APPENDIXES

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Appendix A1

Developing a Business Case

Developing a business case – what do you need?

As a facilitator, or project team leader, there are two business cases that you may need to present: one to get the process started and the second to introduce an APN role.

1. A proposal to establish a planning process that will engage stakeholders to define the scope of the project, collect data and determine areas for improvement in model of care.

   To do this, you may:

   a. Present the idea verbally or in writing at a senior management meeting and get endorsement (depends on the culture of the organization).

      This section of the business case could include:

      - The overall goals and objectives of the planning process
      - A summary of background information you have collected to provide the rationale and to demonstrate the need for the planning process
      - Relevance or fit of your initiative to the organization's strategic goal
      - Expected benefits or outcomes of this planning process and the potential costs or negative consequences if it is not implemented
      - A brief outline of proposed activities, participants and timeline.

   b. Identify the specific supports and resources that are required – you will likely need to put this part in writing or identify where you will be getting the supports/resources.

      Examples of potential items to consider in the development of a budget are:

      - Hiring a facilitator or secondment of other staff to provide leadership and support
      - Backfilling of staff to attend meetings
      - Refreshments and equipment for meetings
      - Parking vouchers
      - Teleconferences
      - Printing and photocopying
      - Site visits to other cancer services that have an APN model of care
      - Travel for data collection
      - Literature reviews
      - Collecting data from key informants through interviews or focus groups.

2. Proposal to implement the plan which may include the introduction of an APN role in a program area. If you already have an APN (s) hired, your proposal may focus on how to optimize the role of the APN and improve the delivery of care to patients. Details of this business case are found in Step Six.

Appendix B1

Healthcare Team Questionnaire (Example)

Identifying a Priority Patient Population for Healthcare Improvement

Instructions:

As you know the …….(name of team) is undergoing a healthcare planning process to determine the need for and focus of an advanced practice nursing (APN) role.

Role clarity and healthcare team agreement on the purpose and focus of the APN role is a predictor for the successful APN role implementation. Therefore, an important first step in planning for an APN role is to identify a patient population to be the priority for healthcare improvement. Establishing a priority patient population provides a focus for healthcare planning activities and leads to a clearly defined APN role and expected role outcomes.

It is recognized that all patients with ……(type or types of cancer) who are cared for by the …….. (name of team) are important. However, to effectively manage team resources it is important to set some priorities.

You have been identified as a member of the …….(name of team) and/or as someone with expertise related to the care of patients with this type of cancer. The purpose of this brief survey is to get your input about **which specific patient population should be a priority and why you feel they would benefit the most** from efforts to improve care delivery within this team.

When selecting your survey responses, consider the overall responsibilities of the team for providing cancer services rather than individual interests or responsibilities.

Please complete the survey and return by (insert date) to:

(Insert name of individual and method of return)

Thank You !!!……..For Completing This Brief Questionnaire!

Healthcare Team Questionnaire (Example)

1. Of the following patient populations with cancer cared for by this team, identify **ONE** population you feel is the **most important** to consider for the introduction of an APN role and/or improvements in the current model of care. *(Please check one only)*

   ☐ (option 1)
   ☐ (option 2)
   ☐ (option 3)
   ☐ (option 4)

2. For the priority patient population identified in question #1, which **stage of the cancer continuum** would be the **MOST IMPORTANT** to address? *(Check one only)*

   ☐ Prevention
   ☐ Screening
   ☐ Diagnostic
   ☐ Treatment
   ☐ Post-Treatment Follow-Up
   ☐ Recurrence
   ☐ Palliation

3. For the priority patient population identified in question #1, **what stage of cancer** would be the **MOST IMPORTANT** to address? *(Check one only)*

   ☐ Early Stage
   ☐ Locally Advanced
   ☐ Metastatic

4. For the priority patient population identified in question #1, **what types of cancer treatment** would be the **MOST IMPORTANT** to address? *(Check one only)*

   ☐ Surgery
   ☐ Radiation
   ☐ Systemic
   ☐ Combination Therapy

Healthcare Team Questionnaire (Example)

5. What are your reasons for selecting the priority patient population in question #1? *(Check all that apply)*

- ☐ High incidence group with a large volume of patients requiring care
- ☐ Complexity of the delivery and coordination of care
- ☐ Potential for severe disease related symptoms and poor quality of life
- ☐ Potential for severe treatment related side effects and poor quality of life
- ☐ Potential for life threatening disease related complications
- ☐ Potential for life threatening treatment related complications
- ☐ Potential for severe psychological and social complications
- ☐ There are patient safety issues or concerns
- ☐ Limited services currently exist for this population
- ☐ There is a shortage of healthcare providers with the expertise to care for this patient population
- ☐ Changes to care delivery for this population are very likely to result in positive improvements for patients, health providers, and/or the health system
- ☐ Provides the greatest potential for knowledge production and innovation because little is known about their healthcare needs
- ☐ Other (please describe): _____

_____

_____

6. Please provide any other information or recommendations you feel will be important for assisting the team in healthcare planning.

Thank You for Completing this Questionnaire!!

Appendix C1

Stakeholder Analysis Tools: Stakeholder Analysis Exercise

Stakeholder analysis exercise - instructions

1. From the macro level care map of the patient journey developed in Step One, identify and document all of the relevant stakeholder groups and key individuals who represent these groups in the worksheet below.

2. On your own or in a group, consider and discuss the types of interests each stakeholder group and key individuals may have related to the patient population and model of care.

3. Use Appendix C2 as a guide to identify and analyze the level of influence and support (e.g., high/low support, high/low influence) these stakeholder groups and individuals may have related to the patient population and model of care.

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

5. Brainstorm about possible strategies (see Appendix C3) to:
   - Maximize congruence between stakeholder interests and project goals for the model of care
   - Maximize stakeholder engagement at all stages of the planning process
   - Manage and/or minimize risks of stakeholder non-support

6. Evaluate the effectiveness of these strategies and revise or modify your approaches as necessary.

Note: Appendix C4 provides a worksheet to complete this exercise.

Appendix C2

Stakeholder Analysis Tools: Assessment of Stakeholder Support and Influence

	High Influence	Low Influence
High Support	Will positively impact on decision making and APN implementation initiatives Need lots of attention and information to maintain their buy-in	Can positively influence decision making and APN implementation if given attention Need attention to maintain buy-in and prevent development of neutrality
Low Support	Can negatively affect decisions making and APN role implementation Need a great amount of attention to obtain and maintain neutrality and work towards buy-in	Least able to influence decisions and APN role implementation Could have negative impact so should be monitored Lowest priority but requires some attention to obtain neutrality and to work towards buy-in

Adapted from: RNAO (2002). Best practice guidelines. *Toolkit: Implementation of clinical practice guidelines.* Retrieved from www.rnao.or/bestpractices/PDF/BPG_toolkit.pdf

Appendix C3

Stakeholder Analysis Tools: Stakeholder Management

Strategies for promoting stakeholder support

	High Influence	Low Influence
High Support	• Collaborate and empower • Support and nurture relationship • Encourage frequent involvement and opportunity to provide support • Seek feedback • Prepare for implementation	• Collaborate • Encourage some participation • Encourage feedback • Empower with professional status • Prepare for implementation
Low Support	• Consensus • Relationship building • Recognize needs • Use external stakeholders and consultants • Emphasize process • Involve at some level • Monitor and don't provoke reaction	• Consensus • Relationship building • Recognize needs • Use external stakeholders and consultants • Involve at some level • Monitor and don't provoke reaction

From: RNAO (2002). Best practice guidelines. *Toolkit: Implementation of clinical practice guidelines.* Retrieved from www.rnao.or/bestpractices/PDF/BPG_toolkit.pdf

Appendix C4

Stakeholder Analysis Tools: Worksheet

Worksheet for assessing stakeholder influence and support for APN role development, implementation and evaluation

Key Stakeholder Group & Representatives	Nature of Vested Interest in APN	Level of Influence	Level of Support	Management Strategies	Revised Strategies

Appendix C5

Strategies: Recruiting Members to the Project Team

Step Two: How to recruit people to the team

Although Step Two provides a detailed set of instructions on how to identify and engage stakeholders, you will likely need to engage a small core group of people at the outset to help you start the planning process. This group will form your planning committee and help you with the tasks.

Who do you recruit?

1. Manager of service area or delegate
2. APN if already hired
3. Medical, nursing and allied healthcare staff member
4. Patient and/or family member
5. Human Resource Department staff member
6. Others may be recruited once a thorough assessment is made by the core group.

How do you recruit?

- Be clear about what you want to achieve – have a vision – why do want to undertake the task of improving the model of care?
- Share your vision and goals with people in the above set of groups.
- Identify how much of their time you are asking, by when you want the work to be completed and what role they will play. It is helpful to have a draft terms of reference for the team developed so you can be consistent when you speak to people.
- Show your enthusiasm and commitment. Offer to provide details in writing so the individuals can speak to their manager or, in the case of patients, with their family.
- Identify what supports the individual will need – e.g., meetings could not take place in the evenings, or the person needs support speaking to their manager, etc.

Have a team launch session

- Getting off on the right foot is very important.
- Provide time for team members to get to know one another.
- Together, come up with team ground rules.
- Spend time together to clearly understand the goals for the team and plan out the process.
- Show your enthusiasm and commitment to the project and your pleasure with working with the team members.
- Decide on logistics in order to provide the necessary supports to team members.

Appendix D1

Needs Assessment Tools: Example of Needs Assessment Questions

Purpose:

To inform the development of an advanced practice nursing role in the Lung Disease Site Team, by identifying the priority unmet health needs of patients receiving concurrent radiation and chemotherapy for stage III non-small cell lung cancer prior to, during, and 1 month post treatment.

Needs assessment questions

i. Environmental scan to identify patient health needs and existing health services

From the research literature, what are the most frequently reported health needs for patients with stage III non-small cell lung cancer receiving concurrent therapy?

How many patients have been diagnosed with stage III non-small cell lung cancer in our region over the past 3 years?

How many patients referred to our team with stage III non-small cell lung cancer have received concurrent therapy over the past 3 years?

What are the types, prevalence, severity and importance of health needs experienced by patients receiving care from our team prior to, during, and 1 month post treatment?

What is the impact of disease and treatment on performance status and health related quality of life prior to, during and 1 month post treatment?

What types of health services are available for patients with stage III non-small cell lung cancer in our region?

ii. Documentation of health service use

How many patients with stage III non-small cell lung cancer receiving concurrent therapy were hospitalized for treatment complications over the past 3 years?

What were the most frequent treatment complications requiring hospitalization?

Needs Assessment Tools: Example of Needs Assessment Questions

What types of health services do patients with stage III non-small cell lung cancer receiving concurrent therapy report using prior to, during and 1 month post treatment?

Over the last 3 years, how many patients with stage III non-small cell lung cancer receiving concurrent therapy were referred to supportive care services?

iii. Identify unmet health needs or gaps in health needs and health service use

How do the health needs of our patients compare with those reported in the research literature?

How satisfied are patients with current team services in meeting their health needs related to concurrent therapy for stage III non-small cell lung cancer?

What factors contribute to severe and preventable treatment complications leading to hospitalization?

Are there differences in patient characteristics, unmet health needs, health related quality of life, and use of health services for those who complete or do not complete the full course of planned treatment?

How do our treatment completion and patient survival rates compare with those reported in the research literature?

iv. Recommendations for improving health services to better meet health needs

What are patient, family, and healthcare provider perceptions of the most important unmet health needs to address first?

What do patients, families and healthcare providers recommend as strategies for improving the model of care delivery to address unmet priority health needs?

Appendix D2

Guidelines for Determining the Need to Obtain Research Ethics Approval

Do I need to have my needs assessment approved by a research ethics board (or equivalent institutional review process)?

Before beginning your needs assessment, you will need to determine if ethics approval is required for the data collection component of your needs assessment.

Step 1: Not all needs assessment data collection activities will require Research Ethics Board approval. To determine if ethics approval is necessary, identify which of the two categories below your needs assessment fits. Data collection for the purpose of:

1. **Research** - Data collection that involves living human participants (e.g., accessing patient records, conducting interviews/focus groups with patients and/or healthcare professionals etc) for the purpose of research and that 'involves a systematic investigation to establish facts, principles or generalizable knowledge" [Article 1.1 – Tri-Council Policy Statement (TCPS): Ethical Conduct for Research Involving Humans]. This type of research requires ethics review.
2. **Quality Assurance or Quality Improvement (QA-QI)** - Data collection that involves gathering information related to quality assurance and quality improvement, program evaluation, and performance reviews or testing within normal educational requirements.

   Studies related directly to assessing the performance of an organization or its employees or students, within the mandate of the organization or according to the terms and conditions of employment or training that will be used **in-house** and is **not generizable** (not meant to go beyond the organizations), do not require ethics board review [Article 1.1(d) – TCPS]. However, there are times when this type of data collection can become "research". For example, if you wish to take data initially collected for QA purposes and present the data at a conference or publish it in a journal. Because this knowledge is no longer being used in-house and may be applied to other organizations, it becomes research and therefore subject to ethics review.

> The need for ethics approval may not always be clear. When in doubt, seek advice from a Research Ethics Board or the appropriate resource person in your institution.

To help you determine if your needs assessment requires ethics review ask yourself if the goal of the study is to contribute to generalizable knowledge or to improve or maintain a program, service? Because this isn't always clear, the TCPS advises that you should consult with your REB or equivalent ethics resource person within your institution. You can also consult the Panel on Research Ethics (PRE) website that contains interpretation of the

Guidelines for Determining the Need to Obtain Research Ethics Approval

TCPS on the question of whether a data collection activity is research or quality assurance at: http://pre.ethics.gc.ca/eng/policy-politique/tcps-eptc/interpretations/interpretation007/.

Canada's national guidelines are found in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS)[3] http://pre.ethics.gc.ca/policy-politique/tcps-eptc/docs/TCPS%20October%202005_E.pdf.

What do I do if I need ethics review?

Step 2: If you determine that your needs assessment data collection requires ethics approval, you will need to identify who should review your data collection procedures.

Some healthcare facilities have their own internal review process for research conducted within their institution, but that is not associated with any larger research board at a university level or health authority level. You will need to seek out the representative member of this committee (e.g., Ethics Officer, Ethics Administrator).

To protect patients, investigators, and the institution, Research Ethics boards ensure that research involving human subjects conducted under the auspices of particular institution meets the highest scientific and ethical standards.

All universities and academic healthcare facilities will have a Research Ethics Board (REB) with research ethics policies and procedures specific to the institution. Many institutions will have more than one research ethics board (e.g., Behavioural REB, Clinical REB or Faculty of Medicine REB). Consult your institution's REB website to determine which REB board is the most appropriate for your specific research/needs assessment.

Guidelines for Determining the Need for Obtaining Research Ethics Approval

Regardless of whether or not your needs assessment requires ethics review, your data collection must be guided by the following ethical principles which are commonly held and valued by most institutions and research disciplines:

- Respect for human dignity
- Respect for free and informed consent
- Respect for vulnerable persons
- Respect for privacy and confidentiality
- Respect for justice and inclusiveness
- Balancing harms and benefits

Tips for obtaining research ethics approval

- Consult the REB to determine if review is required.
- Find out application submission deadlines – turn around can be long – particularly in the summer months. Some university REBs may have a one month hiatus where they do not convene to review ethics applications.
- Ask administrative personnel who facilitate ethics review any questions you have about the process or completing the application.
- Submit your REB application as soon as possible.
- Submit the **final** version of study instruments (questionnaires, interview questions) and consent forms with your application. Changes to these documents usually require re-submission to the REB for approval in the form of an amendment, rather than a new application form. Check local procedures.
- Determine when you have to renew your ethics approval. Most institutions require a renewal one year after initial approval is granted.

Appendix D3

Needs Assessment Tools: Types of Needs Assessment Data and Data Sources

Types of Data and Variables	Data Sources
Indicators of health and health needs	
Demographic: age, education and gender	Government census and statistics data, agency reports, health records, published research
Socioeconomic: marital status, education, employment, finances, living arrangements, social supports	Health records, patients/families
Epidemiologic: trends in the incidence and prevalence of morbidity and mortality	Government census and statistics data, agency reports, health records, published research
Geographic: local, regional, provincial or national differences in the incidence and prevalence of morbidity and mortality	Government census and statistics data, agency reports, health records, published research
Health Status: performance status, health related quality of life	Published research, patients/families
Perceptions of Health Needs: current and future needs; unmet needs	Patients/families
Indicators of health services	
Range, type and number of existing health services: • Hospital, community, home services • Geographic locations • Hours of operation • Referral mechanisms • Policies • Costs	Annual agency reports, agency records, health authorities, government agencies
Experiences of gaps in services: effectiveness of service, efficiency of service provision, appropriateness of service	Patients/families/advocates
Skill mix of healthcare team: • Number and type of existing providers • Description of health provider roles and responsibilities • Training and experience	Agency records, professional associations, union reports, special workforce reports, Statistics Canada, government agencies
Supply and demand: • Vacancy rates, work load and work patterns • Recruitment, hiring, retention rates • Availability of new graduates	Agency records, professional associations, government agencies, education institutions
Work life: • Team function, quality of work life, job satisfaction, sick time, staff resources and supplies, salaries, incident or error rates, liability issues	Human resource records, agency reports, health providers, quality assurance data, complaint data, providers

Needs Assessment Tools: Types of needs assessment data and data sources

Types of Data and Variables	Data Sources
Service Use	
Characteristics of users: types of patients, health needs, care continuum	Patients, providers, health records, agency records
Types of health needs and problems addressed	Patients, health records, Canadian Institute of Health Information (CIHI), quality assurance reports
Sources of referral: from one provider to next or one part of system to another	Agency records, health records, CIHI
Waiting lists • Consultations • Treatments • Surgery • Bed in hospital • Emergency room	Agency records, government reports, quality report cards
Satisfaction with care: formal and informal data	Patients, quality assurance reports, special interest group reports
Quality of care indicators: range of indicators related to inputs, activities/services or processes, and/or outputs, outcomes (short, intermediate, long)	Quality assurance reports, quality report cards

Appendix D4

Needs Assessment Tools: Methods of Data Collection from Key Informants

Method of Data Collection	Indications for Use and Potential Strengths
Unstructured interviews: the interview is conducted without a pre-set guide of interview questions	• Useful when little is known about the topic • Allows key informants to tell their story • Leads to identification and in-depth understanding of the issues
Semi-structured interviews: the interview is guided by a set of pre-determined but open ended questions	• Provides detailed information and understanding about specific aspects of a topic or issue • May require multiple interviews until no new information is obtained • May be more useful than focus groups for understanding individual experiences and for exploring sensitive topics
Focus groups: group discussion led by a facilitator using a semi-structured interview guide	• Can collect lots of data from a large number of participants • Group discussion may trigger new insights and ideas • Permits examination of interaction among participants • Leads to the identification of common themes or experiences • Require 3 to 5 focus groups to reach data saturation
Structured survey: a questionnaire that may include a combination of open and closed ended questions that informants complete by self-report (electronically or on paper) or by a telephone or face-to-face interview with a data collector	• Can collect lots of data quickly from a very large number of informants • Can provide quantitive data or numbers (e.g., frequency counts, percentages, mean scores, ratings) that permit statistical analysis of key variables and comparison of responses for different categories of informants • Relatively cheap and inexpensive

Appendix D5

Needs Assessment Tools: Data Collection Worksheet with Sample Needs Assessment Questions

Needs Assessment Question	Variables	Data Sources	Methods of Data Collection
a) Patient health needs What are the type, severity and frequency of health needs experienced by elderly residents of retirement homes who have cancer?			
b) Health services What types of healthcare services and providers are available in our region to assist elderly residents of retirement homes in managing problems related to cancer?			
c) Health service use Over the past year, what were the types and frequency of healthcare services residents of retirement homes received to monitor and manage problems related to cancer?			

Needs Assessment Tools: Data Collection Worksheet with Sample Needs Assessment Questions

d) Unmet health needs and gaps in service What do retirement home residents and operators identify as the 3 most important barriers to the early assessment and management of problems related to cancer?			
e) Recommendations about goals and strategies for improving the model of care to better meet patient health needs What strategies do retirement home residents and health providers identify to improve self-care management of common problems related to cancer for those living in retirement homes?			

Appendix D6

Inventory Checklist of Needs Assessment Activities, Skills and Sources of Expertise

Needs Assessment Activity	Skills and Expertise	Sources	✓
Literature review	Conduct a systematic search of published data and grey literature using focused questions	Library staff, graduate students, advanced practice nurses (APNs), health providers	
	Ability to search relevant electronic databases and websites	As above	
	Retrieve relevant articles	As above, students, volunteers	
	Critically appraise and summarize retrieved literature	Faculty, researchers	
Structured surveys of key informants or chart audits	Questionnaire development	Researcher, faculty, graduate student, health planner, APNs, managers	
	Distribute and collect survey data	As above, health records staff, clerical staff, volunteers	
	Data entry and analysis	As above, statistician	
Review of existing agency records on health services use and quality of care	Understanding of in-house information systems and types of data collected, data parameters	Information specialists or data management staff, managers	
Focus groups and interviews of key informants	Understanding of qualitative data collection methods and analysis	Researcher, faculty, graduate student, health planner, consultant, APNs, health providers, managers	
	Interview skills	As above	
	Group facilitation skills	As above	
	Transcribing skills to transfer audio-tapes into written reports for analysis	Transcriptionist, secretarial staff	

Appendix D7

Needs Assessment Tools: Budget Template

Item	Justification	Cost
Personnel Costs		
Data collectors and data analyzers • Complete ethics review forms and develop consent forms • Develop and pilot data collection tools (interview guides, questionnaires, chart audit tools) • Identify and retrieve literature review articles • Conduct key informant interviews and/or focus groups • Transcribe audio-taped interviews/focus groups into typed report • Qualitative data analysis • Collect survey and/or chart audit data • Develop SPSS databases or excel spreadsheet and input data from structured questionnaires and chart audits • Quantitative data analysis	# of hours X hourly rate plus any required fringe costs Cost per transcription	
Survey Costs		
Printing of questionnaires Mailing of questionnaires Token gifts of appreciation for completing questionnaire		
Focus Group Costs		
Meeting room Refreshments Parking Token gifts of appreciation for participating Equipment such as flip charts		
Supplies and Equipment		
NVivo and SPSS software Audio-recording equipment Office supplies such as paper, envelopes, pens, markers Photocopying		
Possible In-Kind Expenses		
Literature Search: In-house library services, university library services, students, volunteers **Data collection:** In-house data management specialists, staff, students, volunteers **Administrative/clerical support:** typing reports, forms, questionnaires, and invitations; scheduling meetings, meeting planning **Meeting rooms and equipment**		

This budget template lists a wide range of needs assessment activities and associated costs. Only select the costs that are relevant to your specific needs assessment plan.

Appendix D8

Needs Assessment Tools - Patient Focus Group Invitation Letter (Sample)

Organization Logo Here
Date
Patient's Name and Address

Dear _____

The _____Cancer Program is involved in a very exciting project to learn more about ways we can improve the care we provide for patients with _____(cancer type). ***An important strategy for providing cancer care services that are most effective for meeting the needs of patients is to include patients in the healthcare planning process.***

We are very interested in getting input from patients, like yourself, who have received treatment for this type of cancer.

We are inviting you to participate in a group discussion to assist us in our healthcare planning. This meeting will be led by an expert facilitator who is not an employee or health provider who has been involved in your care. The group will include 6 to 8 other patients who received the same treatment as you.

At this meeting the group will talk about the types of health problems they experienced, how helpful the healthcare system and cancer program were in addressing these problems, and ways to improve current care. To accurately capture all of your important ideas, the discussion will be audio-taped and then transcribed into a written report.

The group discussion will take about 1 to 1.5 hours in total and will take place on:

DAY, Month at X time in room XX at the _____Cancer Program

You will be reimbursed for your parking costs to attend this meeting. You will also receive a $15 gift certificate as a token of our appreciation for your valuable time and input into this important initiative.

You participation in this meeting is entirely voluntary and your choice to participate will not affect your care at the cancer centre in any way.

Your involvement and the information you provide at the discussion group will be completely confidential. You as an individual will not be identified in the written report.

We are very excited about the opportunity of learning from patients about how we can best provide cancer care, and hope that you will be able to join us for this very important meeting.

If you have any questions about this meeting please do not hesitate to contact XXXXXX at XXXXX.

Thank you for considering our request for you to participate in this meeting! Your support is greatly appreciated.

Yours Sincerely,

Appendix D9

Needs Assessment Tools: Patient Focus Group Semi-Structured Interview Guide (Sample)

The focus of our discussion is on understanding your healthcare experiences during the time period leading up to and just before your first day of chemotherapy and radiation treatment. This time period includes events leading to the diagnosis of your cancer, the process of treatment decision-making and getting prepared for treatment.

1. You have been provided with a map that outlines the journey or the sequence and types of healthcare services patients may use during this time period. How similar is this map with your own healthcare experience?
   - Discuss similarities and differences
   - Is this map an accurate representation of most patient experiences?

2. In addition to services outlined in the care map, what other types of healthcare providers did you see and/or healthcare services did you use?
   - Consider traditional inpatient and outpatient healthcare providers and services
   - Consider less traditional healthcare providers and services in the community

3. During this time period, what health needs, problems or concerns did you experience?
   - Information, physical, emotional, social, functional, practical, financial, spiritual needs
   - Most severe or distressing health needs

4. How well were your health needs, problems or concerns met?

5. What difficulties did you experience in meeting your health needs, problems or concerns?
   - Barriers (access, availability, awareness, affordability, coordination, continuity of care, responsiveness, timeliness)

6. What types of assistance were most helpful for meeting your health needs, problems or concerns?
   - Facilitators (access, availability, awareness, affordability, coordination, continuity of care, responsiveness, timeliness)

Needs Assessment Tools:
Patient Focus Group Semi-Structured Interview Guide (Sample)

7. How were healthcare providers and services helpful/unhelpful in meeting or addressing your health needs, problems or concern?

8. Overall, how satisfied were you with the care you received at the cancer centre?

9. Based on your experiences, what recommendations would you make on how to improve healthcare services to better meet the needs of patients with your type of cancer?

10. Of all the health needs, problems or concerns you experienced, which needs are most important and should be a priority for future efforts to improve care for patients affected by your type of cancer?

Appendix D10

Needs Assessment Tools: Healthcare Provider Focus Group or Interview Guide (Sample)

The focus of our discussion is on your views about patient experiences and how care is provided during the pre-treatment stage of the cancer continuum. This time period includes events leading to the diagnosis of cancer, the process of treatment decision-making and getting prepared for treatment.

1. You have been provided with a care map that outlines the journey or the sequence and types of healthcare services patients may use during this time period. How similar is this map with the healthcare experiences of the patients you care for?
   - Discuss similarities/differences. Does the map accurately reflect most patient experiences?

2. In addition to services on the care map, what other healthcare providers and services do patients use?
   - Consider traditional inpatient and outpatient healthcare providers and services
   - Consider less traditional healthcare providers and services in the community

3. During this time period, what health needs, problems or concerns do patients experience?
   - Information, physical, emotional, social, functional, practical, financial, and spiritual needs
   - Most severe or distressing health needs

4. How well do you feel these health needs, problems or concerns are met?

5. As a healthcare provider, what difficulties or challenges do you experience in meeting the health needs, problems or concerns of the patients you care for?
   - Systems barriers (access, availability, awareness, affordability, coordination, continuity of care, responsiveness, timeliness)
   - Provider barriers (knowledge, skills, team function, supports, workload, staffing issues etc.)
   - Factors that impact on quality of work life

6. How are existing healthcare providers and services helpful/unhelpful in meeting patient health needs, problems or concerns?
   - Facilitators (types of services and interventions, qualities/expertise of providers and services that make it a positive healthcare experience)
   - Barriers (access, availability, awareness, affordability, coordination, continuity of care)

Needs Assessment Tools: Healthcare Provider Focus Group or Interview Guide (Sample)

7. Overall, how satisfied are you with the quality of care you are able to provide for your patients?
   - What factors impact on provider satisfaction/dissatisfaction with quality of care?
   - Areas where practice could be improved

8. Of all the health needs, problems or concerns that patients experience, which needs are most important and should be a priority for future efforts to improve care delivery?

9. What are your recommendations to improve healthcare services for patients with this type of cancer?
   - Changes or new approaches in how services are organized and delivered
   - Changes in the numbers and complement of healthcare team members

10. What types of strategies, approaches and resources will be required to implement these recommendations?
    - Team, clinical, educational, organizational, research, economic, administrative, cultural

Appendix E1

Problem Analysis – The Five Why Method

1. The Five-Why Method

In less complex situations, repeated questions about "why" a particular unmet health need exists, may lead to identification of the root cause or problem[1-3]. When the situation is relatively simple, the root problem may be identified quite quickly. Table 1 provides an example of using the Five-Why Method.

Steps for using the Five-Why Method

I. Using the needs assessment data collected in Step Three, have the team define the unmet health needs. On a flip chart, record this definition and describe what is known about this issue.

II. Next, ask the team "why" this unmet need has occurred and record this answer.

III. If this answer, does not resolve the cause of the unmet need, repeat the "why" step again until a resolution is found. If you need to repeat the "why" step more than four times, the situation may be complex and require different problem solving approaches.

Advantages of the Five-Why Method:

- Simple and inexpensive to use
- Separates symptoms from root causes that contribute to unmet health needs
- Identifies relationships among various problems or root causes
- Can be used alone or in collaboration with a healthcare planning team

Potential Disadvantages of the Five-Why Method:

- May lead to guess work about potential causes if answers to "why" are not supported by observations or data from the needs assessment
- May lead to identification of a problem for which there is no solution

Problem Analysis – The Five Why Method

To avoid the trap of simply guessing about potential causes of unmet needs, validate or confirm the answers to each of the "why" questions using the data from the needs assessment or other available sources. Ask, how do we know this answer? Or what data supports this answer?

To ensure that the answers are complete consider if any other factors or root causes that may contribute to the unmet health needs.

TABLE 1

Example of the Five Why Method

The Unmet Health Need:

Prevention of febrile neutropenia in patients receiving chemotherapy for locally advanced breast cancer.

Description of the unmet health need:

On needs assessment, this patient group was found to have a higher incidence of febrile neutropenia compared to incident rates in the published literature. Febrile neutropenia was also associated with several negative consequences or outcomes for patients and the health system including higher hospital costs, decreased quality of life, and subsequent treatment delays and dose reductions.

Problem Identification:

1. *Why are more patients with locally advanced breast cancer experiencing febrile neutropenia?*

   Because patients are experiencing more severe and longer periods of neutropenia with their first course of chemotherapy.

2. *Why are patients with locally advanced breast cancer experiencing more severe and longer periods of neutropenia with their first course of chemotherapy?*

   Because we are treating an increased number of younger patients with a new and more myelosuppressive therapy.

Problem Analysis – The Five Why Method

TABLE 1

3. *Why are we treating an increased number of younger patients with a new and more myelosuppressive therapy?*

   Because although there is an increased risk for febrile neutropenia, there is also an increased chance of curing patients in this age group.

4. *Why is there an increased incidence of febrile neutropenia for younger patients at our centre compared to incidence rates in the published literature?*

   Because younger patients are not receiving neupogen until cycle two or after they have experienced an episode of febrile neutropenia.

5. *Why are patients are receiving neupogen after the first cycle of treatment?*

   Because not all healthcare team members are aware of government guidelines recommending the use of prophylactic neupogen for this new treatment.

Root Cause:

In this situation, the root cause or problem contributing to a higher than expected rate of febrile neutropenia is the lack of healthcare provider knowledge about the use of prophylactic neupogen with the first cycle of chemotherapy.

Solutions or strategies for preventing episodes of febrile neutropenia, would focus on educating healthcare providers about the use of prophylactic neupogen.

Appendix E2

Problem Analysis - The Drill Down Method

Some unmet health needs can be quite complex and associated with a number of potential factors or causes. The Drill Down Method[4] can be used to break complex problem situations down into more manageable parts so that all contributing factors and therefore possible solutions for resolution can be identified.

Drill Down Steps

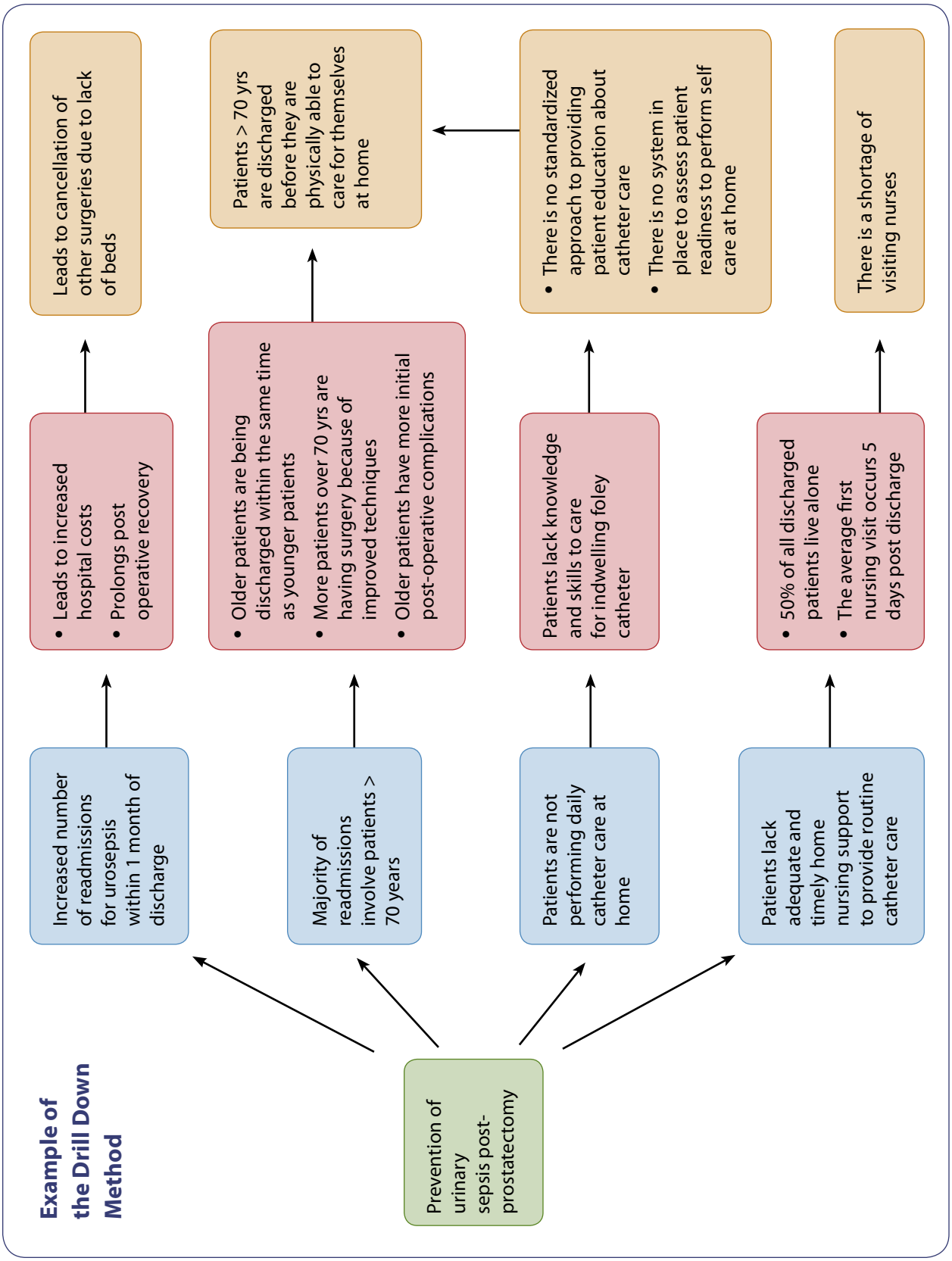
I. On a large sheet of paper, define the unmet health needs identified from the needs assessment in Step Three.

II. To the right of this unmet need, write down all of the different parts or factors that contributes to this problem.

III. For each one of these factors above, keep "drilling down" or generate other lists of contributing factors that help to describe and understand how these issues contribute to the unmet need. Whenever possible, draw on data from the needs assessment or other sources to validate or confirm these factors. If necessary, identify what additional information may be required to understand how these factors relate to the unmet health need.

The table below provides an example of the Drill Down Method.

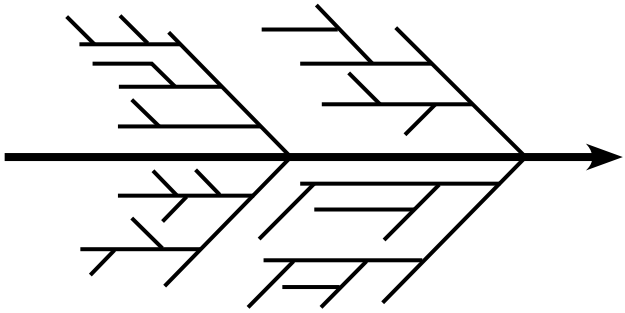
Problem Analysis - The Drill Down Method



Appendix E3

Problem Analysis - Cause and Effect/Ishikawa/Fishbone Diagrams

Cause and Effect/Ishikawa/Fishbone diagrams are used to explore all the potential or real causes (or inputs) that result in a single effect (or output).[5] Causes are arranged according to their level of importance or detail, resulting in a depiction of relationships and hierarchy of events. This can help you search for root causes, identify areas where there may be problems and compare the relative importance of different causes.

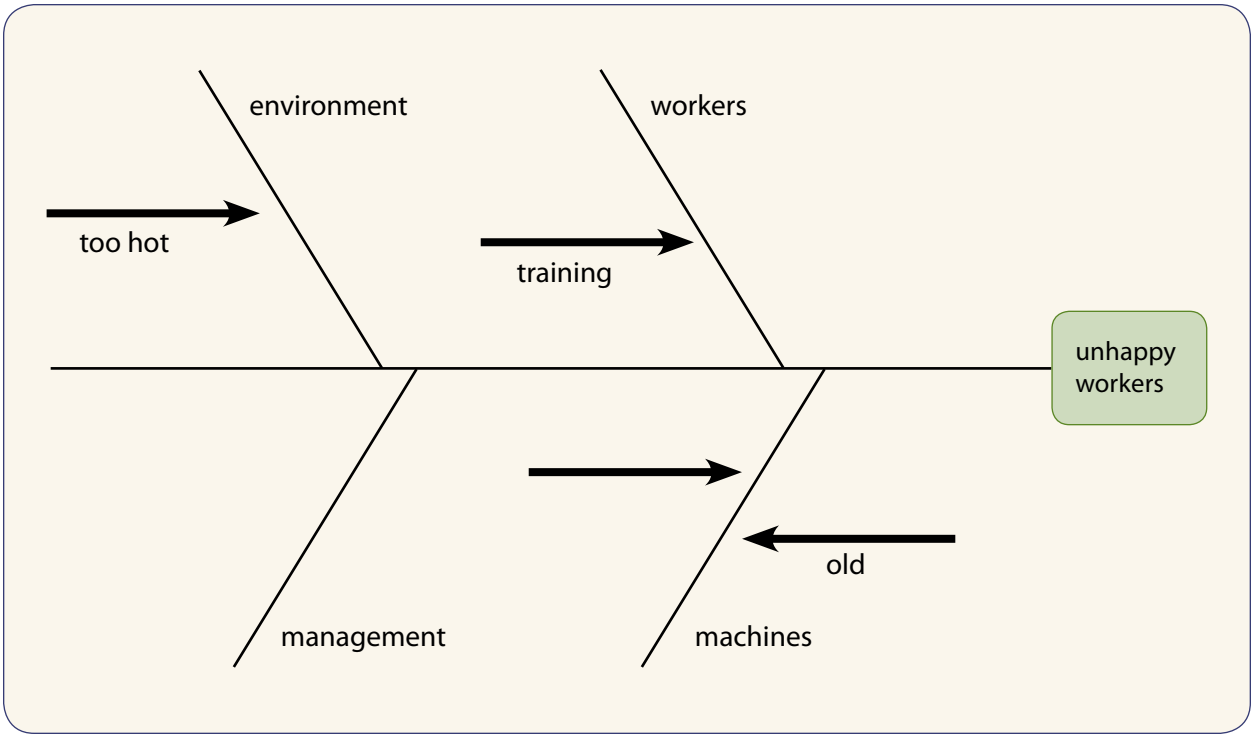


How to build a cause and effect diagram:

1. Be sure everyone agrees on the effect or problem statement before beginning.
2. Be succinct.
3. For each node, think what could be its causes. Add them to the tree.
4. Pursue each line of causality back to its root cause.
5. Consider grafting relatively empty branches onto others.
6. Consider splitting up overcrowded branches.
7. Consider which root causes are most likely to merit further investigation.

Problem Analysis - Cause and Effect/Ishikawa/Fishbone Diagrams

Example of a cause/effect/Ishikawa/Fishbone Diagram



Adapted from: Sky Mark Corporation. (2009). *Cause and Effect Diagram.* Retrieved August 11, 2009 from http://www.pathmaker.com/resources/tools/cause.asp

Appendix E4

Sample Criteria to Establish Priority Problems in Meeting Patient Health Needs

1. Opportunity for gains in health or reducing the burden of illness:
   - Magnitude of unmet health needs
   - Severity of unmet health needs
   - Urgency of health need related to mortality
   - Disparity in unmet health needs
   - Preventability
   - Risk factors

2. Consistency between problems in meeting unmet patient health needs and patient priorities for improving their health and/or needs for healthcare.

3. Fit with organization's mission, vision, values, and strategic goals.

4. Degree of alignment with external directives
   - Government policies, programs, legislation
   - Regional or provincial health service priorities and goals

5. Clinical impact
   - The magnitude of unmet health needs and demand for care will be sufficient to ensure clinical competency, patient safety, and effective care
   - Uniqueness of unmet health needs

6. Innovation
   - Opportunities to develop new and improved approaches to care delivery that may be applied to similar patient populations in other settings
   - Opportunities for research

7. Degree of alignment with academic commitments
   - Education and/or research

Sample Criteria to Establish Priority Problems in Meeting Patient Health Needs

8. Health services
   - Opportunities to address healthcare provider and organizational needs (i.e. cost savings, improved care efficiency, health provider job satisfaction)

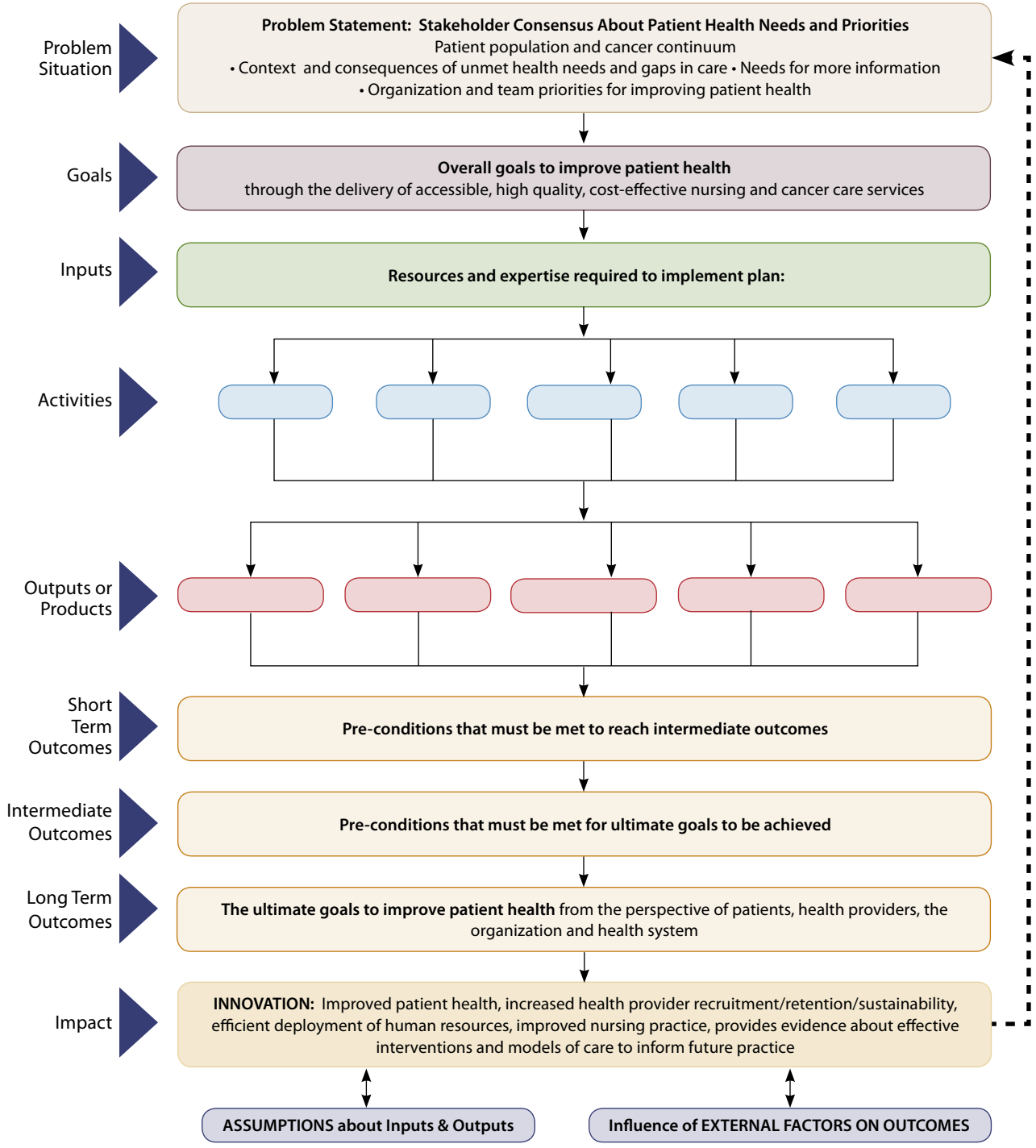
9. Evidence
   - Quality of data about problems in meeting patient health needs
   - Availability of effective clinical and/or health service interventions

10. Partnerships
    - Opportunities to enhance community/regional partnerships
    - Alignment of identified problems with stakeholder priorities

11. Feasibility and sustainability
    - Likelihood of sufficient funding or human resources to address the problem

Appendix E5

Logic Model for Advanced Practice Nursing (APN) Role Development, Implementation and Evaluation

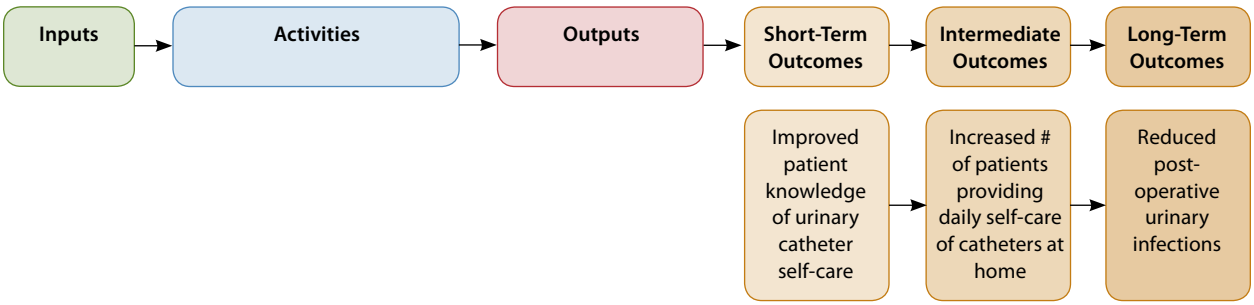


Appendix E6

Logic Model Example – Prostate Cancer Scenario

Problem Statement: Increased rates of preventable post-operative urinary sepsis in high risk patients > 70 years undergoing radical prostatectomy; due to poor patient self-care, inadequate nursing assessment of patient readiness for discharge, and insufficient home nursing support resulting in prolonged recovery, increased re-admission rates and lengths of stay, and cancellations of other surgeries.

Goal: To prevent urinary sepsis post radical prostatectomy for high risk patient > 70 years through improved pre and post operative assessment and management



Appendix E7

Developing a Problem Statement

How to develop a problem statement

The problem statement is the foundation for logic model development. Problems do not occur in isolation, but within the context of a specific setting or situation. A variety of socio-political, environmental and economic factors within the situation may be associated with problems in meeting patient health needs. If you incorrectly understand the situation and misdiagnose the problem and related factors, everything that follows is also likely to be incorrect. Take time to understand the situation and carefully define the problem. This may be the most important step. As you are writing a situation or problem statement, consider the following questions:

1. What is the problem/issue (e.g., What are the problems in meeting patient health needs?)
2. Why is this a problem? (causes of the problem)
3. For whom (individual, group, community) does this problem exist?
4. Who has a stake in the problem? (Who cares whether it is resolved or not?)
5. What do we know about the problem/issue/people involved? What research evidence do we have? What does existing research and experience say?

Enter Your Problem Statement Here

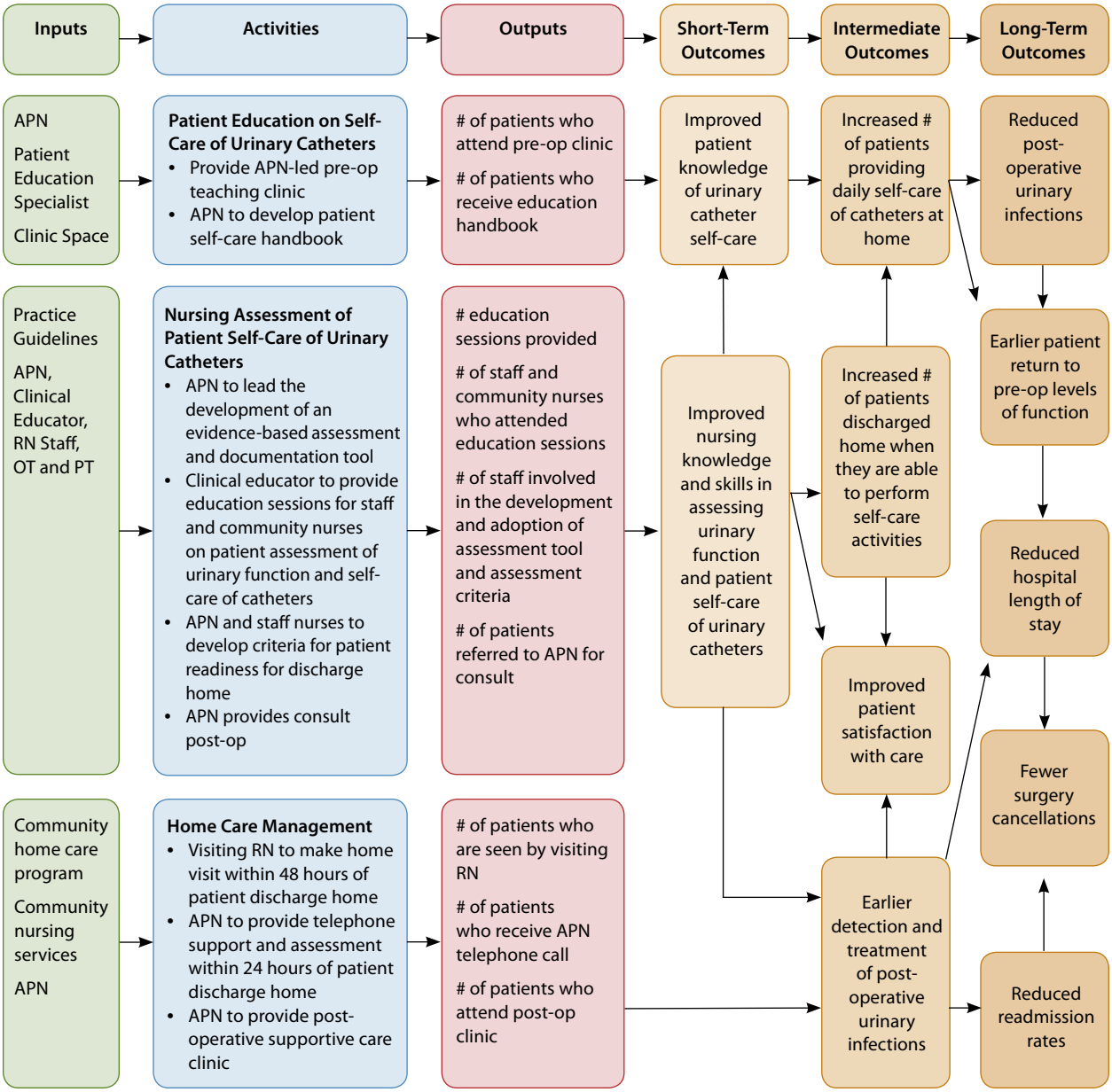
Appendix F1

Logic Model Example - Full

Logic Model Example

Problem Statement: Increased rates of preventable post-operative urinary sepsis in high risk patients > 70 years undergoing radical prostatectomy; due to poor patient self-care, inadequate nursing assessment of patient readiness for discharge, and insufficient home nursing support resulting in prolonged recovery, increased re-admission rates and lengths of stay, and cancellations of other surgeries.

Goal: To prevent urinary sepsis post radical prostatectomy for high risk patient > 70 years through improved patient education and pre and post operative nursing assessment and management



Appendix F2

Delegation of Controlled Acts for Nursing and the Use of Directives

Delegation of controlled acts is the authorization from a regulated health professional that is authorized to perform a controlled act under their specific Health Profession Act to another regulated or non-regulated professional. There are 13 controlled acts. The following are the controlled acts (the ones in italics are acts that are authorized to nursing):

1. Communicating to the individual or his/her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably possible that the individual or his/her personal representative will rely on the diagnosis.

2. *[Performing a procedure on tissue below the dermis, below the surface of a mucous membrane],* in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.

3. Setting or casting a fracture of a bone or dislocation of a joint.

4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.

5. *[Administering a substance by injection or inhalation.]*

6. *[Putting an instrument, hand or finger]*
   a. *Beyond the external ear canal,*
   b. *Beyond the point in the nasal passages where they normally narrow,*
   c. *Beyond the larynx,*
   d. *Beyond the opening of the urethra,*
   e. *Beyond the labia majora,*
   f. *Beyond the anal verge, or*
   g. *Into an artificial opening into the body.*

7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.

8. Prescribing, dispensing, selling or compounding a drug as defined in clause 113(1) (d) of the Drug and Pharmacies Regulation Act[6] or supervising the part of a pharmacy where such drugs are kept.

9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eyeglasses other than simple magnifiers.

Delegation of Controlled Acts for Nursing and the Use of Directives

10. Prescribing a hearing aid for a hearing impaired person.

11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.

12. Managing labour or conducting the delivery of a baby.

13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.

Directives are written orders given in advance by an authorized regulated healthcare professional for a procedure to another implementer (often a physician is the ordering authority but this can also be an RN in the extended class with an RN as the implementer) to carry out a procedure under specific conditions. Implementers must determine that they have the knowledge, skills and competency to carry out the procedures before undertaking the directive.

From: College of Nurses of Ontario. (2005). Legislation and regulation. RHPA: Scope of practice, controlled acts model. www.cno.org

Appendix F3

Understanding Types of APN Roles in Ontario*

Characteristics	Clinical Nurse Specialist	NP Primary Healthcare (NP-PHC)	NP-Adult	NP-Pediatric	Advanced Oncology Nurse
License	RN	RN (EC)**	RN (EC)**	RN (EC)**	RN or RN (EC)
Protected title	no	yes	yes	yes	no
Required Education	Graduate degree in nursing. Expertise in a clinical specialty	BScN or MN from approved NP program	MN from approved NP program	MN from approved NP program	Graduate degree in nursing
Additional education	PhD Oncology or palliative care certificate program	PhD	PhD	PhD	PhD Oncology certificate program
Other credentials	Advanced nursing certification exam[7]				Advanced oncology nursing certification exam[7]
Scope of Practice	Same as for RNs 3 controlled acts***[8]	3 controlled acts for nursing plus 4 additional acts****[8]	3 controlled acts for nursing plus 4 additional acts****[8]	3 controlled acts for nursing plus 4 additional acts****[8]	Dependent on RN or RN(EC) license
Standards of Practice	Clinical Practice Education Research Consultation Leadership[9]	Practice; Consultation with MDs; Communicating a diagnosis; Prescribing drugs; Ordering lab tests; Ordering x-rays, ultrasounds and other diagnostic tests; Completing a medical certificate of death; Quality assurance; Initiation and performance of controlled act procedures[10]	As for NP-PHC	As for NP-PHC	Clinical Practice, Education, Research, Organizational Leadership, Professional and Scholarly Development[7]
Practice Settings	Inpatient, outpatient, home, long-term care and independent practice	Community health centre, family practice, emergency department, inpatient, outpatient, home, long-term care	Inpatient, outpatient, home, long-term care	Inpatient, outpatient, home, long-term care	Settings where patients who are at risk for or affected by cancer receive care

*Not included in this summary is a new APN role in Ontario, NP-Anaesthesia that has been approved but not yet introduced; **Extended class license requires NPs to successfully complete a separate licensing exam. ***Three controlled acts for nursing: 1) performing a prescribed procedure below the dermis or a mucous membrane; 2) Administering a substance by injection; and 3) Putting an instrument, hand or finger beyond the external canal, beyond the point in nasal passages where they normally narrow, beyond the larynx, beyond the opening of the urethra, beyond the labia majora, beyond the anal verge, or into an artificial opening into the body. ****RN(EC) controlled acts: 1) communicate a diagnosis; 2) order the application of a form of energy prescribed by the regulations (i.e. specific xrays and ultrasound); 3) prescribe a drugs as designated in the regulations, and 4) administer a drug by inhalation or injection that the member has prescribed.

Appendix F4

Examples of Restrictions to RN (EC)License for NPs in Ontario

The Nursing Act authorizes the RN (EC) to prescribe drugs from two approved schedules or drug lists; immunizing agents and prescription drugs.

The Laboratory and Specimen Collection Centre Licensing Act outlines laboratory tests that can be ordered by the RN (EC).

The Nursing Act and the Expanded Nursing Services for Patients Act (1997) and Section 6 of the Healing Arts Radiation Protection Act outlines the types of ultrasounds and x-rays that can be ordered by the RN (EC).

The Public Hospitals Act permits NPs to order diagnostic tests and treatment (e.g., prescribe drugs in outpatient departments of the hospital, but not hospital inpatient units).

Hospital privileges approved by Medical Advisory Committee are required for the RN (EC) to prescribe and treat in outpatient departments.

Medical directives approved by the Medical Advisory Committee are required for the RN (EC) to implement controlled acts for inpatient settings.

Under the Nursing Act, there are restrictions on the types of procedures an RN (EC) can order RNs or RPNs to perform.

The laboratory, diagnostic drug lists (document #41059) are updated on an annual basis and can be obtained from the CNO website at www.cno.org or by Fast Fax at 416-963-7502 or toll free at 1-877-963-7502.

Note: In 2010, new legislation will expand RN (EC) authorization for ordering tests and prescribing medications. Please see the online version of the toolkit for future updtes on RN (EC) prescribing and diagnostic authority.

Appendix F5

National Documents and Position Statements on APN Roles in Canada

Characteristics	Clinical Nurse Specialist (CNA, 2009)[9]	NP Core Competency Framework (CNPI, 2005)[11]	Framework of Advanced Nursing Practice (CNA, 2008)[12]	Advanced Oncology Nurse (CANO, 2001)[7]
Description	The CNS is a registered nurse who contributes to the health of Canadians within a primary healthcare framework. CNSs improve access to effective, integrated and coordinated healthcare across the care continuum. The CNS contributes to the development of nursing knowledge and evidence-based practice. With in-depth knowledge and skills, advanced judgment and clinical experience in a nursing specialty, the CNS assists in providing solutions for complex healthcare issues at all levels with patients, families, other disciplines, administrators and policy-makers.	"NPs are registered nurses with advanced skills and knowledge in health assessment, promotion and management and disease prevention." "NPs provide essential health services including the management of acute and chronic disease within a holistic model of care in collaboration with clients, physicians and other health providers."	Advanced nursing practice (ANP) is an umbrella term used to describe a variety of roles, such as the clinical nurse specialist or specialty nurse practitioner. ANP describes an advanced level of nursing practice that maximizes the use of in-depth nursing knowledge and skill in meeting the health needs of clients (individuals, families, groups, population or communities). ANP contributes to nursing knowledge and the development and advancement of the profession."	An Advanced Oncology (AON) Nurse is a Registered Nurse, who has developed in-depth knowledge and clinical experiences in oncology. Advanced oncology nursing expertise is utilized throughout the cancer care continuum (prevention, early detection, diagnosis, treatment, and palliative care). May be a CNS or NP.
Recommended Education	Master's or doctoral degree in nursing and expertise in a clinical specialty	Successful completion of a nurse practitioner education program or program equivalency review	Graduate degree in nursing	Graduate degree in nursing
Other credentials				Advanced oncology nursing certification exam
Scope of Practice	May extend beyond Registered Nurse (RN) scope of practice	Builds on the competencies required of the RN	May extend beyond the RN scope of practice	May extend beyond the RN scope of practice

National Documents and Position Statements on APN Roles in Canada

Characteristics	Clinical Nurse Specialist (CNA, 2009)[9]	NP Core Competency Framework (CNPI, 2005)[11]	Framework of Advanced Nursing Practice (CNA, 2008)[12]	Advanced Oncology Nurse (CANO, 2001)[7]
Competencies	Clinical Practice Education Research Consultation Leadership	**Core competencies:** • Health assessment and diagnosis • Healthcare management and therapeutic interventions • Health promotion and prevention of illness, injury, and complications • Professional role and responsibility *Specific roles and competencies of NPs will be determined by their context of practice (population health needs, availability and access to other health professionals, access to clinical and community resources, and other support systems)	Clinical Research Leadership Collaboration Change Agent	Clinical Practice Education Research Organizational Leadership Professional and Scholarly Development
Practice Settings	Hospital, out patient, community home care, long-term care and independent practice	Community, specialty clinics, long-term care facilities, emergency departments, urgent care centres, and hospitals. Varies according to patient population.	Varies according to patient population	Settings where patients who are at risk for or affected by cancer, receive care

NP = nurse practitioner

Models of Advanced Oncology Nursing Practice

Example	Patient Specific	Disease Focused	Symptom Focused	Treatment Focused	Continuum of Care Focused	Practice Setting Focused
Corner et al. 1996[13] Bredin 1999[14]			Dyspnea in advanced lung cancer			
Moore et al, 2002[15]		Lung Cancer			Post treatment follow-up	
Faithfull et al., 2001[16]				Nurse led follow-up for patients receiving pelvic radiation		
McCorkle et al., 1989[17]						Home care
McCorkle et al., 2000[18]	Elderly patients post cancer surgery					Home care
McKenna et al. 2004[19]						Outreach follow-up care in rural communities
Ritz et al., 2000[20]					Newly diagnosed women with breast cancer	
Sansbury et al., 2003[21]					Screening for colorectal cancer	
Morocom et al. 2005[22]					NP led colorectal screening clinic	
Corner et al. 2003[23]					Macmillan nurse Palliative care	

Appendix F7

Algorithm for Making Decisions for Introducing the APN Role

Goals to address unmet patient health needs require the implementation of new patient care activities that are within the scope of practice of the registered nurse.

Yes ↓

No → Role requires no nursing expertise → Consider alternative health provider role.

No → Requires nursing expertise but will not provide direct clinical care → Consider nurse manager, nurse educator, nurse researcher roles.

Advanced nursing knowledge and skills are required to assess, manage, and coordinate the care of patient populations at risk for or affected by cancer who have complex, multiple, and specialized health needs.

Yes ↓

No → Consider a specialized oncology registered nurse in a non-advanced clinical practice role such as a primary nurse, case manager or clinical coordinator.

In addition to oncology nursing care, goals to improve cancer nursing practice and care delivery require expertise and the integration of education, research, organizational leadership and professional development activities.

Yes ↓

No → Consider strategies for augmenting a specialized oncology registered nurse role such as a primary nurse, case manager or clinic coordinator.

Select the most appropriate type of advanced practice nursing role.

↓

Goals for improving nursing practice and care delivery require a stronger emphasis on education, research, organizational leadership and professional development activities compared to clinical activities.

No ↓

Yes → **Consider Clinical Nurse Specialist Role**

Scope of practice is beyond that of a registered nurse (i.e. requires RN(EC) license).

Yes ↓

No → **Consider Clinical Nurse Specialist Role**

Consider nurse practitioner (NP) role.

↓

Goals focus on health needs related to cancer prevention or screening, chronic disease management or palliation for patient populations in community, primary, long-term, emergency, or home care settings: **Consider NP-Primary Healthcare Role**

OR

Goals focus on health needs related to cancer diagnosis, treatment, recurrence, survivorship, and/or palliation for adult patient populations (> 17 years of age) requiring care in acute, ambulatory, home, or long-term care settings: **Consider NP-Adult Role**

OR

Goals focus on cancer diagnosis, treatment, recurrence, survivorship, and/or palliation of pediatric patient populations (< 17 years of age) requiring care in acute, ambulatory, home, or long-term care settings: **Consider NP-Pediatric Role**

Appendix F8

Sample APN Job Descriptions

Sample 1

POSITION TITLE:	NP-Adult Outpatient Palliative Care	**INCUMBENT:**
REPORTS TO:	Director, Emergency and Acute Medicine	**APPROVAL SIGNATURES:**
DIVISION/ DEPARTMENT:	Patient Care Services	_____ Incumbent
DATE:	August, 2007	_____ Supervisor

POSITION SUMMARY:

The Acute Care Nurse Practitioner, Outpatient Palliative Care at Smith's Community Hospital is a registered nurse who has acquired advanced knowledge and skills through a combination of experience in caring for oncology and palliative individuals and families and a Master's level education.

The purpose of the APN is to enhance nursing practice and patient focused outcomes for oncology and palliative patients and their families through expanded, direct and comprehensive care, education, research, professional and organizational leadership.

This role demonstrates a high level of autonomy and expertise in formulating clinical decision and appropriately managing a focused population of oncology and palliative patients. The principle responsibilities include:

1. Applying an integration of theoretical, research and practical knowledge in providing holistic care for oncology and palliative patients and their families from diagnosis through to cure or palliation, including bereavement.
2. Collecting and interpreting data for the purposes of determining and treating complex human responses of individuals and families to actual or potential health problems including medical diagnoses.
3. Playing a leadership role and performing quality improvement and administrative responsibilities.
4. Participating in policy and procedure development activities/programs.
5. Performing activities and conducting/implementing/utilizing research to further develop evidence based nursing practices and strengthen the nursing profession.
6. Acts as an educator, resource and consultant to individuals and groups within the community, profession and healthcare system.

REPORTING RELATIONSHIPS:

Reports to Director, Emergency and Acute Medicine. Medical Liaison is primarily with the Medical Director, Cancer Clinic

Sample APN Job Descriptions

GENERAL ACCOUNTABILITIES:

QUALIFICATIONS

1. A Registered Nurse with a current Certificate of Competence from the College of Nurses of Ontario.
2. Master's Degree in Nursing or BScN with Master's Degree actively in progress.
3. Certification with CON(C) or CHPCN(c).
4. Acute Care Nurse Practitioner certificate or actively in progress.

DUTIES AND RESPONSIBILITIES:

Direct Comprehensive Care

1. Applies an integration of theoretical, research and practical knowledge in providing holistic care for palliative patients and their families from the chronic phases of illness, at end-of-life and through to bereavement. It involves collecting and interpreting data for the purposes of determining and treating complex human responses of individuals and families to actual or potential health problems including medical diagnoses.

2. Plays a coordinating role of the Oncology/Palliative Care Out-Patient Clinic by liaising between the in-patient palliative care team, unit nursing staff, family physicians, Oncologist, CCAC Case Managers, Hospice and community nursing services, as required to organize the interdisciplinary plan of care and facilitate the efficient movement of the patient through the healthcare system.

3. Advocates, on behalf of the patients and families, for timely access to appropriate services.

4. Performs assessment activities, including conducting patient interview and comprehensive physical examination; assesses psycho-social, cultural and ethnic factors affecting patient needs.

5. Documents patient history and physical examination data.

6. Identifies and orders required diagnostic tests and procedures, within scope of practice and medical directives/protocols and practice guidelines/care paths.

7. Gathers, synthesizes and interprets assessment data to determine and treat complex health responses to actual or potential health problems including medical diagnoses within speciality scope of practice and practice guidelines/care paths, medical directives/protocols.

8. Formulates and implements a holistic plan of care and documents care provided.

9. Facilitates the process of ethical decision-making by communicating the plan of care to patient/family and members of the healthcare team.

10. Performs speciality-specific procedures within scope of practice, practice guidelines/care paths, medical directives/protocols.

11. Assesses patient/family response to therapeutic intervention and modifies plan of care based on response.

12. Facilitates bereavement care for families. Identifies high-risk family members that may require ongoing bereavement support through community resources, and refers to appropriate agencies as required.

13. Facilitates the evaluation of care provided to the patient and the extent to which the best possible outcomes have been achieved to ensure the provision of the highest quality of care to patients and their families.

Sample APN Job Descriptions

QUALITY IMPROVEMENT/ORGANIZATIONAL LEADERSHIP/ADMINISTRATION

Plays a leadership role and performs quality improvement and administrative responsibilities.

1. Promotes the development and enhancement of the nursing role through leadership in the development, implementation and evaluation of new and innovative nursing interventions and care delivery models.
2. Provides leadership in the development, implementation and evaluation of quality management programs/initiatives.
3. Participates in the strategic planning processes for specific programs.
4. Develops and maintains a palliative care patient database to evaluate program outcomes and provide M.I.S. data.
5. Participates in interviewing, mentoring and collegial evaluation of staff associated with research, education and practice.
6. Serves as a spokesperson for nursing and as a mentor to nurses internally and externally.
7. Provides leadership on committees and task forces at all levels of the organization (site, unit, program, directorate, organization and community) including the Cancer Care Services Committee.
8. Collaborates with the hospital and community volunteer programs in the education and support of palliative care volunteers.
9. Participates in having responsibility and accountability for the administration of selected nursing research funds and/or specific program budgets.

Participates in Policy and Procedure Development

1. Provides leadership in the development, implementation and evaluation of policies and procedures and recommends policy changes based on research outcomes or evidence-based practice.
2. Facilitates development of standards, protocols and clinical pathways.
3. Ensures policies, procedures, standards, protocols and pathways are effectively communicated to staff.

RESEARCH

Conducts, implements and utilizes research to further develop evidence-based nursing practices and strengthen the nursing profession.

1. Conducts clinical investigations and participates in investigations to monitor and improve nursing and patient care practices.
2. Communicates the importance of research findings relevant to clinical practice to other healthcare professionals.
3. Acts as a resource to support research in nursing and in other disciplines and promotes critical thinking in others to formulate and explore research questions.
4. Seeks funding sources to support investigations in clinical issues or care delivery models.

Sample APN Job Descriptions

5. Conducts or develops collaborative research projects as a principal investigator or co-investigator to monitor and improve nursing services and patient outcomes.

6. Interprets, communicates and disseminates research findings to support patient care and recommends policy changes based on research.

EDUCATION

Delivers, co-ordinates and participates in education and professional development activities/ programs.

1. Serves as an educator and clinical preceptor/tutor for nursing/medical students and other members of the interdisciplinary team.

2. Identifies learning needs of various populations and creates effective learning environments and resources.

3. Pursues cross-appointment relationship with the Faculty of Health Sciences, School of Nursing, McMaster University or The University of Toronto.

4. Plans, implements and evaluates needs-based continuing education and creates resources for staff and clinical partners to promote quality patient care for specific populations in collaboration with the in-patient Palliative Care Nurse Clinician.

5. As a role model and clinical expert in oncology and palliative care, mentors staff while providing direct care activities.

6. Facilitates professional development of nursing staff through education.

7. Provides counselling and education to oncology/palliative patients and their families, applying advanced theoretical, research and clinical knowledge and synthesis of therapeutic counselling modalities.

8. Through reflective practice, is accountable for maintaining personal knowledge and skills by engaging in educational activities that will continue to enhance and advance his/her clinical knowledge, and improve patient focused outcomes and professional performance.

PROFESSIONAL LEADERSHIP AND DEVELOPMENT

Performs activities to further develop and strengthen the profession.

1. Disseminates research findings and/or nursing knowledge through presentation or publication to local, regional, national, and international levels.

2. Participates in professional and specialty nursing organizations.

3. Acts as a resource and serves as a consultant to individuals and groups within the professional communities and other hospital/agencies to improve care and nursing practice.

4. Represents nursing in institutional/community forums.

5. Provides leadership in shaping public policy in healthcare.

6. Maintains links with academic institutions by collaborative projects/cross-appointment.

Sample APN Job Descriptions

WORKING CONDITIONS:

Physical Effort
The position is required to move around the Hospital and in the patient's home setting as the situation warrants, which may also involve stair climbing. This position requires a reliable car and a valid Ontario Driver's License.

Physical Environment
The position works in an outpatient clinic comprised of office space and in the patient's home setting.

Sensory Attention
The position requires considerable sensory attention, to listen to and empathize with patients and their families

Mental Stress
The position regularly deals with patient, family, staff and physician concerns. The incumbent may also deal with patients and family dealing with grief and other palliative issues which can result in significant mental stress.

Sample APN Job Descriptions

Sample 2

POSITION TITLE:	CNS GI Oncology	**INCUMBENT:**
REPORTS TO:		**APPROVAL SIGNATURES:**
DIVISION/ DEPARTMENT:	Patient Care Services	_____ Incumbent
DATE:	August, 2007	_____ Supervisor

POSITION SUMMARY:

The Clinical Nurse Specialists (CNS) GI Oncology is an advanced practice nurse who functions in an expanded role within a collaborative practice model. Emphasis will be on working with complex, Surgical Oncology patients and their families in a tertiary acute care hospital setting. Collaboration within a multidisciplinary team framework which includes liaising with the Surgical Oncology Team, the Palliative Care Team, and the Pain Team with the common aim; to set patient related goals and a comprehensive plan of care.

QUALIFICATIONS:

1. Current certificate of registration with the College of Nurses of Ontario
2. Master's degree in Nursing or in progress preferred
3. Certificate in Oncology (preferred)
4. 5 - 10 years recent experience in Oncology/Sarcoma Nursing
5. 5 - 10 years recent experience in symptom management and complex pain, post operative surgical intervention and management of the continuum of the disease process
6. Sound knowledge base in pain (e.g., PCA, epidural, CADD) and symptom management
7. Member of RNAO

ADDITIONAL QUALIFICATIONS:

- Eligible for cross-appointment to an academic institution
- Outstanding verbal and written communication skills, interpersonal skills
- Excellent organization and time management skills
- Excellent decision making, problem recognition, problem solving skills, negotiation and conflict resolution skills
- Program planning and evaluation methodology skills
- Commitment to collaborative practice
- Ability to work effectively independently and under stressful conditions
- Demonstrated satisfactory work performance and attendance history

Sample APN Job Descriptions

DUTIES AND RESPONSIBILITIES:

Responsibilities related to staff development and mentoring includes acting as a resource for staff and teams established to move patient care processes forward within a quality improvement framework.

1. Demonstrates a comprehensive theoretical knowledge base and advanced level of clinical competence in the care of surgical oncology patients.
2. Role models and participates in the provision of care to complex families.
3. Encourages ongoing development and maintenance of standards of nursing practice through creation of an environment conducive to growth and development of staff.
4. Interprets and fosters the philosophy, goals and standards of the Department of Nursing.
5. Collaborates on the establishment of goals and objectives for the Surgery/Oncology Unit consistent with the provision of high quality patient and family centered care. Participates in the programmatic development of the clinical area.
6. Plays a leadership role, leading quality activities and administrative duties including committee involvement
7. Participates in policy and procedure development.
8. Plays a leadership role in the collaborative design, implementation and evaluation of information technologies in the Surgery/Oncology Unit.
9. Performs research activities and promoting evidence based clinical practice.
10. Delivers, coordinaties and participates in education and professional development activities/programs; performs activities to further develop and strengthen the profession including the supervision of students
11. Develops evaluation strategies related to the critical care CNS role.
12. Performs other duties consistent with the job classification, as required

Sample APN Job Descriptions

Sample 3

POSITION TITLE:	CNS Supportive Care	**INCUMBENT:**
REPORTS TO:	Nursing Director	**APPROVAL SIGNATURES:**
DIVISION/ DEPARTMENT:	Nursing	_____ Incumbent
DATE:	February, 2004	_____ Supervisor

POSITION SUMMARY:

The Advanced Practice Nurse (APN) is a Registered Nurse with a master's degree in nursing. The two roles encompassed in the Advanced Practice Nursing Role at Smith's Community Hospital include the Acute Care Nurse Practitioner and the Clinical Nurse Specialist. Both advanced practice roles include clinical and non-clinical domains. The Acute Care Nurse Practitioner may have a greater proportion of their time allocated to direct clinical care. The Clinical Nurse Specialist may have a higher proportion of time allocated to non-clinical role domains related to research, education and leadership. The proportion of time allocated to each domain of the role is flexible based on individual and institutional needs. The Acute Care Nurse Practitioner role also differs in that some aspects of their clinical role involve functions previously performed by physicians.

List Major Qualifications Required in Order to Succeed in the Job

Formal, Minimum Education Required:

- Graduate of recognized college or school of nursing
- Masters Degree in Nursing

Previous Related or Special Experience Necessary:

- Minimum of 3 years nursing experience, preferably in palliative/supportive care/ oncology
- Superior interpersonal skills
- Demonstrated leadership and strong organizational skills

Registered/Membership Requirements:

- Current Certification of Competence from the College of Nurses of Ontario
- Relevant specialty certification

Sample APN Job Descriptions

DUTIES AND RESPONSIBILITIES:

Clinical Practice:

1. Demonstrates advanced knowledge and analysis of nursing practice issues pertaining to specialty area
2. Consistently demonstrates the ability to provide a plan of care for patients/families in collaboration with families, physicians, other nurses and members of the interdisciplinary team.
3. Performs a comprehensive patient/family history and initiates appropriate referrals to members of the interdisciplinary team.
4. Demonstrates advanced health assessment and clinical decision-making for complex family responses related to their illness experience.
5. Participates in complex discharge planning.
6. Provides counseling and education applying advanced knowledge and synthesis of therapeutic counseling modalities.
7. In collaboration with others, develops innovative approaches and programs for complex practice issues.
8. Advocates for patient centered decision making within the healthcare delivery system by continuously assessing patient's/families capabilities and desires to participate in decision making and through provision of information.
9. Acts as a role model and assumes role of mentor.

Consultation

1. Provides consultation regarding complex patient care needs to nurses, physicians, and other members of the team.
2. Uses advanced practice skills and a consultative model.
3. Assists nurses and other interdisciplinary team members to clarify issues, explore options, and facilitates change. Areas of consultation may include clinical concerns such as complex symptoms management, psychosocial and emotional issues or professional practice issues.
4. Acts as a liaison and consultant to other healthcare facilities/institutions regarding patient care and health services.
5. Facilitates a collaborative interdisciplinary, team practice model.

Education

1. Applies advanced knowledge and skill of teaching learning theories in approaches to patient/family and staff education.
2. Assesses learning needs for professional development of nurses and others within the clinical practice area.
3. Participates in undergraduate and graduate nursing and health education through preceptorship/ supervision, consultation, and/or joint appointments at the university level.
4. Plans, implements and evaluates needs based continuing education for staff and clinical partners to promote quality patient care for specific populations.

Sample APN Job Descriptions

5. Identifies and creates effective learning environments and creates resources for learning for patients/families, nurses, physicians and other healthcare professionals.

Research

1. Contributes to other's understanding and application of research and evidence-based practice.
2. Participates in research and utilization and may participate in research conduct.
3. Communicates the importance of research findings relevant to clinical practice and demonstrates and promotes critical thinking in others to formulate and explore research questions.
4. Bases own clinical practice on research and evidence-based practice and reviews relevant literature in the areas of supportive care, oncology and palliative care.
5. Publishes in clinical and scientific journals and presents at scientific conferences
6. Participates on research committees

Leadership

1. Demonstrates a commitment to the philosophy and goals of the Hospital and the Nursing Division.
2. Acts as a liaison and consultant to other healthcare facilities/institutions regarding patient care and health services.
3. In consultation with the interdisciplinary team, participates in quality improvement activities through continually assessing for opportunities for improvement, developing and implementing initiatives and monitoring for effects.
4. Anticipates future change (e.g., technology, systems, professional development) and participates in providing recommendations and implications.
5. Shares expertise and provides consultation beyond the boundaries of the institution into regional, provincial, national and international communities in areas of specialization
6. Collaborates with academic institutions through shared projects and/or through joint appointments
7. Maintains and seeks out memberships in provincial and national organizations which will promote self growth and contribute to patient care and the nursing profession at large

Additional Comments (Provide other comments that would help understand the job)

- Eligibility for cross appointment to an academic institution.

Sample APN Job Descriptions

Sample 4

POSITION TITLE:	APN Supportive Care	**INCUMBENT:**
REPORTS TO:	Portfolio Director & CNO	**APPROVAL SIGNATURES:**
DIVISION/ DEPARTMENT:	Nursing	_____ Incumbent
DATE:	February, 2004	_____ Supervisor

POSITION SUMMARY:

To improve clinical outcomes for selected patient populations through advanced nursing practice, program planning and delivery, consultation, research, education, efficient resource utilization and effective leadership

QUALIFICATIONS

1. A registered nurse with Masters preparation in nursing preferred or Masters degree in a related discipline with an undergraduate degree in nursing
2. Where applicable and available, specialty certification is recommended
3. Recent related clinical experience of 3 years
4. Expert level practice skill; advanced practice experience preferred
5. Previous research or evaluation experience
6. Previous leadership experience
7. Previous adult education/program development experience
8. Knowledge of computers including MS Office (e.g., Word, PowerPoint, Access, Excel, statistical programs, graphics packages), etc.
9. Member of RNAO
10. Excellent organizational, interpersonal, problem solving and decision-making skills
11. Demonstrated leadership ability
12. Research, teaching and consulting skills
13. Knowledge of statistics and ability to analyse fiscal and patient care data
14. Expert communicator
15. Clinical expertise related to patient care and administrative, educational and research matters
16. Advanced knowledge of the consultation process as they relate to individuals, groups and/or systems
17. Knowledge of the regional healthcare system in the area of the discipline/specialty
18. Ability to learn and apply hospital policy and procedures, relative legislation, collective agreements, Canadian Hospital Accreditation Standards, Professional Disciplines Standards for Ontario.
19. Proven ability in working effectively with all members of healthcare team (i.e., clinical managers, physicians, allied health, educators).
20. Ability to be an effective change agent.
21. Ability to respond to large numbers of simultaneous demands from patients, families, staff, physicians, Material Management, Human Resources, etc.

Sample APN Job Descriptions

22. Responsible and accountable for management of budgets and human and physical resources
23. Exhibits mature judgement in educational, research and clinical matters
24. Demonstrated ability to adjust to new and unexpected events
25. Able to critically appraise practice related to quality improvement, ethical and clinical issues
26. Ability to determine feasibility of potential research, educational or clinical initiatives
27. Contributes to clinical standards which improve quality of care in a fiscally responsible manner
28. Strives to undertake all activities in an efficient and effective manner
29. Identifies potential for patient or institutional risk and intervenes appropriately

POSITION SUMMARY:

MAJOR RESPONSIBILITIES:

CONSULTATION

1. Provides consultation to nursing staff, managers, co-ordinators, physicians and other team members regarding clinical and professional practice issues
2. Acts as a liaison and consultant to other healthcare facilities/institutions regarding patient care and health services
3. Applies relevant research and a broad range of theories to clinical practice using critical thinking and decision making; utilizes research/evidence-based information to recommend nursing interventions
4. Facilitates a collaborative, interdisciplinary team practice model
5. Participates in the co-ordination of complex care and discharge planning
6. Monitors, evaluates and documents outcomes of decisions and interventions; revises the interdisciplinary plan of care in collaboration with the patient/family and the healthcare team

LEADERSHIP/ADMINISTRATION

1. Acts as a mentor to nursing colleagues and others to improve and support nursing practice
2. Provides leadership in development, implementation and evaluation of quality management programs/initiatives
3. Participates in and supports nurses in continuous quality improvement initiatives evaluating the effectiveness of interventions/nursing services on patient outcomes
4. Participates and provides leadership on intra- and inter-disciplinary committees related to development of policies, procedures, protocols, guidelines, standards, education or research
5. Anticipates emergent and future issues/changes and provides leadership and vision in short- and long-term planning; contributes to strategic planning at all levels
6. Provides leadership in program development, implementation and evaluation
7. Employee recruitment, selection, retention, professional development and performance appraisal
8. Hires and supervises clinical and support staff as appropriate
9. Manages budgets and resources as appropriate
10. Shares expertise and provides consultation beyond the boundaries of the institution into regional, provincial, national and international communities in areas of specialization
11. Demonstrates an understanding of legislative and socio/political issues that influence decision making and develops strategies to influence health outcomes and health policies; provides leadership in shaping public policy in healthcare
12. Collaborates with academic institutions through shared projects and/or through joint appointments
13. Contributes to the broader context of nursing knowledge through scientific presentation and publication

Sample APN Job Descriptions

CLINICAL PRACTICE

1. Provides direct, specialized, comprehensive care/nursing services, emphasizing health promotion, disease prevention and collaborative management strategies to positively affect health outcomes
2. Identifies opportunities to develop medical directives, participates in their development, implementation and evaluation, and directly implements aspects of care based on medical directives
3. Demonstrates advanced knowledge and synthesis of advanced nursing practice within a clinical specialty
4. Performs advanced health assessment and clinical decision-making within a clinical specialty
5. Assesses complex practice issues, and develops, implements and evaluates innovative approaches and programs addressing these issues.
6. Provides counselling and education applying advanced knowledge and synthesis of therapeutic counselling modalities
7. Works collaboratively with clinical staff to assess, plan, implement and evaluate clinical interventions

RESEARCH

1. Enhances the scientific base of nursing practice by utilizing and supporting research in nursing and with other disciplines
2. Evaluates nursing and multidisciplinary research and assesses its impact on patient care and nursing services
3. Interprets, communicates and disseminates research findings to support patient care and recommends policy changes based on research
4. Conducts or develops collaborative research projects as a principal investigator or co-investigator to monitor and improve nursing services and patient outcomes
5. Publishes in clinical and scientific journals and presents at scientific conferences
6. Participates on research committees

EDUCATION

1. Acts as a role model and clinical expert in the clinical specialty
2. Supports nurses in professional development and career planning
3. Participates in institutional and community educational programs for consumers and health professionals
4. Participates in undergraduate and graduate nursing, and health education through preceptorship/ supervision, consultation, and/or joint appointment at the university level
5. Plans, implements and evaluates needs-based continuing education for staff and clinical partners to promote quality patient care for specific populations

SUPERVISION/GROUP LEADERSHIP:

1. Provide technical or functional guidance to staff
2. Supervise a work group (i.e., clinical team, research team, project team); assign work to be done, methods to be used and take responsibility for the work of the group
3. Manage work, practice and procedures of a work group. Responsible for appraisal, discipline, hiring and replacement of personnel (e.g., nurses, research support staff, clerical staff)

Sample APN Job Descriptions

Sample 5

POSITION TITLE:	APN Leukemia Program	**INCUMBENT:**
REPORTS TO:	Director, Integrated Cancer Care Services & CNE	**APPROVAL SIGNATURES:**
DIVISION/ DEPARTMENT:	Nursing	_____ Incumbent
DATE:	February, 2004	_____ Supervisor

POSITION SUMMARY:

To improve clinical outcomes for patients with leukemia through advanced nursing practice, leadership, consultation, research, education and leadership.

DUTIES & RESPONSIBILITIES:

The APN-Leukemia will participate in all areas of major responsibilities; the proportion of time dedicated to each responsibility will vary dependent upon client and organizational need.

RESPONSIBILITY #1: CLINICAL PRACTICE 65%

1. Provides direct, specialized, comprehensive care/nursing services, emphasizing health promotion, disease prevention and collaborative management strategies to positively affect health outcomes.
2. Identifies opportunities to develop medical directives, participates in their development, implementation and evaluation, and directly implements aspects of care based on medical directives including:
   - Authorizing admission, discharge, transfers and leaves of absences
   - Performing complete health assessments of admissions in a variety of settings such as emergency, outpatient module, medical day care
   - Performing invasive/non-invasive procedures related to the specialty (e.g., bone marrow aspirations and biopsies)
   - Identifies, orders, and prioritizes appropriate diagnostic tests and procedures
   - Interprets laboratory/radiology and other test results
   - Prescribes pharmacological and other therapeutic interventions outlined in medical directive
   - Dictates medical discharge or death summaries and outpatient consultation notes
   - Directs referrals to appropriate healthcare professionals or services
3. Demonstrates advanced knowledge and synthesis of advanced nursing practice within the area of acute and chronic leukemias.
4. Performs advanced health assessment and clinical decision-making within the areas of acute and chronic leukemias.
5. Assesses complex practice issues, and develops, implements and evaluates innovative approaches and programs addressing these issues

Sample APN Job Descriptions

6. Provides counselling and education applying advanced knowledge and synthesis of therapeutic counselling modalities
7. Works collaboratively with clinical staff to assess, plan, implement and evaluate clinical interventions

RESPONSIBILITY #2: LEADERSHIP/ADMINISTRATION 15%

1. Acts as a mentor to nursing colleagues and others to improve and support nursing practice
2. Provides leadership in development, implementation and evaluation of quality management programs/initiatives
3. Participates in and supports nurses caring for patients with leukaemia in continuous quality improvement initiatives evaluating the effectiveness of interventions/nursing services on patient outcomes
4. Participates and provides leadership on intra- and inter-disciplinary committees related to development of policies, procedures, protocols, guidelines, standards, education or research related to leukemia
5. Anticipates emergent and future issues/changes and provides leadership and vision in short- and long-term planning; contributes to strategic planning at all levels
6. Provides leadership in program development, implementation and evaluation
7. Shares expertise and provides consultation beyond the boundaries of the institution into regional, provincial, national and international communities in areas of specialization (e.g., leukemia)
8. Demonstrates an understanding of legislative and socio/political issues that influence decision making and develops strategies to influence health outcomes and health policies; provides leadership in shaping public policy in healthcare
9. Collaborates with academic institutions through shared projects and/or through joint appointments
10. Contributes to the broader context of nursing knowledge through scientific presentation and publication

RESPONSIBILITY #3: CONSULTATION 5%

1. Provides consultation to nursing staff, managers, co-ordinators, physicians and other team members regarding clinical and professional practice issues
2. Acts as a liaison and consultant to other healthcare facilities/institutions regarding leukaemia patient care and health services
3. Applies relevant research and a broad range of theories to clinical practice using critical thinking and decision making; utilizes research/evidence-based information to recommend nursing interventions
4. Facilitates a collaborative, interdisciplinary team practice model
5. Participates in the co-ordination of complex care and discharge planning
6. Monitors, evaluates and documents outcomes of decisions and interventions; revises the interdisciplinary plan of care in collaboration with the patient/family and the healthcare team

RESPONSIBILITY #4: RESEARCH 10%

1. Critically analyzes and interprets current research/literature/knowledge applicable to healthcare practice within the leukemia patient population
2. Enhances the scientific base of nursing practice by utilizing and supporting research in nursing and with other disciplines
3. Evaluates nursing and multidisciplinary research and assesses its impact on leukaemia patient care and nursing services
4. Interprets, communicates and disseminates research findings to support leukaemia patient care and recommends policy changes based on research
5. Conducts or develops collaborative research projects as a principal investigator or co-investigator to monitor and improve nursing services and leukaemia patient outcomes
6. Publishes in clinical and scientific journals and presents at scientific conferences
7. Participates on research committees relevant to practice.

Sample APN Job Descriptions

RESPONSIBILITY #5: EDUCATION 5%

1. Acts as a role model and clinical expert within the clinical specialities of hematologic oncology.
2. Coaches nursing staff towards the achievement of expert nursing status in the clinical specialties of hematologic oncology.
3. Supports nurses in professional development and career planning as it pertains to hematologic oncology.
4. Participates in institutional and community educational programs for consumers and health professionals
5. Participates in undergraduate and graduate nursing, and health education through preceptorship/ supervision, consultation, and/or joint appointment at the university level
6. Plans, implements and evaluates needs-based continuing education for staff and clinical partners to promote quality patient care for specific populations

Appendix G1

Implementation Work Plan

Implementation work plan

A	Establish an advisory committee
B	Articulate a clear vision including end goals and outcomes to achieve
C	Establish a business case and get approval from organizational authorities
D	Plan evaluation of implementation and goals/outcomes
E	Understand and plan for anticipated barriers and leverage on facilitators
F	Define a roadmap for implementation
G	Design specific implementation strategies to address the following four areas: 1. Stakeholder awareness of role 2. Regulatory mechanisms, policies and procedures 3. Administrative supports and resources 4. Advance practice role education

Once again, you will build on activities conducted in the logic model and business plan. The following chart provides a way to organize your activities in order for tracking and ensuring that key areas are not been neglected.

Checklist for implementation plan

Project Component	**Activity**	**Responsibility**	**Timeline** (Highlight Key Milestones)	**Status**
Recruitment				
Screening				
Interviews				
Hiring				

Implementation Work Plan

Project Component	Activity	Responsibility	Timeline (Highlight Key Milestones)	Status
APN Orientation				
Logistics Supports				
APN Education				
Stakeholder Education				
Administrative Support				
Performance Review				
Policies and Procedures				
Risk Management				

Appendix G2

Summary of APN Effectiveness Research – Results of Randomized Controlled Trials

Author	Patient Population and Context of Study	Outcomes/Results
Corner et al.,[13] Bredin et al.,[14] Moore et al.,[15]	Advanced lung cancer • Comparison of APN-led care to standard care	• Decreased breathlessness • Less severe symptoms • Improved performance status • Less depression • Higher patient satisfaction • High patient and healthcare provider acceptability of APN role • Fewer medical interventions • More planned home vs. hospital deaths
Faithfull et al.,[16]	Men receiving radiation for prostate or bladder cancer • Compared 13 weeks of APN care to standard care	• Higher patient satisfaction • Decreased symptoms • Better physical functioning • Increased patient information • Better continuity of care • 31% reduction in healthcare costs
McCorkle et al.,[17]	Elderly patients post cancer surgery • Comparison of APN to standard home care	• Fewer deaths (22% vs. 28%) • Increased survival (HR 2.04, 95% CI, 1.33 to 3.12, p= 0.001) • Improved 2 yr survival for higher risk advanced staged patients ($p < 0.005$)

Naylor et al.,[24]	Elderly hospitalized patients with congestive heart failure
	• Compared Transitional Model of APN Care to standard care
		• Lower rate of hospital admissions or death (EFS 241 vs. 131 days, p= 0.026)
		• Fewer hospital admissions (104 vs. 162, p = 0.47)
		• Lower mean costs ($7.636 vs. $12,481)
		• Short term improvements:
		  ○ HRQL at 12 weeks ($p < 0.01$)
		  ○ Physical function at 2 weeks ($p < 0.05$)
		  ○ Patient satisfaction at 2 & 6 weeks ($p < 0.001$)

Brooten et al.,[25]	8 RCT's of the Transitional Model of Care to standard care* In all except one study the APN role was designed to be complementary to the existing model of care rather than a physician replacement or support model. Various high risk hospitalized patient populations.	Similar results were found in all studies including equivalent or improved patient health outcomes and satisfaction with care and reduced healthcare costs. **Low Birth Weight Infants:** • Discharge 11 days earlier • No differences in readmission, acute care visits, or physical and mental growth • Savings of $18,000 per patient **Unplanned C-Sections** • Discharge 30 hours earlier • No readmissions • No difference in maternal health outcomes • Higher patient satisfaction • Higher rates of infant immunization • 29% reduction in costs **Elderly Cardiac Patients** • Fewer readmissions and re-hospitalized days • No differences in patient or family outcomes

Summary of APN Effectiveness Research – Results of Randomized Controlled Trials

Author	Patient Population and Context of Study	Outcomes/Results
		• $137,508 savings in healthcare costs 2 to 6 weeks post discharge for medical patients **High risk elderly** • Fewer readmissions and hospital days • No differences in acute care visits, functional status, depression, or patient satisfaction • Control group had 2X costs ($1.2 vs. $0.6 million) **High Risk Pregnancy** • Lower fetal and infant mortality (2 vs. 9) • 11 Fewer pre-term babies • More full term multiple pregnancies (77% vs. 33%) • Fewer prenatal hospitalizations (41 vs. 49) • Fewer infant hospitalizations (18 vs. 24) • 39% reduction in prenatal costs • 750 fewer hospital days • Total savings of $2.5 million for APN group
Carroll et al[26]	Un-partnered older adults with multiple myocardial infarction and coronary artery bypass surgery Compared standard care to treatment (peer advisor and APN)	• Increase in active participation in rehabilitation • Fewer re-hospitalizations
Krichbaum[27]	Elders with hip fractures Compared standard care to treatment (geriatric APN as care coordinator for 6 months)	• At 12 months, significantly improved function in most activities of daily living and instrumental activities (mobility, home chores, personal care) • Other health measures in two groups did not differ significantly (depression, mortality)
Knowles et al[28]	Patients with colorectal cancer surgery	• Smoother pathway of follow-up care • Improved quality of life • Acceptance to both patients and clinicians
Saur et al[29]	Older adults with depression 12 month late life depression program led by CNS Primary care setting	• Patients highly rated the quality of care and their satisfaction with care provided by CNS • Patients would seek care by CNS in future • Patients preferred primary care setting for care

*The purpose of the Transition Model is to promote early hospital discharge of high risk, high cost, and high volume patients by substituting a portion of hospitalization with a comprehensive package of APN services. This package of services included discharge planning and coordination of follow-up care and healthcare services that were designed to meet the specialized needs of specific patient populations, home visits, daily telephone access during the patient's stage of recovery, assessment and management of health needs, patient education, counselling and support. The APNs were accessible 7 days per week but were not on call 24 hours a day. The duration of APN follow-up care varied for specific patient groups and ranged from 2 weeks to 18 months.

Appendix G3

Business Case Template

1. Strategic fit: The strategic case

This aspect of the business case explains how the scope of the proposed project to introduce an APN role fits within the existing vision and strategic direction of the organization; and the compelling case for change, in terms of the existing and future operational needs of the patients and the organization.

Minimum content needed for this section: description of the needs and its contribution to the organization's business strategy, objectives, why the APN role is needed now, key benefits to be realized, key risks, critical success factors and how they will be measured; extent of agreement or consensus on the need for an APN role among key stakeholders.

Questions you must address:

- How well does the proposed plan to introduce an APN role support the organization's objectives and current priorities?
- If the plan is a poor fit, can the scope be modified?
- Is the project needed at all?
- Have the stakeholders made a commitment to the project?

2. Options appraisal: the economic case

This aspect of the business case documents the wide range of options that have been considered within the broad scope identified in response to the organization's existing and future needs. It aims to arrive at the optimum balance of cost, benefit and risk.

Minimum content needed for this section: high level cost/benefit analysis of (ideally) at least three options for meeting the business need (where applicable); include analysis of 'soft' benefits that cannot be quantified in financial terms; identify preferred option and any trade-offs. Note that options appraisal must be carried out in detail before selecting a preferred option.

TIP

Work and decisions your planning team made in Step Five may be helpful for completing this section of the Business Case

Business Case Template

Questions you must address:

- Has a wide range of options been explored?
- Have innovative approaches been considered and/or collaboration with others?
- If not, why not?
- Has the optimum balance of cost, benefit and risk been identified? If not, what trade-offs need to be made e.g., foregoing some of the benefits in order to keep costs within budget; taking carefully considered risks to achieve more substantial benefits?

3. Affordability: The financial case

Assessment of affordability and available funding. Links proposed expenditure to available budget and existing commitments or proposal for new funding.

Minimum content for this section: statement of available funding and broad estimates of projected whole-life cost of project, including departmental costs (where applicable).

Questions you must address:

- Can the required budget be obtained to deliver the whole project?
- If not, can the scope be reduced or delivered over a longer period?
- Could funding be sought from other sources?

4. Achievability: The project management case

This section addresses the 'achievability' aspects of the project. Its primary purpose is to set out the project organization and actions which will be undertaken to support the achievement of intended outcomes including procurement activity (where applicable) or detailed study with existing providers.

Minimum content for this section: high level plan for achieving the desired outcome, with key milestones and major dependencies (e.g., interface with other projects); key roles, with named individual as the project's owner; outline contingency plans e.g., addressing failure to deliver service on time; major risks identified and outline plan for addressing them; provider's plans for the same, as applicable, skills and experience required.

Business Case Template

Questions you must address:

- Can the APN role be successfully implemented within the organization's current capability and capacity?
- If not, how can the required capability be acquired?
- Can the risks be managed – e.g., scale, complexity, uncertainty?
- Does the scope or timescale need to change?

Adapted from www.ogc.gov.uk/documentation_and_templates_business_case.asp

TIP

The Logic Model developed in Step Five and the plans for APN role implementation and evaluation can be used to support this component of the Business Case.

Evaluation Plan Template/Example

Evaluation Purpose Statement: Evaluate the value that the APN role has in the re-designed service delivery model. Learn from its implementation to inform the introduction or further development of APN roles in other service delivery areas.

APN Role Dimension	Evaluation Questions	Indicators			Data Collection Plan						
		Structure	Process	Outcome	Does Data Exist?	Tool	Who could provide data?	Who will gather the data?	Design	How many?	Time frame
Impact Questions											
Clinical Practice	Were all key dimensions of the APN role utilized?	Care delivery model with clear role for APN	Provide education for patient self care	Decreased complications							
Education	What contribution did the APN role have in improving healthcare for the patient population?		Development of educational modules	Improved pain assessment and management							
Research		Designated time	Participation in research committee	Proposal for research grant submitted and funded							
Organizational Leadership		Mentoring support in place	Chair of select teams or committees	Achievement of team goals							
Professional and Scholarly Activity		Access to literature, cross appointment with University	Participation in regional APN network	Publication and presentations							

Evaluation Plan Template/Example

Implementation Process Questions							
Evaluation Questions	**Data Collection Plan**						
	Does Data Exist?	**Tool**	**Who could provide data?**	**Who will gather the data?**	**Design**	**How many?**	**Time frame**
What barriers and facilitators were encountered in implementing the APN role?							
How were barriers addressed?							
Were staff and patients accepting of the role?							
What supports did the APN find helpful and what were not helpful or lacking?							
Do various stakeholders have a common understanding of the role of the APN?							

Appendix G5

APN Role Evaluation Indicators – Structure, Process and Outcome

Dimension	Structure	Process	Outcome

Clinical	• Availability of clinic space and time
	• Access to diagnostic equipment and facilities
	• Forums for provider interactions
		• Numbers of patients seen
		• Types and source of referrals
		• Types, timing, frequency, intensity and location of
		  ○ patient interactions and care provided
		  ○ healthcare provider interactions
			• Changes in health status and disease
			  ○ Symptom relief, quality of life, function improvement, complications, falls, infection, skin breakdown, risk behaviours, lab values, post-discharge morbidity
			• Appropriate use of health resources and costs
			  ○ Team efficiency, length of stay, readmission rates, Emergency Department (ED) use, discharge destination, planned home versus hospital deaths
			• Patient and provider satisfaction

Education	• Release of staff nurses for educational activity
	• Student placement programs with college, universities
	• Space, equipment
	• Scheduling
		• Application of teaching/learning principles:
		  ○ Identification of learning needs
		  ○ Use of appropriate learning strategies
		  ○ Strategies to obtain learner feedback to improve education
		• The number, types, timing, location of education sessions, courses, preceptorships, mentorships provided
		• Involvement in the development of education resources
		• Number and characteristics of learners: undergraduate and graduate students, patients, nurses, health providers
		• Participation in reflective practice and educational activities for personal and professional development
			• Nurse job satisfaction, staff morale, recruitment and retention
			• Time savings
			• Achievement of benchmarks for quality of care
			• Clinic and ED visits, immunization rates, infection rates
			• Patient self-care behaviours

APN Role Evaluation Indicators – Structure, Process and Outcome

Dimension	Structure	Process	Outcome
Research	• Organizational support for research activity • Research knowledge, skills and experience of the advanced practice nurse • Access to research mentorship	• Participation in grant writing and the conduct of research • Engagement of nurses and other key stakeholders in research process • Use of available research expertise • Participation in journal club • Participation in practice guideline development • Number and types of dissemination strategies used for particular audiences that are internal to organization	• Improved patient, provider, health systems outcomes through the implementation of evidence-based care practices and policies
Leadership	• Management support and opportunities for leadership • Leadership skills and experience of the advanced practice nurse	• Numbers, types and frequency of committee work, projects, or activities focused on innovation, nursing and healthcare improvement, advocacy of APN role • Leadership role and influence on decisions • Use of research literature, interpersonal skills	• Implementation of new policies/practices • Achievement of organization's strategic goals • Achievement of benchmarks • Patient satisfaction • Healthcare provider satisfaction • Team efficiency, increased interdisciplinary practice, satisfaction with collaboration • Decreased complications and adverse events • Changes in workload, cost savings
Professional/ Scholarly	• Management support for professional activity • Funding for continuing education (CE) • Advanced practice nurse has a university cross-appointment	• Attendance at conferences, workshops, other CE activities • Participation in external networks • Presentations at conferences • Publications	• Presentations at conference • APN satisfaction • Innovation and advancement of oncology nursing practice

Appendix G6

APN Role Evaluation Results - Follow Up Action Plan

Evaluation Question	Summary of Findings	Conclusions	Action (Y/N)	Action	Responsibility	Timeline

Appendix G7

Addressing Barriers to Advanced Practice Nursing (APN) Role Implementation

Problem or Issue	Role Challenge or Barrier	Impact	Strategies
Characteristics of the advanced practice nurse	Lack of oncology expertise *"It's been difficult to integrate; I guess that's the word of the day, into this particular culture. You know I've come into this role with over 20 years of clinical experience but none in oncology. So I know that there was a huge…reluctance to accept me with any kind of clinical expertise." (APN participant)*	• APN requires longer orientation and additional education • Difficulty in establishing clinical credibility and integrating role within the team	• As much as possible, establish a culture of forecasting requirements for all your organizations' human resource needs including specialized resources such as advance practice needs. See www.nhsru.ca to access a workforce planning toolkit. • Establish a learning plan with potential internal staff that can be groomed for the position. This provides a career development opportunity for nurses working in oncology. Although Canada does not at present have degree programs in oncology nursing, there may be structured programs that could be accessed – provided there is adequate funding and proactive planning. • Establish internally or collaboratively developed internship programs with other organizations with a focus on oncology. Where there are a number of positions that are being sought to fill, partnerships with a University may allow for appropriate educational credentials. • Access the Ontario Oncology Nursing e-Mentorship Program. • Access externally established internships or fellowships that can be used to develop focused oncology expertise. See www.rnao.org for the Advanced Clinical Practice Fellowships which provide funding for 12 weeks of mentorship based learning opportunities designed for the learning needs of the individual nurses.

Addressing Barriers to Advanced Practice Nursing (APN) Role Implementation

Problem or Issue	Role Challenge or Barrier	Impact	Strategies
System's Entry	Entering established teams with long standing nurse and physician relationships *"The purpose, to my understanding and to that of the oncologists, was that I would have a clinical presence where I would advise the physicians and other healthcare professionals on pain and symptom management…" (APN participant)*	• Difficulty interacting and integrating the APN role within healthcare team	• It is important to recruit individuals that have good inter-personal skills as a basic pre-requisite for working in teams. • Get stakeholders' buy-in and instill a sense of ownership for making the integration of the APN a success. • See strategies for engaging stakeholders in Step Two. • Supervisor to provide opportunities for APN to collaborate on projects or activity with key individuals in the team.
	Lack of clearly defined roles and relationships *"And nurses who are functioning in a fairly high level within their scope didn't always see the differences between themselves and the APNs. They tended to equate the role that they were playing as being the same or very similar to APNs." (Nurse Supervisor participant)"* *"….this is a nursing role and therefore I think nursing has to take a lot of responsibility for the actual working and evaluation of the role, not just me." (MD participant)*		• There are two areas of role clarity that need to be addressed: the role of the APN and how it complements other healthcare provider's roles; and, the role of individuals in the implementation and support to the APN in their day to day functions. • Undertaking Steps One to Five in this toolkit should result in a very well defined role including a written role/job description. This role description should be posted on the unit or area where staff and the public can access. • The role should be re-visited frequently, particularly in the first year of its establishment. This could occur at team meetings, one-on-one meetings between the supervisor and APN, performance review of the APN, as well as when there are specific issues or concerns that are raised. • Have some level of flexibility in modifying the role without compromising the essence of the role in meeting defined patient needs. • Establish clear responsibilities of team members in terms or reporting, performance review, mentorship/ coaching, logistics support, etc. These responsibilities should be part of the implementation plan – see Appendix G1.

Addressing Barriers to Advanced Practice Nursing (APN) Role Implementation

Problem or Issue	Role Challenge or Barrier	Impact	Strategies
System's Entry continued	Pre-existing interpersonal conflicts and dysfunction within the team *"We don't have good teamwork in terms of taking a day and sitting down to discussing patients and planning care." (APN participant)* *"I have to say that this particular group has lots of internal interpersonal issues and they have been rather longstanding, and she's working in a very, very difficult terrain…So the folks who are aligned behind one group are very participatory, they're willing to take part. The others are still holding back shall we say." (Nurse Supervisor participant).*		• When there are underlying team functioning issues, it is important to address these prior to the establishment of new team roles such as that of an APN. Not addressing these issues can lead to difficulties for the integration of the APN, using the APN as a scapegoat, creating a situation where the APN may leave or not function as planned. • There are various resources available to develop strong collaborative teams. See best practice guideline for nursing teams at www.rnao.org as well as Step Two on interprofessional collaboration. • Additional resources as available in the Resources section.

Addressing Barriers to Advanced Practice Nursing (APN) Role Implementation

Problem or Issue	Role Challenge or Barrier	Impact	Strategies
Lack of role clarity and lack of understanding about APN roles	Newness of the role *"My current understanding is that I still don't really have a clear sense of the role….I think for the most part…it feels like the role is just something that some bureaucrat thought of. I thought the APN role would be helpful here and it's not particularly, although there are some aspects that are helpful." (HCT participant)*	• Lack of institutional knowledge about APN	• Having a clear role description of the APN may not necessarily lead to clarity of the role among other organizational members. Therefore using a robust communication plan is important. See Appendix G9
	General versus specific job descriptions *"….we wanted someone to actually develop the position. So I think we could probably write a job description now which we probably couldn't have before. But again, I would see if this individual was to leave and somebody else came in, again it would probably all change." (MD participant)* *"It was like, what are you exactly? You know I was constantly trying to articulate what the role was. But you know I used to jokingly say I'm not quite sure what it is either and I'm going to find out over the next year." (APN participant)*	• Organizational structures and policies to support expanded practice not in place	• Ensure that organizational policies and structures are reviewed to enable appropriate integration of the role of the APN. For example, include the APN in email distribution lists, or in key committees that are relevant e.g., Pain and Symptom Task Force (if the APN role has a significant role in this area), etc.
		• Lack of vision about where APN role fits within the organization	• Communications plan within and also external to the organization.
		• Lack of APN role models/ mentors	• Help APN engage both formal and informal mentors.
		• Roles evolve over time • Healthcare providers remain unclear about the purpose of the role and role relationships	• It is possible that some elements of the role may evolve over time. This should be reflected in a revised role description. Should the changes be significant, the revised role needs to be communicated. • It is very important that the APN, manager, sponsor and other key champions of the role use consistent language to communicate about the APN role; e.g., using the five components of the role.

Addressing Barriers to Advanced Practice Nursing (APN) Role Implementation

Problem or Issue	Role Challenge or Barrier	Impact	Strategies
Lack of role clarity and lack of understanding about APN roles continued	Incongruent role expectations *"…..I think you know the main purpose is to just help me get through the clinic basically." (MD participant)* *"And a huge barrier remains that we continue to function, it doesn't matter where are, in the illness care delivery program because this is not about healthcare…. But it remains medically-driven and as long a physicians remain the gatekeepers for all things, whether its investigations or its drugs or its hospitalization or its palliative care or its home care, then we're going to be limited." (APN participant)*	• Role conflicts • Role strain	• Going through Steps One to Five will help prevent most of these role conflicts and role strain. However, with any human resource change, there is potential for such conflicts to re-occur. • The APN is able to clearly articulate the role, the philosophical base for the role and the context of why the role came about. • The APN will need to market the role constantly, consistently and passionately. The communications department could be consulted on how to keep the messages fresh.
	Lack of clear goals for the role *"Anyway there was an opportunity for funding for a pain and symptom management advanced practice nurse given by a company…… So in other words, there was funding available so (the nurse manager) came up with a proposal, and I simply supported it." (MD participant)*	• Adhoc role evolution • Lack of clear role expectations • Lack of direction or timeline for role development • Inability to evaluate APN progress and role development • Potential for role overload	• Steps One through Five will ensure clarity on the role development. • Evaluation of the implementation and impact of the role is very important to ensure that the role is in fact being communicated clearly and organizational members are clearly understanding and appreciating the role differences between team members with over lapping responsibilities. • Regular touch points with the APN will help to monitor if the APN is encountering role overload. Understanding the root causes of this is important. One needs to be cautious in being able to differentiate between performance challenges and the requirements of the role.

Addressing Barriers to Advanced Practice Nursing (APN) Role Implementation

Problem or Issue	Role Challenge or Barrier	Impact	Strategies
APN *isolation from nursing*	APN roles linked to programs or departments other than nursing *"I think one of the problems is I really don't fit within the nursing services, I fit outside of it…So your communication and feedback mechanism is not really that strong…So you're doing things in isolation and then nurses don't come." (APN participant)*	• Lack of nursing colleagueship • Don't identify with nursing • Lack of peer support • Lack of nursing support for the role	• APN roles need to be positioned in such a way that there is a strong relationship with nursing. This will need to occur at the outset. • Examples of linking APN to nursing could include participation in nursing retreats, meetings, being included in nursing email distributions, presenting/participating at nursing rounds, research committee, etc.
	Lack of formal mechanisms for APN interaction with other APNs *"I mean I have other APN colleagues, but you know, environmentally they're far away and they're in other programs and they're also very busy people and we don't have the structure to give that kind of support within the group". (APN participant)* Organizational structures and geography inhibited APN interaction with other APNs		• It is important for APNs within an organization to network with each other for peer support, problem solving, learning, etc. Supporting and developing forums for this type of networking is therefore important. Where time is a factor, having an early breakfast networking session on a monthly basis may be helpful. • Where an APN is the only APN in the organization, creating opportunities to network with APNs externally will be important. As a start, contact APNs at nearby organizations, interest groups, associations, etc. • Establishing tele-mentoring, other e-networks, Facebook, etc. • Encourage participation in Cancer Care Ontario's APN - Community of Practice

Addressing Barriers to Advanced Practice Nursing (APN) Role Implementation

Problem or Issue	Role Challenge or Barrier	Impact	Strategies
	Lack of APN Mentorship *"I think it (the role) could be absolutely enhanced if there was a mentor. Someone to help guide…I want someone to say, oh yes this is a good idea, or no that's not a good idea. I want someone to say well, oh it's a good idea you know to think about this or that… someone to help me pave the way to changing things at the organizational level because I don't know how to do that." (APN participant)*	Lack of support, direction, assistance for role development and implementation: • Problem solving and strategizing about role implementation issues • Development of clinical skills and confidence • Facilitating systems entry and change • Access to clinical consultation for complex patient health problems	• Assist the APN to develop formal or informal mentors. • There are numerous mentorship resources available. One such mentorship toolkit can be found at www.cna.org. • Distance mentoring can be done creatively with individuals with specific knowledge and skills. • Encourage participation in the Oncology Nursing e-Mentorship Program at onment@mcmaster.ca

From: Bryant-Lukosius, D., Green E., Fitch, M., Macartney, G., Robb-Blenderman, L., Bosompra, K., McFarlane, S., & Milne, H. (2004). *The advanced practice nursing role in Ontario cancer centres: An interim evaluation.* Final Report to the Nursing Secretariat, Ministry of Health and Long-Term Care, Ontario.

Appendix G8

Leveraging on Facilitators in APN Role Implementation

Factor	Facilitator	Impact	Strategy
Administrative Support	Senior leadership recognize and value the contribution of nursing and APN roles in providing patient-centred cancer care	• Enable role introduction	• Develop and use a communication plan to introduce the APN role. Involve senior leadership in the activities. • Make regular presentations to senior management on the APN role development (business case), implementation and evaluation.
Resource Needs	Shortages of medical oncologists	• Opportunity to introduce APN roles • Promoted physician support for the role	• Linking the introduction of the APN role as a solution to address a significant gap has relevance and will ensure buy-in. However, issues of role substitution need to be addressed along with appropriate polices, regulations and accountability.
Characteristics of the Successful APN	**Personal qualities** • Hard working, demonstrates initiative, self-directed, goal oriented • Comfortable with role uncertainty • Patient and perseverant • Flexible, adaptable, responsive	• Overcome role barriers • Establish priorities • Develop role responsive to patient and health system needs • Function independently • Cope with role challenges	• Build these requirements in the role description and recruitment, screening and hiring process.
	Skills • Effective communication and interpersonal skills • Problem solving and critical thinking • Nursing orientation to practice	• Facilitate systems entry • Negotiate role • Establish effective work relationships • Patient-focused and holistic care	• Build these requirements in the role description and recruitment, screening and hiring process.
	Experiences • Pre-existing relationships in work setting and established role credibility • Previous experience as an APN	• System's entry and role acceptance • Socialized to the APN role, can focus on role development rather than developing skills for the role	• Build these requirements in the role description and recruitment, screening and hiring process. • However, where this is not possible, strategies for adequate supports, orientation, training, mentors, etc will be very important.

Leveraging on Facilitators in APN Role Implementation

Factor	Facilitator	Impact	Strategy
Role Clarity	Clearly defined roles	• Facilitate recruitment and hiring	• As per Steps One to Five
	Role clarification and negotiation	• Promote role acceptance • Prevent role conflicts	• As per Steps One to Five
Key Role Supporters	Nurse supervisors Primary physicians APN peers Role champions within the team	• Role development and implementation • Problem solving and strategizing • Emotional support • Sharing of information • Systems entry	• Engage key supporters early on and not just at the time of hire.

From: Bryant-Lukosius, D., Green E., Fitch, M., Macartney, G., Robb-Blenderman, L., Bosompra, K., McFarlane, S., & Milne, H. (2007). *The advanced practice nursing role in Ontario cancer centres: An interim evaluation.* Final Report to the Nursing Secretariat of the Ministry of Health and Long-Term Care. Toronto, Canada.

Communication Plan Template

Communication Plan Template					
Project Name:					
Project Team Leader:			**Project #:**		
Communication Plan Coordinator:			**Date:**		
Project Communications Needs					
Audience, Constituent (Who)	Message, Content, Deliverable (What)	Intent, Purpose (Why)	Media, Medium for Delivery (How)	Frequency, Timing (When)	Responsibilities

Appendix G10

Interview Guide – Sample Questions

GENERAL

- Please describe in your own words what you think are the key components of an APN role.
- Tell us about the strengths or talents you would bring to this position.
- How would your co-workers describe you?
- How would your supervisor describe you?
- Everyone has their areas of strengths and areas for improvement. What do you see as your areas for improvement?

EDUCATIONAL PREPARATION

- Tell us how your formative and continuing education has prepared you for this role.

EXPERTISE IN CLINICAL PRACTICE

- Tell us about your experience as an advance practice nurse. Which settings have you practiced in and what client populations have you provided care for? (e.g., experience in long-term care [LTC] or with geriatric populations).
- What would you consider to be four key indicators of client-focused care?
- How do you incorporate these indicators into your practice as an APN?
- As an APN, you will be providing direct, comprehensive care to patients with complex and specialized needs. The next few questions address situations that you may commonly see in this APN position.

- ***Situational:*** (add situation relevant to the role and the practice setting)
- How would you address this situation?
- What advice would you provide the staff involved in the care of the patient?
- What would you do if the situation calls for an innovative solution that requires a policy change in the organization?

EXPERTISE AS AN EDUCATOR

- How would you address the learning needs of staff in relation to clinical practice issues?
- A component of the APN role is to assist in the skill development of nurses, including critical thinking, problem solving, and leadership skills. Describe the strategies you would use to promote the development of these skills.
- In your APN role, how would you facilitate/meet the educational needs of patients and families?

Interview Guide – Sample Questions

COMMUNICATION SKILLS

- What strategies would you use to ensure effective communication with physicians, staff and interdisciplinary team members?
- This position is for a new APN role within this practice setting. Describe strategies that you will use to establish and refine your role within the patient care team.
- Establishing relationships and communication processes with neighbouring acute care centres and departments will be a pivotal role for this APN position. Provide some examples of how you might go about this.
- Provide an example of a conflict situation you have been involved in where you demonstrated effective use of your interpersonal and communication skills to resolve the conflict.
- Describe your experience with computerized systems, including types of software you have used, data analysis, report writing.

LEADERSHIP

- An important aspect of the APN role is to disseminate research and promote best practices in care. Give an example of how you have applied research findings to your area of practice.
- Provide an example of an illness prevention, health promotion or health maintenance strategy that could be used to enhance the care of patients.
- You will be involved in developing and monitoring evaluation criteria and outcome indicators to track information and outcomes in relation to the APN role. Provide examples of evaluative indicators that you would deem important to establish and monitor.
- We value innovation and creativity. Tell us about the most innovative project that you had a significant role.

RESEARCH

- Tell us what research you have been involved with.
- Have you written any grants for funding? To which funder(s).
- What aspect of the research process do you enjoy? Why?
- What supports would you require to enable you to participate and/or lead research activity?

SCHOLARLY/PROFESSIONAL DEVELOPMENT

- Tell us how you have influenced the development of the nursing profession? Of the oncology specialty?
- What do you think needs to occur to further the professional development of this field? Of the way care is provided to this patient population?

Above interview guide has been adapted from the Winnipeg Regional Health Authority NP Toolkit (http://www.wrha.mb.ca/staff/nursing/files/np_toolkit_000.pdf). Downloaded February 11, 2008.

Sample Advanced Practice Nurse Orientation Plan

Role Component	Orientation/Learning Needs	Goals	Indicators of Completion or Success of Goal Attainment	Orientation Activity
Introduction to the APN role and implementation plan				
Reporting relationships				
Interdisciplinary team and establishing effective work relationships with other key stakeholders				
Patient philosophy, history, vision, goals, policies and procedures				
APN evaluation plan				
Logistics and supports				
Specific role development needs related to clinical practice				

Appendix G12

Nurse Practitioner (NP)/Physician Collaborative Practice Agreement Form

This document clarifies the NP Adult or NP Pediatric (formerly known as Acute Care NPs) and physician partner(s) roles and responsibilities in collaborative practice.[30] It is to be completed by an NP in collaboration with his/her physician partner(s), with input from relevant stakeholders, after and as close as feasible to the initial orientation period, once the NP and physician partner(s) have had a chance to clarify how the role is implemented in practice. It is approved by the NP, physician partner(s), nursing chief and program director/ clinical managers and any other stakeholders deemed necessary by the NP or physician partner(s). It is reviewed and updated annually and on an ad hoc basis.

APN Role: _____

☐ NP-Adult

☐ NP- Pediatric

Date:
yyyy/mm/dd _____

Renewal Date: (renewed annually) _____

Developed by:

NP: _____

Physician Partner(s): _____

Approved by:

Nursing Chief: _____

Program Director: _____

Clinical Managers: _____

Other Relevant Stakeholder(s) prn: _____

Nurse Practitioner (NP)/Physician Collaborative Practice Agreement Form

Complete the following sections

SCOPE OF ADVANCED NURSING PRACTICE: See role dimensions outline in the CNA's framework (2008)[12] and CANO (2001)[7] document on the advanced oncology nurse. See Scope of Advanced Practice definition in the Framework diagram on the next page.

STANDARDS OF ADVANCED PRACTICE: NP-Adult/NP-Pediatric roles are generally comprised of 80% weighting in the direct care domain and 20% in the other APN role domains. For the other role domains, identify, or refer to the role description to identify, the activities and weighting for this particular NP role.

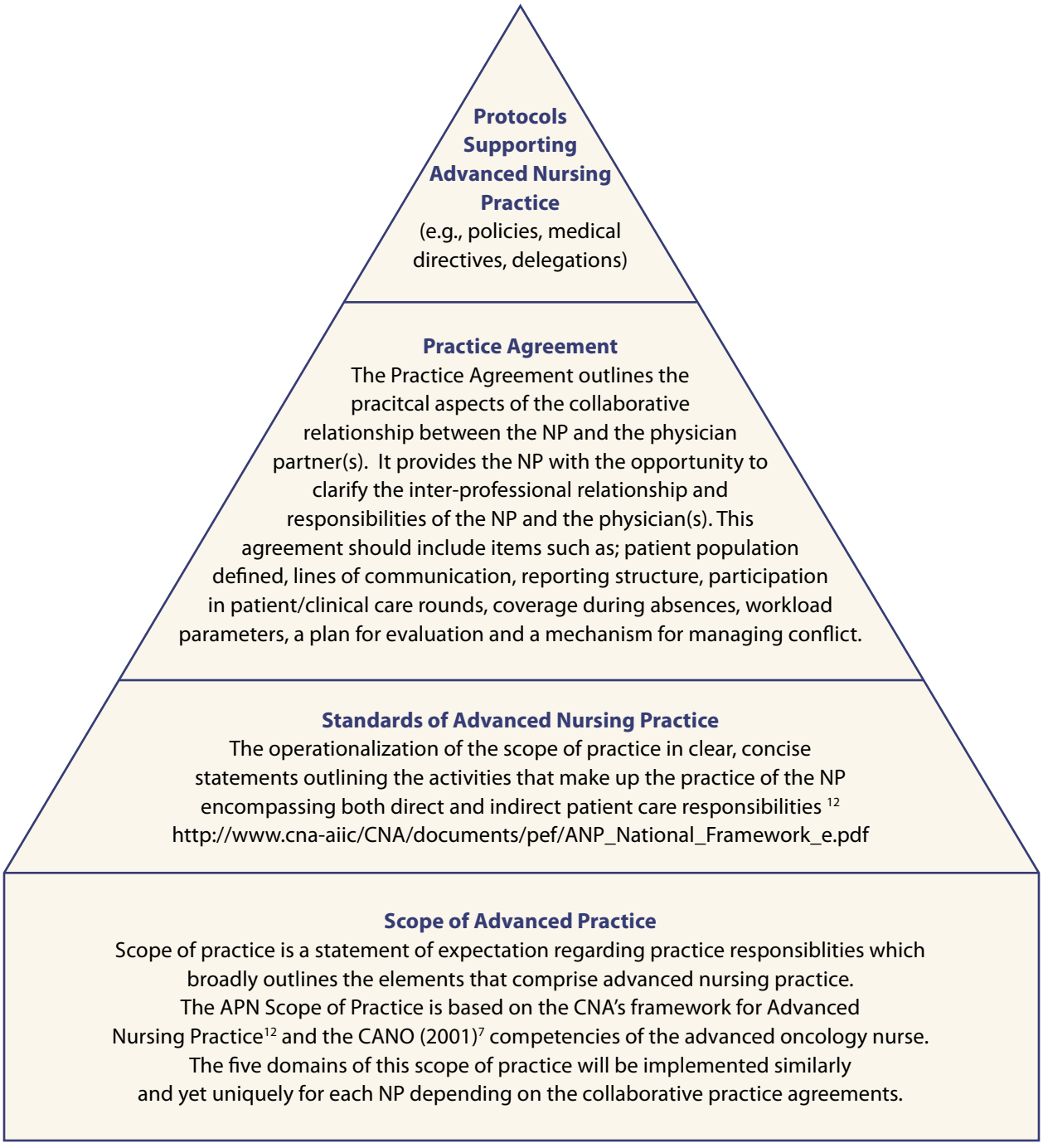
PRACTICE AGREEMENT: See Framework diagram for suggestions regarding what to include here.

PROTOCOLS FOR SUPPORTING ADVANCED NURSING PRACTICE

(e.g., medical directives, delegations, policies, practice guidelines etc.): List.

Appendix G13

Framework for an NP-Adult/NP-Pediatric/Physician Collaborative Practice Model



Adapted from: Norsen, L., Opladen, J. & Quinn, L. (1995). Practice Model: Collaborative practice. *Critical Care Nursing Clinics of North America, 7*(1), *43-52.*

Appendix G14

Medical Directives

Medical Directives are written orders for a procedure given in advance by an authorized regulated healthcare professional to another implementer (often a physician is the ordering authority but this can also be a RN in the extended class and the RN is the implementer) to carry out a procedure under specific conditions. Implementers must determine that they have the knowledge, skills and competency to carry out the procedures before undertaking the directive.

Keizer et al. identify seven distinct steps in the development of medical directives[31]:

1. Describing the **nature and scope** of medical directives;
2. Listing the **types** of medical directives;
3. Addressing all **components** of medical directives, including a) a description of the treatment or intervention; b) client conditions; c) circumstances relating to the medical directive; and d) contraindications.
4. Creating **individual medical directive drafts**;
5. **Approval** of medical directives by various stakeholder committees, such as a medical advisory committee;
6. **Communication** of medical directives by circulating signed copies of medical directives to the appropriate people
7. **Evaluation** through feedback received from patients, families and staff.

Checklist for developing medical directives:

- ☑ Identify the individuals who should participate in the development of the directives (include all stakeholders);
- ☑ Consider key stakeholders and individuals necessary to develop and implement the medical directive such as physician leaders, administrators, department managers [nursing, pharmacy, health records] and allied health professionals within and across institutions where the medical directive would take place;
- ☑ Consult regulatory colleges/medical acts (e.g., Regulated Health Professions Act) to determine the parameters within which your profession and the professions affected by the proposed directive operate;
- ☑ Investigate if your institution has a template that could be used to begin developing your medical directive;
- ☑ Sample medical directives developed at other institutions (these may be available on-line) if your institution does not have a template;

Medical Directives

- ☑ Plan out the medical directive development process in order to determine time and resources needed;
- ☑ Be clear about what medical functions are needed and why;
- ☑ Once developed, have directives approved by the hospital administration and the risk management team, if one exists;
- ☑ Educate all staff involved in how to use the medical directive.

TIP

- + Full physician commitment and support is essential to the successful implementation of a medical directive;
- + Medical directives affect other healthcare professionals – be cognizant of the impact the directive will have on these roles;
- + Writing medical directives is a time intensive task. Set enough time aside to fully develop medical directives;
- + Consider usefulness of the medical directive you would like to write. Ask yourself whether it is worth the investment of your time;
- + Medical directive must "make sense" to all stakeholders (e.g., APN, physician)

Articles on developing medical directives:

Alvardo, K. (2007). Factors influencing implementation of medical directives by registered nurses: The experience of a large Ontario teaching hospital. *Nursing Leadership, 20(1),* 72-90.

Keizer, M., Ridley, J., Vlasic, W., Doyle-Pettypiece, P., et al. (2000). Medical directives in advanced practice nursing. *The Canadian Nurse, 96(1),* 22.

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