**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 |  |  |
| 1. What is the current model of care? |  |  |
| 1. Identify key outcome indicators for improvement |  |  |
| 1. What APN roles currently exist? How are they operationalized? |  |  |
| 2. Determine the need for a new model of care | 1. Complete a gap analysis of key trends and outcome indicators |  |  |
| 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? |  |  |
| 1. 4. Analyze potential barriers and facilitators of implementing NP admit/discharge authority |  |  |
| 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) |  |  |
| 1. Build buy-in and support for new model of NP admit/discharge authority |  |  |
| 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 |  |  |
| 1. Identify key outcome measurements for data collection when NP admit/discharge authority begins |  |  |
| 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?) |  |  |
| 1. Develop and/or revise credentialing/privileging processes for implementing NP admit/discharge authority |  |  |
| 6. Plan implementation strategies | 1. Develop implementation plan for NP admit/discharge authority |  |  |
| 1. Develop necessary policies/procedures and reporting structures to support NP authority |  |  |
| 1. Consult and provide education across the organization where NP admit/discharge authority will occur |  |  |
| 7. Initiate APN role implementation plan | 1. Implement NP admit/discharge authority plan |  |  |
| 1. 2. Provide ongoing education and support as required and address concerns/questions as they arise |  |  |
| 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 |  |  |
| 1. Implement outcome measurement of key indicators to be achieved |  |  |
| 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.) |  |  |
| 1. Appraise if any new innovations have come from the new model of NP admit/discharge authority |  |  |
| 1. Make appropriate changes to NP role |  |  |

**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.