**Planning tool for NP utilization using PEPPA framework**

This tool is designed to help you determine whether there is a gap between current roles and responsibilities of nurse practitioners (NP) within an organization, and what moving to full utilization of NPs will entail [1]. It will guide you through the nine-step PEPPA (Participatory, Evidence-based, Patient-focused Process for Advanced practice nursing) framework for the implementation and evaluation of NP services [2].

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| **Steps In PEPPA [2]** | **Suggested Steps**Items for Chief Nursing Executive (CNE)/Hospital Administrators to consider when considering full utilization of NPs | **Current Status** | **Action Required**e.g. planning for change; education needed; communication to staff and clients re: role change; policy change required to support NP utilization [1] |
| 1. Define the population and define the current model of care | 1. Analyze organization’s performance trends
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| 1. What is the current model of care?
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| 1. Identify key outcome indicators for improvement
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| 1. What APN roles currently exist? How are they operationalized?
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| 2. Determine the need for a new model of care | 1. Complete a gap analysis of key trends and outcome indicators
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| 1. 2. How many NPs are employed in and outside of the organization and are to be credentialed/privileged?
2. 3. Is there a process currently in place for credentialing/privileging?
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| 1. 4. Analyze potential barriers and facilitators of implementing NP admit/discharge authority
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| 3. Identify stakeholders and recruit participants | 1. Develop stakeholder group (may include CNE, Medical Directors, patients, NPs, RNs, MDs and other relevant health care team members)
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| 1. Build buy-in and support for new model of NP admit/discharge authority
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| 4.Identify priority problems and goals to improve the model of care | 1. Decide what area(s) of the organization or program(s) NP admit/discharge authority will begin based on organizational and gap analysis
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| 1. Identify key outcome measurements for data collection when NP admit/discharge authority begins
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| 5. Define the new model of care and APN role | * 1. Identify and operationalize what NP admit/discharge authority will look like (which NPs will be MRPs, shared/Collaborative, or consultative?)
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| 1. Develop and/or revise credentialing/privileging processes for implementing NP admit/discharge authority
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| 6. Plan implementation strategies | 1. Develop implementation plan for NP admit/discharge authority
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| 1. Develop necessary policies/procedures and reporting structures to support NP authority
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| 1. Consult and provide education across the organization where NP admit/discharge authority will occur
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| 7. Initiate APN role implementation plan | 1. Implement NP admit/discharge authority plan
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| 1. 2. Provide ongoing education and support as required and address concerns/questions as they arise
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| 8. Evaluate the APN role and new model of care | 1. Conduct frequent meetings and solicit ongoing feedback to identify continued barriers and facilitators for NP admit/discharge authority
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| 1. Implement outcome measurement of key indicators to be achieved
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| 9. Long-term monitoring of the APN role and model of care | 1. Analyze outcome measurements of identified key indicators identified (may include patient satisfaction, NP/MD satisfaction, length of stay etc.)
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| 1. Appraise if any new innovations have come from the new model of NP admit/discharge authority
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| 1. Make appropriate changes to NP role
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**References**

1. Registered Nurses' Association of Ontario. *Gap analysis Tool from Primary Solutions to Primary Care: Maximizing and Expanding the Role of the Primary Care Nurse in Ontario*. 2012 [cited 2015 July 24]; Available from: http://primarycaretoolkit.ca/sites/pct/files/Gap\_Analysis\_RNs\_0.pdf.

2. Bryant-Lukosius, D. and A. DiCenso, *A framework for the introduction and evaluation of advanced practice nursing roles.* Journal of Advanced Nursing, 2004. **28**(5): p. 530-540.