following sections:

- Executive Summary
- Introduction and Background
- Scope and Objectives of Evaluation
- Approach and Methodology
- Findings
- Conclusions and Recommendations

Additional Reference Tools/Helpful Documents

Contra Costa Health Services, *Preventing Chronic Disease: A Participatory Evaluation Approach*.
<http://www.partnershipph.org/col2/showcase/pdf/CC-PHD-disease-guide.pdf>.

Treasury Board Secretariat: *Evaluation Guidebook for Small Agencies*
http://www.tbs-sct.gc.ca/eval/dev/sma-pet/guidelines/guidebook04_e.asp#4-1.

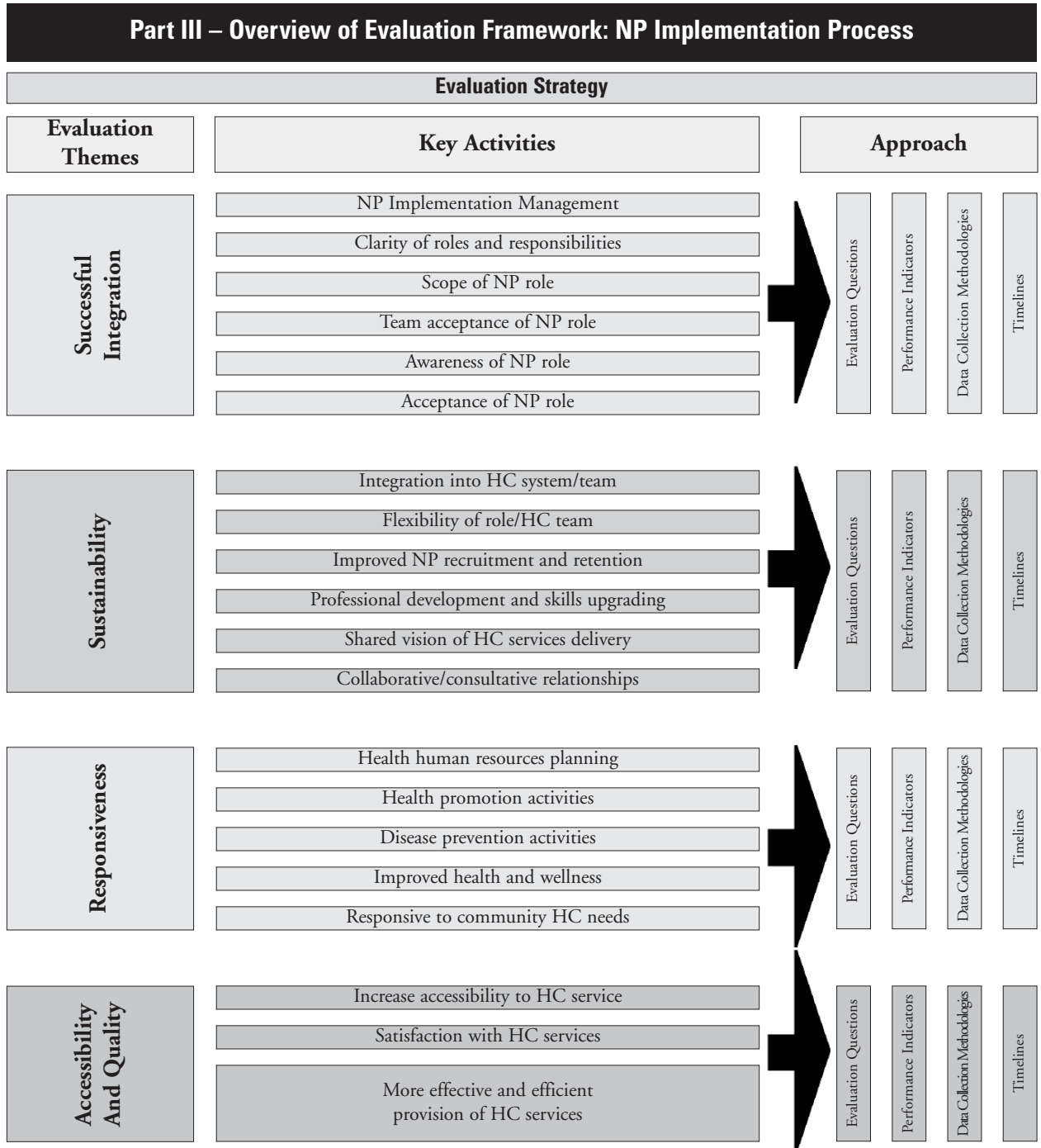
Treasury Board of Canada Secretariat. *Results-Based Management E-Learning Tool*
http://www.tbs-sct.gc.ca/eval/tools_outils/rbm_gar_cour/Bas/module_02/module_0201_e.asp.

Treasury Board of Canada Secretariat. *Preparing and Using Results-based Management and Accountability Frameworks (January 2005)*.

Partnerships for the Public's Health. *Policy and Practice: Partnership's for the Public's Health Issue #5*, April 2002. http://depts.washington.edu/ccph/pdf_files/Evaluation.pdf. See page 4, Planning and Evaluation Cycle.

NP EVALUATION FRAMEWORK

The following evaluation themes have been identified as those that are most relevant to NP implementation and long-term sustainability:



Expected Outcomes from NP Implementation

Table 1 presents the NP implementation evaluation themes, questions, indicators, and potential methods to support future evaluation requirements. The table is organized based on the processes and potential outcomes of NP implementation.

While the Evaluation Table presents an extensive array of possible evaluation questions and data collection strategies related to NP implementation, it is designed as a guidepost for the development of an evaluation plan. It is not expected that every evaluation issue, question, or data collection method will be used. Rather, it is intended as a menu from which to select the most relevant evaluation themes for the agency.

Measuring Outcomes from NP Implementation

Respondents to CNPI's online consultations were asked to select the most important measures for evaluating the success of NP role implementation. They identified the following:

1. Patient satisfaction
2. Access to care
3. Health-care team satisfaction
4. NP implementation of full scope of practice
5. Extent of autonomy and independence in NP practice
6. Consistency between actual and planned NP role
7. Change in patient health indicators, such as quality of life, mortality
8. Cost-effectiveness of NP services (e.g., total cost per enrolled patient compared to pre-NP baseline or benchmark cost)
9. Change in health-care team workload stress measures
10. Patient refusal to receive care from the NP
11. Actual compared to planned expenditures for NP professional development

Users of this Toolkit may want to consider these measures depending on their specific implementation and evaluation objectives.

As indicated in the Key Steps in Program Evaluation process outlined above, it is recommended that the evaluation focus on a limited number of performance indicators or measures (approximately 10 to 12). However, pilot testing of the Toolkit indicates that five to six measures or indicators may be a more realistic and manageable target.

NOTE: While the following tables present an extensive array of possible evaluation questions and measures related to NP implementation, they were designed as guideposts for the development of an evaluation plan. It is not expected that every evaluation issue, question, performance indicator or methodology will be used, but rather that a manageable sample will be used based on the evaluation requirements, objectives and resources of each organization.

TABLE 1: EVALUATION THEMES, QUESTIONS, INDICATORS AND POTENTIAL METHODOLOGIES

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
SUCCESSFUL INTEGRATION			
<p>NP implementation management</p>	<ul style="list-style-type: none"> ■ Who was appointed to manage NP role implementation? ■ Did they have appropriate authority and time to assume the role? 	<ul style="list-style-type: none"> ■ An appropriate individual was assigned management responsibility and given the authority and time required to enact the role ■ Review how much time the person assigned to oversee the implementation was able to give to the task 	<ul style="list-style-type: none"> ■ Review documents related to NP implementation management ■ Interview individual(s) assigned to manage NP role implementation, and other personnel as appropriate, to assess whether or not the level of authority and time were appropriate for the task
<p>Clarity of roles and responsibilities</p>	<ul style="list-style-type: none"> ■ If a needs assessment was under taken, are roles and responsibilities consistent with identified needs? ■ Were appropriate steps taken to ensure clarity of roles and responsibilities? <ul style="list-style-type: none"> - jointly developed job description - what type of communication strategy was used to inform internal staff about the new role? ■ Was the HC team included in defining the role expectations of team? ■ Was NP involved in drafting and finalizing the NP job description? 	<ul style="list-style-type: none"> ■ The NP job description was developed with input from NP and health-care team ■ A communications plan was developed and implemented ■ Compare NP roles and responsibilities with the needs identified through needs assessment ■ Identify what percentage of the team, present when the program was planned, participated in or was informed of NP's roles and fit with team ■ Identify what percentage of the health-care team has a good understanding of the roles and responsibilities of the NP 	<ul style="list-style-type: none"> ■ Review job description ■ Review communications plan ■ Survey or interview NP, HC team members and manager regarding participation in defining NP role ■ Survey or interview HC team members about their understanding of the NP's roles and responsibilities

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
<p>SCOPE OF NP ROLE</p>	<ul style="list-style-type: none"> ■ To what extent is the NP role being fully utilized? ■ Is the NP operating at the full scope of practice? ■ Is the NP role consistent with provincial/territorial legislation? ■ Are there organizational practices or policies that are inhibiting the full utilization of the NP role? ■ Were collaborative/consultative practice models used to support the NP implementation? ■ Is there an appropriate number and mix of providers to deliver the required HC services? 	<ul style="list-style-type: none"> ■ Percentage of NP roles/responsibilities compared to what is permitted under the legislation ■ Does the number of HC providers fall below the standard in other jurisdictions (look for “best practice” benchmarks)? 	<ul style="list-style-type: none"> ■ Interview NP regarding the extent to which s/he is operating at full scope of practice, the extent of autonomy and independence, and consistency between actual and planned NP role ■ Review of job description in relation to provincial regulations/legislation ■ Case studies ■ Review of organizational practices or policies to identify if any inhibit full utilization of NP role ■ Review of practice models used to support NP implementation ■ Review of number and mix of HC providers ■ Compare the number of HC providers with similar service in another jurisdiction (e.g., health district, province, etc.)
<p>Team acceptance of NP role</p>	<ul style="list-style-type: none"> ■ To what extent is the HC team supportive of the NP role? ■ What is the team's level of understanding/acceptance of the NP role? <ul style="list-style-type: none"> - Was the team convened to discuss the role and its fit within the team, practice, model and scope of practice? - Has the HC team facilitated the addition of the NP role to the team? ■ How satisfied is the team with the NP integration process? ■ What would the HC team or the NP do differently in the future to improve this process? 	<ul style="list-style-type: none"> ■ Percentage of HC team members who indicate their level of understanding of the NP role is good or very good compared with pre-implementation ■ Percentage of team satisfaction with new NP role and HC model ■ Percentage of HC team members who were satisfied with the NP integration process and how this was carried out 	<ul style="list-style-type: none"> ■ Interview HC team members to determine their level of understanding and acceptance of the NP role, the role they played in facilitating the NP's integration into the team, and their level of satisfaction with the NP integration process. Interview the NP regarding the HC team's level of understanding and acceptance of the NP role and the role the HC team played in facilitating NP integration into the team ■ Review patient records to assess care provider ■ Observe team meetings to assess level of integration of the NP in the team and level of acceptance by team members

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
<p>Patient/community/partner awareness of NP role</p>	<ul style="list-style-type: none"> ■ What type of outreach/education/promotion was undertaken to inform other patients, partners and community based partners about the NP? ■ Do partner organizations indicate a general awareness of the HC model, the new NP role and the associated responsibilities/authorities? Do they accept this role? ■ Do patients and partner organizations demonstrate an awareness of the NP role ■ Is further outreach/communications required? 	<ul style="list-style-type: none"> ■ Describe number and nature of outreach/education/promotion initiatives undertaken to inform other partners and community based organizations ■ Partners and community based organizations that interact with the NP are informed of the new NP role ■ Patients are informed about the NP role ■ Links established with local hospitals and agencies/institutions in the community ■ Percentage of patients who express an awareness of services offered by the HC team and the NP role in particular? ■ Percentage of community partners aware of, supportive and accepting of the HC model, post-implementation compared with pre-implementation? ■ Percentage of community partners and patients who identified a need for further outreach/communications? 	<ul style="list-style-type: none"> ■ Review NP implementation-related communications material and any educational/ awareness building initiatives to determine the number and nature of activities undertaken to inform patients and community-based partners about the NP role ■ Interview representatives from the community regarding their awareness of the NP role and their perception about the need for further communication initiatives ■ Survey community partners about their awareness of the NP role ■ Survey or interview patients about their awareness of the NP role

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
<p>Patient acceptance of and satisfaction with NP role</p>	<ul style="list-style-type: none"> ■ Are patients accepting and open to being seen by the NP? ■ Are patients aware of services offered by the HC team? <ul style="list-style-type: none"> - Level of patient understanding - Service requests outside the scope of the NP role 	<ul style="list-style-type: none"> ■ Number & percentage of patients seen by HC team during the period/ number patients seen in program, compared with anticipated referral rate. If possible, compare to other HC team operating without an NP role ■ Percentage of patients: <ul style="list-style-type: none"> - who select NP for assessment if offered a choice - who refuse to be seen by the NP (and, if provided, their reason) - who, having been seen by an NP, ask to be seen by the physician - who express a preference to be seen by NP - who are satisfied with accessibility to HC services and with HC service/care received compared with pre-implementation - who express satisfaction with being seen by an NP, compared with anticipated satisfaction rate. Has this satisfaction level improved, decreased, or stayed the same, over time? ■ Number of patient complaints about the NP's care ■ Number of requests for NP service which are beyond scope/total number of requests for NP service during the period compared with anticipated number requests 	<ul style="list-style-type: none"> ■ Review results from needs assessment ■ Review patient referral patterns ■ Survey or interview patients about their satisfaction with the care provided by the NP and with the accessibility to health-care services in the practice setting (compared with pre-NP implementation, if possible)

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
<p>Integration into HC system/team</p>	<ul style="list-style-type: none"> ■ How well has the NP role fit with the team? <ul style="list-style-type: none"> - Is there team agreement on the necessary knowledge and skills needed by the NP to meet existing and future patient/community needs? - Has the team's effectiveness improved as a result of the NP's knowledge and skills? - Have patient/community outcomes improved as a result of the NP's role? ■ Have referrals to the NP increased over time? ■ Have referral patterns changed? ■ How prepared was the agency/organization for the NP? <ul style="list-style-type: none"> - Have appropriate space and infrastructures been made available to support the requirements of the NP role? - Have the roles and workloads of other HC professionals changed? - Has overlap or duplication of roles been addressed? ■ What was the result of the introduction of the NP? <ul style="list-style-type: none"> - Did workload change within the team? - Has the complexity of the physician's work changed? 	<ul style="list-style-type: none"> ■ Percentage of team members who agree that the NP has the necessary knowledge and skills needed to meet the existing and future patient/community needs compared with pre-implementation ■ Percentage of team members who agree that the NP's knowledge and skills have led to increased team effectiveness and improved patient/community outcomes since program implementation ■ NP satisfied or very satisfied that s/he has the necessary knowledge and skills needed to meet existing and future patient/community needs ■ Number of referrals to NP for each month the program has been implemented, compared with referrals to other HC providers for the same period ■ Type and appropriateness of space and infrastructure made available to support the requirements of the NP role ■ Workload measures (for each health professional) for the past month compared with same data for a similar month in a period prior to implementation, or prior year ■ Percentage of overall job satisfaction for each health-team professional compared with same measure prior to program implementation ■ Number of referrals to each health-care professional pre-program implementation compared with same information xx months post-implementation 	<ul style="list-style-type: none"> ■ Document review (strategic plan; job descriptions of various team members) ■ Interview with NP: compare actual agreement/satisfaction with the fit between her/his knowledge and skill levels and existing and future patient/community needs ■ Interview with team to assess: <ul style="list-style-type: none"> - the fit between the NP's knowledge and skills and existing and future patient/community needs - the NP's influence on team effectiveness - the NP's influence on patient/community outcomes - differences in team effectiveness and in patient/community outcomes before and after NP implementation - change in overall job satisfaction before and after NP implementation ■ Team interview/survey: compare actual agreement/satisfaction rates with anticipated rates ■ On-site visit to review appropriateness of supporting infrastructure ■ Review documents (strategic plan, job descriptions of HC team members) to assess changes pre- and post-NP implementation ■ Review patient referral patterns

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
<p>Flexibility of role/HC team</p>	<ul style="list-style-type: none"> ■ How flexible is the team about working in a collaborative arrangement? ■ Are there system supports and recognition to allow for overlapping roles and scope of practice? 	<ul style="list-style-type: none"> ■ Percentage of each team member's acceptance of a collaborative work arrangement, overlapping of roles and scope of practice ■ Percentage of agreement by each team member that there are adequate system supports to allow for overlapping of roles and scope of practice 	<ul style="list-style-type: none"> ■ Team interviews/surveys—compare actual agreement/acceptance rates with anticipated rates ■ Survey or interview HC team members about their acceptance of the collaborative work arrangement, the overlapping roles and scope of practice, and the adequacy of system supports for the overlap
<p>Improved NP recruitment and retention</p>	<ul style="list-style-type: none"> ■ Were appropriate recruitment strategies employed to staff the position(s)? <ul style="list-style-type: none"> - Were appropriate resources dedicated to recruitment? - Were a sufficient number of competent NPs with the required competency/experience mix attracted to apply? - Did the NP job description accurately reflect community needs and the knowledge and skills required to address those needs? - Have retention strategies been successful? 	<ul style="list-style-type: none"> ■ Strategies and linkages employed to staff the position(s) ■ Were program manager(s)/recruiters satisfied that: appropriate resources were dedicated to recruitment; there were a sufficient number of competent NP applicants; the NP job description accurately reflected community needs and appropriate level of knowledge/skills to reflect desired HC services? ■ Qualified NP applicant rate (number of qualified applicants/number of applicants) ■ Recruitment rate for HC professionals on team post-implementation compared with similar period pre-implementation ■ NP retention rates of this practice setting with other similar practices ■ Compare retention rate for professionals on health-care team post-implementation with similar period pre-implementation, or with NP retention rates in comparative organizations 	<ul style="list-style-type: none"> ■ Review recruitment strategy ■ Review staffing process to assess communications, resources dedicated to staffing the position(s) and number of resulting applicants ■ Review job description to ensure alignment with needs assessment, community requirements and competency requirements in relation to the skills and competencies of the NP hired ■ Review applications to assess quality ■ Track retention rates ■ Interview recruiters

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
<p>Professional development and skills upgrading</p>	<ul style="list-style-type: none"> ■ Does the agency/program meet the standards and NP's needs for continuing education? <ul style="list-style-type: none"> - Requirements of regulatory and professional nursing bodies for <ul style="list-style-type: none"> • education • licensing • standards of practice and guidelines for collaboration • supervision and independent practice - NP's personal and professional needs for inter-professional development? - Has a budget been created to support inter-professional education of the NP/ team? - Are appropriate reimbursement mechanisms in place to reflect development requirements? ■ Are there appropriate mechanisms to meet the NP's needs? <ul style="list-style-type: none"> - Continuing education requirements (funding, time allocation, number of hours/credits required, etc.)? - Does a mentoring program exist to support role development? Is it appropriate to the level of expertise of the NP? Do physicians or other mentors have sufficient time available to participate in the mentoring of the NP? 	<ul style="list-style-type: none"> ■ To what degree does the agency/program meet the standards required by regulatory and professional nursing bodies for educational requirements, licensing requirements, standards of practice and guidelines for collaboration, supervision and independent practice? ■ Actual funding for NP continuing education compared to budget ■ Actual time taken (number of hours) for NP continuing education compared to time allocated/budgeted ■ Actual number of hours/credits attained compared with requirements ■ Is NP satisfied or very satisfied with: inter-professional development resources allocated; mentoring program to support role development; participation of other HC professionals in the mentoring of the NP? 	<ul style="list-style-type: none"> ■ Review education support mechanisms that have been put into place ■ Assess regulatory and nursing body requirements ■ Review structure and success of mentor program ■ Interview or survey NP regarding satisfaction with continuing education opportunities, inter-professional development, mentoring program to support role development ■ Interview NP's mentor regarding satisfaction with and success of the mentoring relationship

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
<p>Shared vision for HC services delivery</p>	<ul style="list-style-type: none"> ■ Is there a shared vision among HC team members for the service delivery model? <ul style="list-style-type: none"> - Is the vision aligned with community HC needs? - Does the delivery model incorporate the NP role? 	<ul style="list-style-type: none"> ■ HC team members agree or strongly agree that there is a shared vision among HC team providers for the service delivery model ■ HC team members agree or strongly agree that the vision is aligned with community HC needs ■ HC team members agree or strongly agree that there is a match between the HC service model and expectations for the NP role <p>Note: post-implementation findings may be compared with pre-implementation if baseline data are available.</p>	<ul style="list-style-type: none"> ■ Interview or survey team about the extent to which they believe that there is a shared vision in the team about the service delivery model, that the vision is aligned with community HC needs, and that there is a fit between the delivery model and the NP role ■ Document review including strategic plan, vision statements, etc.
<p>Development of collaborative/consultative relationships</p>	<ul style="list-style-type: none"> ■ Have expectations been communicated and are proper structures in place to support inter-professional relationships, be they collaborative or consultative? <ul style="list-style-type: none"> - If collaborative, is the team aware of the requirements and expectations for collaborative practice? - If collaborative, does the team meet regularly? - Have initiatives been taken to build a healthy collaborative work environment? - Have consultative relationships been established that ensure ready access to consultation for the NP? 	<ul style="list-style-type: none"> ■ All HC team members agree or strongly agree that expectations have been communicated and proper supports have been put in place to support both independent and collaborative role expectations ■ Steps were taken to help build a healthy collaborative work environment. ■ Time allowed for regular team meetings/time in work week compared with percentage of meeting time allowed/allocated in similar programs in a comparable jurisdiction ■ Quantify and describe steps undertaken to help build a healthy collaborative work environment and inform team and key stakeholders of collaborative work networks 	<ul style="list-style-type: none"> ■ Review of communications strategy to determine if expectations about inter-professional relationships have been communicated ■ Interview or survey the team to: <ul style="list-style-type: none"> - determine their satisfaction with team meetings vis-à-vis developing collaborative relationships; learn if proper structures are in place to support independent, collaborative, and consultative role relationships; and assess their perception of the adequacy of their collaborative work environment ■ Review agendas and minutes of team meetings to determine frequency of meetings and to note initiatives taken to build a healthy work environment ■ Determine the amount of time allowed for regular team meetings and compare with similar programs in a comparable jurisdiction ■ Review existing collaborative work networks

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
<p>RESPONSIVENESS</p> <p>Improved health human resources (HHR) planning</p>	<ul style="list-style-type: none"> ■ Does the agency have an integrated resource plan? - If yes, what type of HHR planning and data collection was undertaken in identifying the need for an NP? ■ Does the agency have an appropriate governance model? ■ Do the remuneration and funding mechanisms support the agency practice arrangements? ■ Does the agency have an orientation strategy for new staff? ■ Is there an appropriate number and mix of providers to deliver the health-care services? Are data to support planning and assessment of service impacts collected? Is there an assessment of: - service delivery patterns? - impact on service requirements? ■ Are education/training plans/spending based on health needs and HHR planning 	<ul style="list-style-type: none"> ■ Quantify and describe HHR planning undertaken and data utilized in identifying the need for an NP ■ Identify any systematic collection of data to support planning and assessment of service impacts: - analysis of service delivery patterns and impact on service requirements - education/training based on health needs and HHR planning ■ Number of unfilled staff positions, how long they have been unfilled, strategies to recruit individuals, and potential reasons for recruiting difficulties ■ Review number and mix of HC providers compared to similar agencies in other jurisdictions (e.g., health district, province, etc.) 	<ul style="list-style-type: none"> ■ Review HHR planning process and strategy, if one exists ■ Review data used to inform HHR planning to assess appropriateness ■ Review link between HRR planning and business planning ■ Interview agency manager or administrator to discuss: whether the agency has an integrated resource plan; an appropriate governance model; remuneration and funding mechanisms that coincide with the agency's practice arrangements; an orientation strategy for new staff; and an appropriate number and mix of providers

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
RESPONSIVENESS			
<p>Increased health promotion activities</p>	<ul style="list-style-type: none"> ■ How has the integration of the NP role contributed to improved health promotion? <ul style="list-style-type: none"> - Have there been improvements in the community's and patient health promotion knowledge levels? <ul style="list-style-type: none"> - What behavioural changes have health promotion program participants made? ■ Does the NP have adequate time to undertake health promotion and preventive care activities? <ul style="list-style-type: none"> - Does the NP have adequate time to undertake health promotion activities? - Do the NP and other team members have adequate time to provide preventive care? 	<ul style="list-style-type: none"> ■ HC team members (and NP) agree or agree strongly that: the integration of the NP role contributed to improved health promotion; the NP has been given adequate time to undertake health promotion activities ■ Identify the changes stakeholders have made as a result of health promotion activity ■ Identify the improvements that have been made in communities' and individuals' disease prevention and health promotion knowledge compared with the program pre-implementation 	<ul style="list-style-type: none"> ■ Administer pre-post knowledge questionnaire to community members who participate in NP health promotion education programs to assess knowledge of NP role; health promotion and disease prevention knowledge; changes in own behaviour: compare actual agreement/satisfaction rates with anticipated rates ■ Review of health promotion activity ■ Team interviews: compare actual agreement/satisfaction rates with anticipated rates ■ Survey NP patients regarding their knowledge and behaviour change ■ NP interview about adequacy of time to undertake health-promotion activities
<p>Increased disease prevention activities</p>	<ul style="list-style-type: none"> ■ Is there a notable decline in chronic diseases as a result of the introduction of the NPs role? <ul style="list-style-type: none"> - Has the introduction of the NP role allowed the team to spend more time promoting health and/or preventing disease? 	<ul style="list-style-type: none"> ■ Number of emergency room visits and repeat visits by the population served by the program pre-implementation compared with the same period post-implementation ■ Compare wait times and admission rates of emergency HC teams with and without NP ■ Compare quality of life and mortality rates for the jurisdiction pre- and post-program implementation 	<ul style="list-style-type: none"> ■ Assess data on emergency room and repeat visit ■ Review relevant vital statistics for the jurisdiction

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
<p>Improved health and wellness</p>	<ul style="list-style-type: none"> ■ How has the team's approach to community and patient needs changed? <ul style="list-style-type: none"> - Does the team's approach to case management meet community HC needs? - It there an emphasis on wellness in service provision? - Were changes made to chronic disease management? - Was there an increased availability of health-promotion and education services? ■ How has the integration of the NP role contributed to the management of stable chronic illnesses? 	<ul style="list-style-type: none"> ■ Stakeholders are satisfied or very satisfied with: the team's approach to case management; and in terms of meeting community HC need, indicate understanding of the choices among available service providers ■ Stakeholders agree that there is: emphasis on wellness in service provision; improvement in the continuity of care; improvements to chronic disease management; improved health-promotion and education services; improvement in the continuity of care and in health and wellness within the community 	<ul style="list-style-type: none"> ■ Review charts of patients with chronic diseases (e.g., hypertension, diabetes) seen by the NP to determine the quality of care provided to these patients and to determine the proportion of these patients who have remained stable, who have needed referral to a specialist physician or hospital, or who have presented to the emergency department with complications related to their chronic disease(s) ■ Review health-promotion and education material and services ■ Survey or interview HC team members about satisfaction with the team's approach to provision of wellness care, chronic disease management, health-promotion and education services ■ Survey or interview patients about the degree of emphasis on wellness in service provision

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
<p>Responsiveness to community HC needs</p>	<ul style="list-style-type: none"> ■ How has the HC team responded to identified health needs? Is there a fit between the NP role and the identified needs? ■ Are clients satisfied with the responsiveness of the HC team? ■ Do health status data indicate that the HC team is responding to community health needs? 	<ul style="list-style-type: none"> ■ Compare services offered now with identified needs ■ Patients express satisfaction with responsiveness of HC Services ■ Clinical wait time for the period compared with clinical wait time for a comparative period pre-implementation ■ Readmission rates or unscheduled return visits for the period compared with same data time for a comparative period pre-implementation ■ Amount of time NP spends with each patient, number of consultations with the physician, number of referrals to specialist physicians, number of home visits, and number of patients seen while on-call ■ Blood pressure control for the period compared with same data for a comparative period prior to program implementation ■ Emergency room wait time for the period compared with same data for a comparative period pre-implementation 	<ul style="list-style-type: none"> ■ Review documentation from needs assessment and compare services currently offered with identified needs ■ Interview or survey patients about their satisfaction with the responsiveness of the care providers ■ Collect and review health status data

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
<p>ACCESSIBILITY AND QUALITY</p> <p>Increased accessibility of HC services</p>	<ul style="list-style-type: none"> ■ Have the changes to the HC delivery model contributed to increased accessibility of HC services? <ul style="list-style-type: none"> - Has the increased accessibility contributed to the improvement, maintenance and restoration of clients' health? ■ What is clients' assessment of the quality of care being provided by the various team members? <ul style="list-style-type: none"> - Are patients more satisfied with the timeliness of, and access to, HC services as a result of the changes to the HC model? 	<ul style="list-style-type: none"> ■ Client is satisfied or very satisfied with the quality of care being provided by the various team members ■ HC team members agree or strongly agree that: changes to the HC delivery model have contributed to increased accessibility of HC services; increased improvement, maintenance and restoration of clients' health ■ Compare wait times for an appointment for same time period before and after NP implementation; compare this with a standard or benchmark wait time if available 	<ul style="list-style-type: none"> ■ Review patient history with HC team to assess changes in numbers of patients seen ■ Review agency records to determine number of new patients seen since implementation of NP role ■ Review wait times for program access ■ Survey or interview HC team members about the effect of the new HC delivery model on accessibility of HC services ■ Survey or interview patients about their satisfaction with the timeliness and accessibility of HC services

EVALUATION THEMES	EVALUATION QUESTIONS	PERFORMANCE MEASURES & INDICATORS	POTENTIAL METHODOLOGIES
<p>Improved stakeholder satisfaction with HC services</p>	<ul style="list-style-type: none"> ■ Are stakeholders satisfied with the new HC delivery model? <ul style="list-style-type: none"> - Are patients satisfied with: the quality of care delivered by the HC team; services offered; and the NP role? - Is the team satisfied with the HC delivery model and team composition and roles? - Has the NP role been successfully integrated into the HC model and team, and is it sustainable for the long term? 	<ul style="list-style-type: none"> ■ Patient is satisfied or very satisfied with quality of health care provided by program ■ HC team members are satisfied or very satisfied with: the HC delivery model; team composition and roles; the stability of the HC team; integration of the NP role into the HC model and team ■ Stakeholders are satisfied or very satisfied that the NP role is sustainable for the long term 	<ul style="list-style-type: none"> ■ Survey patients about their satisfaction with the quality of care provided by the HC team, services offered, and the NP role ■ Survey or interview HC team members about their satisfaction with the HC delivery model, team composition and roles ■ Interview NP about satisfaction with integration into the HC model and team, and perceptions about the long-term sustainability of the role
<p>More effective and efficient provision of HC services</p>	<ul style="list-style-type: none"> ■ What costs are associated with the implementation of the NP? ■ What outcomes are associated with NP implementation (e.g., increased patient access, patient satisfaction, health status, quality of care, utilization of other health services)? ■ Has the new health-care model led to a reduction of the need for emergency and secondary care? 	<ul style="list-style-type: none"> ■ Actual direct cost of NP implementation compared with budgeted cost (e.g., salary, office space, supplies, etc.) ■ Actual indirect cost of NP implementation compared with budgeted cost (changes in other program aspects, e.g., reduction in home visits by physician) ■ Number of patient visits for emergency care in the period compared with number of visits for emergency care in a comparable period pre-implementation ■ Number of patient visits for secondary care in the period compared with number of visits for secondary care in a comparable period pre-implementation 	<ul style="list-style-type: none"> ■ Review budget versus actual numbers associated with NP implementation ■ Changes in demand for emergency and secondary care ■ Referrals data for program ■ Collect data on outcomes thought to be influenced by NPs (e.g., patient access to care, patient satisfaction, quality of care, patient health status, use of other services such as emergency departments) ■ Consult with health economist regarding strategies for associating costs with outcomes

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