0 OVERVIEW

0 Overview of the PEPPA Framework

What will you learn about in this chapter?

- Background and rationale for the PEPPA Framework.
- Theoretical fundations of the Framework.
- Steps of the Framework.
- Framework applications.
- How to get started using the PEPPA Framework.
- Pointers for introducing the PEPPA Framework to your team.

Key Messages

1. The PEPPA Framework is a systematic, healthcare planning guide designed to promote the effective development, implementation and evaluation of advanced practice nursing (APN) roles.

2. The focus of this toolkit and use of the PEPPA Framework is to promote the health of patients and families affected by cancer through the development or enhancement of cancer services or models of care delivery that may include an APN role.

Background and Rationale for the PEPPA Framework

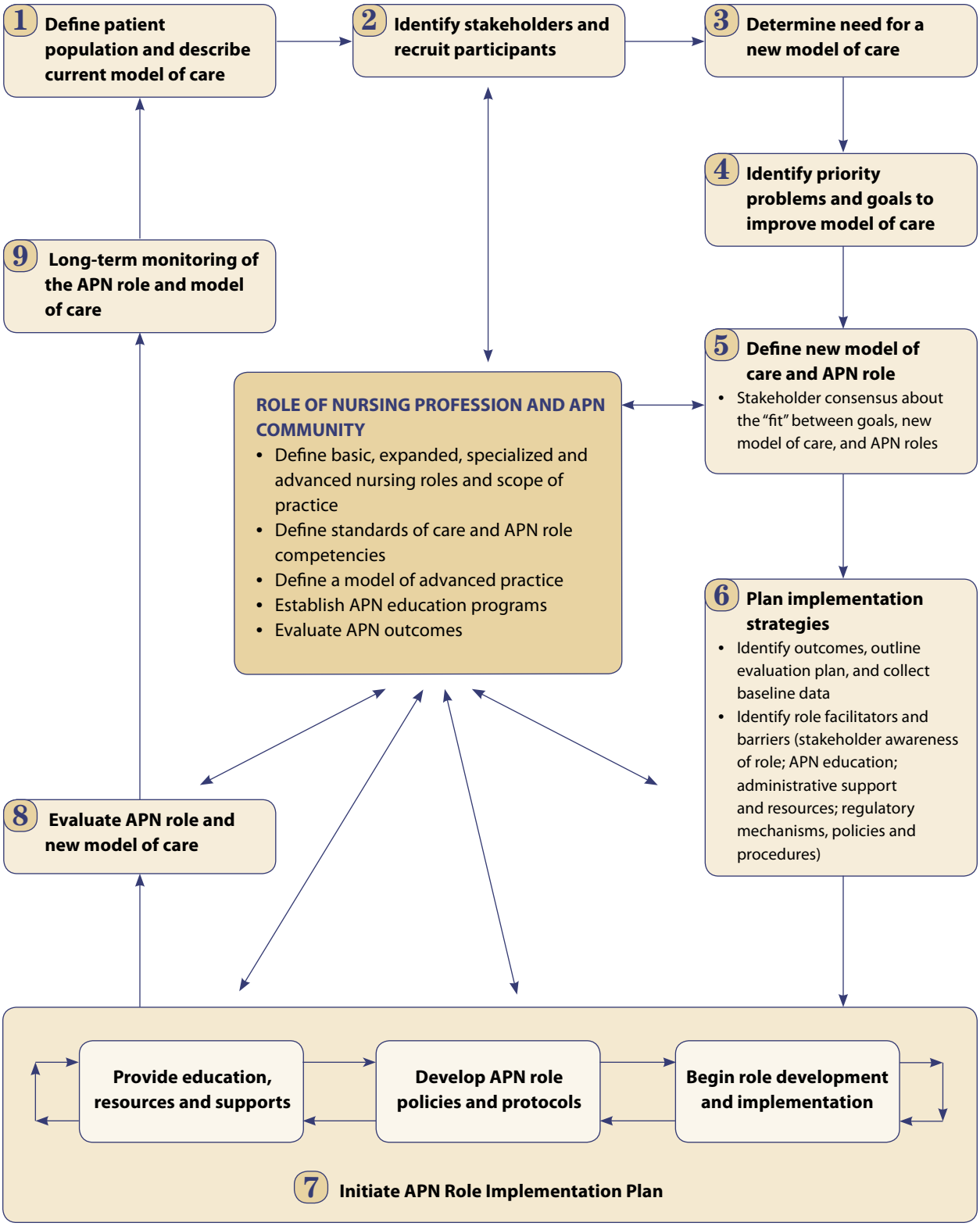
The term PEPPA is short form for a ***p****articipatory,* ***e****vidence-informed,* ***p****atient-centred* ***p****rocess for* ***A****PN role development, implementation and evaluation.*[1] The PEPPA Framework is a nine-step process outlined in Figure 1.

Improving the introduction and evaluation of APN roles was the impetus for this framework. The ultimate goal is to design and deliver a timely, accessible, effective and efficient package of healthcare services or model of care that best meets the identified health needs for a specific patient population. Thus, maximizing patient health through effective healthcare redesign is the central focus of framework activities. In the case of this toolkit, the focus is on designing or enhancing models of care delivery to improve the health of patients and their families affected by cancer.

> The ultimate goal is to design and deliver a timely, accessible, effective and efficient package of healthcare that best meets the health needs of a specific patient population.

It is important to note that use of the framework does not guarantee that an APN role will be introduced within a new model of cancer care. By working through each framework step, a broad range of possible solutions and strategies for improving the model of care are considered, including the introduction of an APN and/or other healthcare provider roles.

Figure 1 The PEPPA Framework



From: Bryant-Lukosius, D., & DiCenso, A. (2004). A framework for the introduction and evaluation of advanced practice nursing roles. *Journal of Advanced Nursing, 48*(5), 530-540.

As clinical experts, leaders and change agents, there is increased worldwide demand for APN roles to assist organizations in developing sustainable models of healthcare.[2] Rising demands for and the increasing complexity of healthcare across all sectors (primary, acute, chronic, community and home care), along with human resource shortages and pressures to contain healthcare costs, have necessitated new approaches to care delivery and the deployment of APN and other types of advanced health provider roles.

There is high quality research documenting the positive benefits of APN roles on patient, provider and health systems outcomes for a variety of cancer and non-cancer populations.[3-13]

Characteristics of APN roles that contribute to these benefits are:

- Provision of coordinated, integrated, holistic and patient-centred care; and
- Focus on maximizing patient health, quality of life and functional capacity.[2]

Positive benefits of APN roles:

Patient
- Improved health and quality of life
- Increased functional capacity
- Improved satisfaction

Provider
- Increased uptake of evidence-based practices
- Improved care coordination
- Patient-centred care

Health system
- Improved safety and quality of care
- Lower hospital costs
- Appropriate use of health services

Opportunities for innovation and improved patient and health system outcomes are more likely to occur when APN roles are designed to complement rather than replace the role of other health providers.

However, multiple international studies over the last 15 years have consistently documented significant challenges to the effective implementation of APN roles and indicate that many of these barriers could be avoided through improved planning and better stakeholder understanding of the roles.[2]

Table 1 summarizes common problems associated with APN role implementation. Recent Ontario studies examining the introduction of oncology APN roles have identified similar role implementation challenges.[3,14] For example, the most frequently reported barriers identified by up to 51% of oncology APNs were lack of time to implement all role domains, unclear roles and role expectations, lack of administrator understanding and support for the role, lack of practical resources, and lack of physician role understanding and role acceptance.[14]

> Many barriers to the effective implementation of APN roles could be avoided through improved planning and better stakeholder understanding of the roles.

TABLE 1

Common problems associated with APN role implementation

- Stakeholder confusion about terms used to describe APN
- Lack of clearly defined roles, role goals or expectations
- Emphasis on physician replacement or support versus patient health needs and needs for healthcare services
- Under use of all APN role dimensions, expertise and scope of practice
- Failure to address barriers to role implementation
- Lack of evidence-based strategies to guide role development, implementation and evaluation.

Adapted from: Bryant-Lukosius, D., DiCenso, A., Browne, G., & Pinelli, J. (2004). Advanced practice nursing roles: development, implementation, and evaluation. *Journal of Advanced Nursing, 48*(5), 519-529.

There are high costs associated with poor APN role implementation planning (see Table 2). In Ontario, insufficient role implementation planning is associated with poor job satisfaction and difficulty recruiting and retaining highly qualified oncology APNs.[14] Excessive work hours, insufficient administrative support and practical resources to implement the role, lack of opportunity for personal growth and negative health effects due to role strain contribute to poor APN job satisfaction.

Inability to implement all dimensions of advanced nursing practice related to clinical practice, education, research, organizational leadership and professional development was also frequently reported.[3,14] This suggests that many roles were not operating at an advanced level of practice. The ultimate cost is the unrealized opportunity for innovation and health system improvement that would allow patients, families and the health system to benefit from the full range of oncology APN expertise.

TABLE 2

The costs of poor planning to implement an APN role

- Poor stakeholder acceptance of the role
- Role conflict
- Role overload
- Poor APN job satisfaction
- Difficulty recruiting and retaining qualified APNs
- Impaired quality of care and patient safety
- Lost opportunities for innovation and to benefit from APN expertise
- Ineffective use of limited healthcare resources
- Negative impact on long-term role sustainability

Adapted from: Bryant-Lukosius, D., DiCenso, A., Browne, G., & Pinelli, J. (2004). Advanced practice nursing roles: development, implementation, and evaluation. *Journal of Advanced Nursing, 48*(5), 519-529.

The PEPPA Framework was developed to address implementation challenges unique to APN roles.[1] The goals of the framework are to:

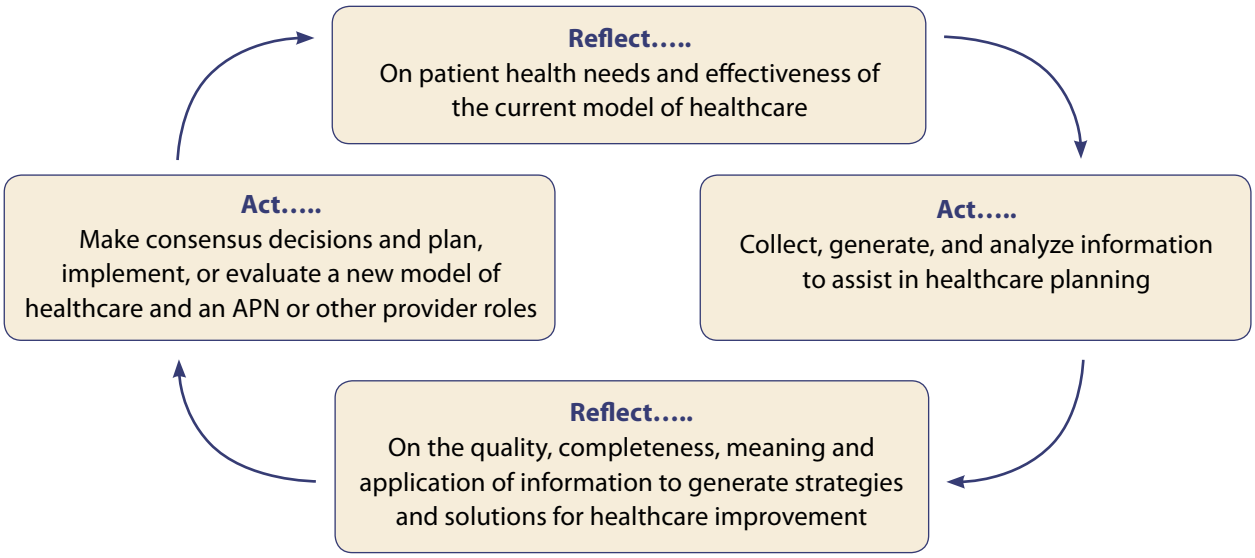
- Use the best evidence and relevant sources of data to identify the need and establish goals for a clearly defined role.
- Support the development of a nursing orientation to practice that is characterized by patient-centred, health-focused and holistic care.
- Promote the full integration and use of APN knowledge, skills and expertise in all role dimensions related to clinical practice, education, research, organizational leadership and scholarly/professional practice.[15]
- Create practice environments that support APN role development by engaging key stakeholders in the planning process.
- Promote ongoing role development and model of care enhancement through monitoring and rigorous evaluation of progress in achieving pre-determined outcome-based goals.

Theoretical Foundations of the Framework

The principles of participatory action research (PAR) were used to construct the framework. PAR involves the use of democratic and systematic approaches to engage individuals or stakeholders from organizations, education systems and/or communities in promoting health and social change.[16-18]

Key principles of PAR include participation in iterative cycles of reflection and action; building on current beliefs and understanding; collective data gathering and analysis; mutual learning and the co-production of new knowledge; collective decision-making and action to address problems; and evaluating the impact of these actions.[18-20]

Figure 2 Process of participatory action research (PAR) applied to healthcare planning and the introduction of an advanced practice nursing (APN) role.



Adapted from: Smith, S.E. (1997). *Deepening participatory action-research.* In S.E. Smith & D.G. Willms, (Eds.). *Nurtured by knowledge: Learning to do participatory action research.* New York: Apex Press.

PAR is relevant to APN role development in several ways. PAR encourages the use of relevant data to plan and make decisions to develop, implement or modify an APN role.[21] Good data to support the need for new health provider roles should be used in the same way that research evidence is used to support the introduction of new therapies such as medications.[22] APNs work collaboratively with other health providers and other stakeholders in the health system. Stakeholder values, beliefs, experiences and expectations can influence their roles and relationships and may create conditions that impact on the effective delivery of healthcare services and the use of APN roles. As such, stakeholder participation at all stages of the health planning process is critical for the effective implementation of APN roles.

Consistency of the framework with recommendations for health human resource planning

The principles of PAR are consistent with recommended approaches for effective nursing and health human resource planning.[23-25] These recommendations include collaborative decision-making and the involvement of appropriate stakeholders, identification of population specific healthcare needs as the foundation for the process, consideration of environmental trends and drivers and a systems approach to ensure comprehensive planning and evaluation of outcomes.

Consistency of the framework with patient-centred practices

The focus on the patient is the central component of nursing practice and a key dimension of the PEPPA Framework. Patient-centred care is associated with improved health outcomes, increased patient and provider satisfaction and more appropriate use of health services.[26] There are six common concepts of patient-centred care that are consistent with the PEPPA Framework.[27] Table 3 summarizes these concepts and their relationship to the PEPPA Framework.

TABLE 3

Concepts of patient-centred care and the PEPPA Framework

Patient-Centred Care Concept	PEPPA Framework
Education and shared knowledge	Shared learning and the co-production of new knowledge through collective activities among key stakeholders
Involvement of family and friends	Involvement of patients, families and friends as key stakeholders
Collaboration and team management	Entire approach to service delivery improvement requires involvement, collaboration and consensus decision-making among diverse care providers and partners
Sensitivity to non-medical and spiritual dimensions	Needs assessment activities include gathering data from patients and their families about their healthcare experiences and goals for improved health in a holistic manner
Respect for patient needs and preferences	Patient care pathway analysis requires attention to patient needs, priorities and preferences
Free flow and accessibility of information	Access to information from a variety of sources is facilitated by managers and administrators in a culture that respects accountability, transparency and collaborative approaches to problem resolution

Steps of the PEPPA Framework

In Steps One to Six of the PEPPA Framework, activities focus on decision-making and planning about the need to introduce an APN role and other strategies to improve or develop a new model of care. In Step Seven the APN role and other planned changes are implemented. In Steps Eight and Nine short and long-term evaluations of the APN role and the new model of care are conducted to assess their progress and sustainability in achieving expected goals.

This toolkit provides resources and strategies to implement Steps One to Six of the framework. While detailed information about evaluation or Steps Eight and Nine are not included, Step Six does provide information about how to develop a plan for evaluating the APN role.

1

STEP ONE: *Define the population and describe the current model of care*

Step One establishes the limits or the scope of the healthcare planning process. Activities include:

- Identifying the priority patient population that will be the focus of the process;
- Determining organizational and geographic responsibilities (e.g., local, regional, provincial, national) for healthcare delivery;
- Identifying which stage(s) of the cancer continuum will be addressed (e.g., cancer prevention, screening, diagnosis, treatment, recovery, palliation or end-of-life care); and
- Describing and understanding the current model of care or how and when patients interact with healthcare providers and services.

2

STEP TWO: *Identify stakeholders and recruit participants*

Step Two involves identifying and inviting individuals from key stakeholder groups relevant to the priority patient population and current model of care to participate in the healthcare planning process. Broad input from various stakeholders who have different roles, responsibilities and influence within the model of care is encouraged to ensure the successful introduction of future planned changes. Patients and family members are identified as pivotal stakeholders.

3

STEP THREE: *Determine the need for a new model of care*

This step involves conducting a needs assessment to identify and determine the extent, severity and importance of current unmet patient health needs and the gaps in healthcare services required to meet these needs.

4

STEP FOUR: ***Identify priority problems and goals to improve the model of care***

In this step, participants come to an agreement about priorities or the unmet patient health needs that are the most important to address. Problems that contribute to unmet health needs are further examined and outcome-based goals to address these problems and to improve patient health are established.

5

STEP FIVE: ***Define the new model of care and APN role***

This step involves identifying solutions, new care practices or care delivery strategies for achieving established goals. Key activities focus on examining the number, complement and mix of healthcare providers required to implement the new model of care. This step provides the opportunity for stakeholders to learn more about the purpose and types of various APN roles and to consider the pros and cons for introducing an APN role compared to other nursing or health provider roles. If the decision is to introduce an APN role, this step concludes with the development of a specific APN position description.

6

STEP SIX: ***Plan implementation strategies***

An important first activity of this step is to develop an evaluation plan and establish timelines for role implementation. Other activities focus on developing a plan to ensure system readiness for a new APN role. Key factors addressed in this plan are APN and stakeholder education, marketing, recruitment and hiring, role reporting structures, funding and policy development.

7

STEP SEVEN: ***Initiate the APN role implementation plan***

During this step APN and stakeholder education is provided, APN policies and protocols are developed, and the APN is hired for the position. Full development and implementation of the APN role is expected to take three to five years.[28] During this period, progress in role development is monitored and needs to modify or initiate new strategies to support the implementation of the APN role are identified.

8

STEP EIGHT: ***Evaluate the APN role and new model of care***

Formative evaluations are recommended to monitor progress in APN role development and to assess the extent to which goals for improving the model of care delivery and meeting priority patient health needs have been achieved.

9 STEP NINE: *Long-term monitoring of the APN role and model of care*

The final step of this framework emphasizes the iterative nature of healthcare planning and the need for ongoing monitoring to ensure the long-term relevance and sustainability of the model of care and APN role. The dynamic nature of healthcare environments, patient needs and new research may necessitate future changes. Each step of the framework should be revisited to ensure that sound decisions are made about sustaining or modifying the APN role and model of care.

Applications of the PEPPA Framework

While the PEPPA Framework is a relatively new innovation it has demonstrated wide spread use.[21] It has been used by provincial policy makers,[29] national nursing associations,[30,31] and APN education programs[32-34] to inform and develop policies and practices necessary for the effective implementation of APN roles.

The framework has guided the development of APN research and the introduction of APN roles in oncology,[35] long-term care[36-38] and in primary healthcare settings.[39] The framework has also been applied to introduce other health provider roles such as advanced physiotherapists for patients undergoing joint replacement surgery[40] and advanced radiation therapists.[41]

How to get started using the PEPPA Framework

TIP

Tips for getting ready to implement the PEPPA Framework

- Develop a business case to justify the need for healthcare planning
- Develop a budget for expected healthcare planning costs
- Consider appointing or hiring a facilitator to guide the process
- Start thinking about potential members for a healthcare planning team
- Consider strategies for promoting effective teamwork
- Review the objectives of each step of the PEPPA Framework to assess where you are in the healthcare planning process

Develop a business case for the healthcare planning process

Effective healthcare planning requires time, people and other resources. You may want to consider developing a business plan to justify the use of time and resources and then develop a proposed budget for expected costs.

Appendix A1 of the toolkit outlines the purpose of a business case at different time points in the healthcare planning process. Examples of specific items to include in a business case at the start of the planning process are identified.

Appoint a facilitator to provide leadership and to guide the healthcare planning process

It is highly recommended that an experienced facilitator be hired to guide your healthcare planning team through the steps of the PEPPA Framework.

Who should be a facilitator?

The facilitator is someone who has a broad organizational perspective, excellent interpersonal and communication skills, the ability to engage people with different perspectives to work as a team and is able to manage the various activities involved in healthcare planning and the introduction of an APN role.

You may want to consider one of the following individuals for the facilitator role:

- The director or manager of a program or service where an APN is or might be deployed.
- An experienced APN who is in an existing role that is not yet well defined or where the focus of the role is under review.
- An external consultant who is contracted to work with the healthcare planning team.

See the Resources Section and Step Two for more information about the role of the facilitator.

Establishing an effective healthcare planning team

The PEPPA Framework recommends the use of participatory activities including the development of a healthcare planning team and engagement of key stakeholders throughout the planning process. The outcomes of the planning process will only be as effective as the healthcare planning team itself, so attention to group process and group development activities is critical.

In the Resources Section you will find additional information for promoting effective teamwork and running effective team meetings.

Next Step

The next chapter begins the process with the introduction of Step One of the framework. Review the pointers below for how to prepare yourself and the planning team to embark on this healthcare planning journey.

Pointers for introducing the PEPPA Framework to your team

- Present the PEPPA Framework at an early stage in your team's discussion about the model of care delivery
- Pre-circulate the Overview chapter to your team prior to the discussion.
- Bring an enlarged version (or poster) of the PEPPA Framework to each meeting to ensure that team members are oriented to their current step and its objectives.
- Invite someone who has used the PEPPA Framework to attend the initial orientation meeting. This can help team members ask practical questions on what worked, challenging parts of the process and how these were addressed.

R

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