



The Way Forward Plan: *Committing to Action*

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Funding for the Canadian Nurse Practitioner Initiative was provided by Health Canada.

L'Initiative canadienne sur les infirmières et les infirmiers praticiens est financée par Santé Canada.

Funding for this publication was provided by Health Canada.
The opinions expressed in this publication are those of the authors/researchers and do not necessarily reflect the official views of Health Canada.

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June 2006

Table of Contents

1.0 Introduction 1
2.0 Need for a Plan..... 2
3.0 Constructing the Plan 2
4.0 The Way Forward: The Plan..... 3
5.0 CNPI Implementation Priorities 8
6.0 Conclusions 8
References 9

Appendices

Appendix A: Introduction of the CNPI Implementation Plan 11
Appendix B: Nurse Practitioner National Implementation Plan 13

1.0 Introduction

The NP role has the potential to contribute significantly to the resolution of some of the most critical challenges facing Canada's health system, such as access to health services and wait times and ultimately help to improve overall population health outcomes. One of the major findings of the CNPI is that a sporadic, regionalized approach to NP implementation has led to inconsistent progress of the role and achievement of expected results. What is clear is that after years of talking about, planning and implementing the NP role, political will and leadership are required to move forward with a pan-Canadian approach to NP implementation and integration. To achieve the CNPI vision of *a renewed and strengthened primary health care system that optimizes the contributions of NPs to the health of all Canadians* will require federal, provincial, territorial and regional commitments, as well as support from a number of key stakeholders and professional groups.

The importance of a national oversight presence in monitoring a pan-Canadian approach to the integration and sustainability of the NP role is confirmed by the experience of NPs in the United States. In the Eighteenth Annual Legislative Update, Phillips (2006) reported that despite the regulation of the role by individual state laws, it is the national NP organizations that are able to impact practice by influencing federal policy, as well as statutory change at a state level. The national organizations' involvement has resulted in NPs becoming accepted members of the health care team and improved access to the health care system in the United States.

In many respects, Canadian NPs are fortunate to have the US historical perspective to validate the importance of the CNPI's recommendation for a pan-Canadian approach to integrating NPs into the system and eliminating past practice barriers. In the discussion paper entitled "Provincial and Territorial Nurse Practitioner Scope of Practice in Canada", Mayne (2005) provided further support for a pan-Canadian approach given its ability to satisfy the jurisdictional obligations under the Agreement on Internal Trade to allow for mobility of NPs anywhere in Canada and improve access to timely and affordable health care. Authors of other commissioned reports endorsed the pan-Canadian position and discussed the importance of national coordination in meeting the overarching objectives of the Initiative.

The future of NPs and all of nursing rests in the strength of their political voices. NPs, as part of the nursing profession, have been disadvantaged by a fragmented approach to growth within the health system. A national oversight body or bodies, working with key federal, provincial and territorial partners, would help maintain the momentum generated by the work of the CNPI and ensure a more coordinated and integrated approach to NP implementation. It would be primarily tasked to oversee the implementation of the CNPI recommendations, as well as influence policy, track and communicate the NP contributions to the health system.

The time has arrived to transfer ownership of the Initiative back to those who envisioned and created the foundations for the CNPI – the primary signators of the Primary Health Care Transition Fund (PHCTF) proposal, entitled "*Helping to Sustain Canada's Health System: Nurse Practitioners in Primary Health Care*". Please refer to the Acknowledgements section at the beginning of the Integrated Report for a list of NPPN signators.

While CNA is the sponsoring organization, it is clear that it cannot oversee the implementation of the CNPI recommendations alone, but rather will require federal, provincial and territorial partnerships invested in achieving the integration of the NP role into the Canadian health system. Implementation will also require inter-jurisdictional and inter/intra-professional engagement, support, collaboration and commitment to action. Continued leadership by the NPPN would facilitate the achievement of these desired elements.

Much work has been undertaken over the last three decades to support and promote NP implementation, culminating in the work of the CNPI. A significant amount of resources were committed to the CNPI and stakeholders from across Canada invested their time and energy in the Initiative, either through their participation on the CNPI Advisory Committee or one of the task forces, or through numerous consultations that took place across Canada. This investment and commitment must be honored and respected by demonstrating a commitment to move forward the CNPI results and recommendations.

2.0 The Need for a Plan

The purpose of the Way Forward Plan (here after referred to as “the Plan”) is to map out the next steps that are required to implement the CNPI recommendations so that the vision for the NP role can become a reality. The importance of the Plan cannot be underestimated. If a traditional jurisdictional approach is followed in implementing the CNPI recommendations, systemic change will never be achieved and the progress on NP integration into the health system will be limited. Long-term change will require a pan-Canadian approach that is based on inter-jurisdictional and interprofessional collaboration and commitment between educators, legislators, employers, practitioners and health human resources planners across jurisdictions.

3.0 Constructing the Plan

Using Logic Models to Map the NP Implementation Process

A logic model format was used as an underlying framework to map the key activities and outcomes associated with a structured approach to the NP implementation process. Based on the CNPI literature reviews and consultation with key stakeholders, and later on CNPI framework documents and recommendations, two logic models were developed: pan-Canadian and Agency Level logic models. Together these two logic models provide an overview of how activities at the national level would lead to outcomes that support the integration of the NP role at the agency level. The inter-relationships between activities within the six key strategic NP implementation areas and their links to desired health and role integration outcomes are presented in the logic models.

Building on Evidence and Collaboration

The CNPI's approach was evidence based, building on extensive research and review of international and national literature and evaluation findings as to the opportunities and barriers to NP implementation and practice. Staff consulted extensively on the framework documents, the logic models and the findings and recommendations of the Initiative. The consultation process culminated with a November 2005 CNPI Advisory Committee and Task Force Forum in which participants were asked to advise on implementation planning and the recommendations of each of the CNPI's component areas. The CNPI team then integrated the findings of each of the component areas into one framework, which allowed for the identification of horizontal priorities and next steps required to support NP implementation.

The Plan outlines key priorities to support NP implementation throughout Canada in a way that is effective and sustainable. Most critically it also identifies a mechanism for ongoing oversight and coordination of the recommendations, supported by an Implementation Plan, which was developed to provide guidance on how and when the CNPI recommendations should be implemented.

4.0 The Way Forward: The Plan

4.1 Guiding Planning Principles for Implementation

The purpose of the following planning principles is to provide the foundations for guiding the implementation of the CNPI recommendations. The planning principles were first identified and broadly defined as part of the November 2005 CNPI Advisory Committee and Task Force Forum. These principles continue to mirror the foundational values of the Initiative that all work must be evidence based and collaborative. However, it is recognized that the implementation of the CNPI recommendations must also be grounded in a sustainable and innovate plan that harnesses stakeholders' commitment to NP implementation and integration.

Implementation Planning Principles

The Plan must be:

- **Sustainable:**
Be realistic and engage key stakeholders; have access to sufficient resources, including funding; and capitalize on the momentum of the CNPI and primary health care renewal.
- **Accountable:**
Set out the parameters of implementation and evaluation to support ongoing monitoring of expected outcomes and results.
- **Innovative:**
Be proactive and create opportunities by employing a comprehensive systems thinking approach that challenges the status quo.

- **Collaborative:**
Be pan-Canadian, inclusive and embrace an inter/intra-professional and multi-stakeholder approach, leading to shared responsibility for the implementation process.
- **Responsive:**
Be responsive to multi-stakeholder needs and respectful of the diversity and culture of people and communities.

4.2 Infrastructure to Support the Implementation of the CNPI Recommendations

After working for over two years with hundreds of stakeholders across Canada, the CNPI has raised awareness of the NP role and the contribution NPs can make to the health system. This awareness has resulted in continued support towards a more integrated and sustained approach to NP implementation. There is some concern, however, among supporters and participants of the CNPI that the resulting recommendations will not be implemented from a pan-Canadian perspective. Rather the underlying fear is that key stakeholders will fall back into established patterns of acting independently when approaching the implementation process. This traditional siloed approach has not worked in the past and, if followed, will only lead to a continued inconsistent and fragmented approach to NP implementation. The resulting outcome is destined to fall short of the CNPI's goal of a sustainable role for NPs in future health care initiatives.

As a result, the CNPI is recommending the appointment of an oversight body to support the implementation of the Plan. It is expected that key national organizations, such as CNA and CASN, will want to commit to moving forward specific recommendations that fall within their mandates. However, a pan-Canadian approach should be in place in order to ensure the commitment of all key stakeholders, particularly provincial and territorial (P/T), to lead a coordinated implementation of the CNPI recommendations.

4.2.1 Appointment of Coordinating Committee

The CNPI recommends the appointment of a volunteer based pan-Canadian NP Implementation Coordinating Committee (NPICCC) with representation from the following groups:

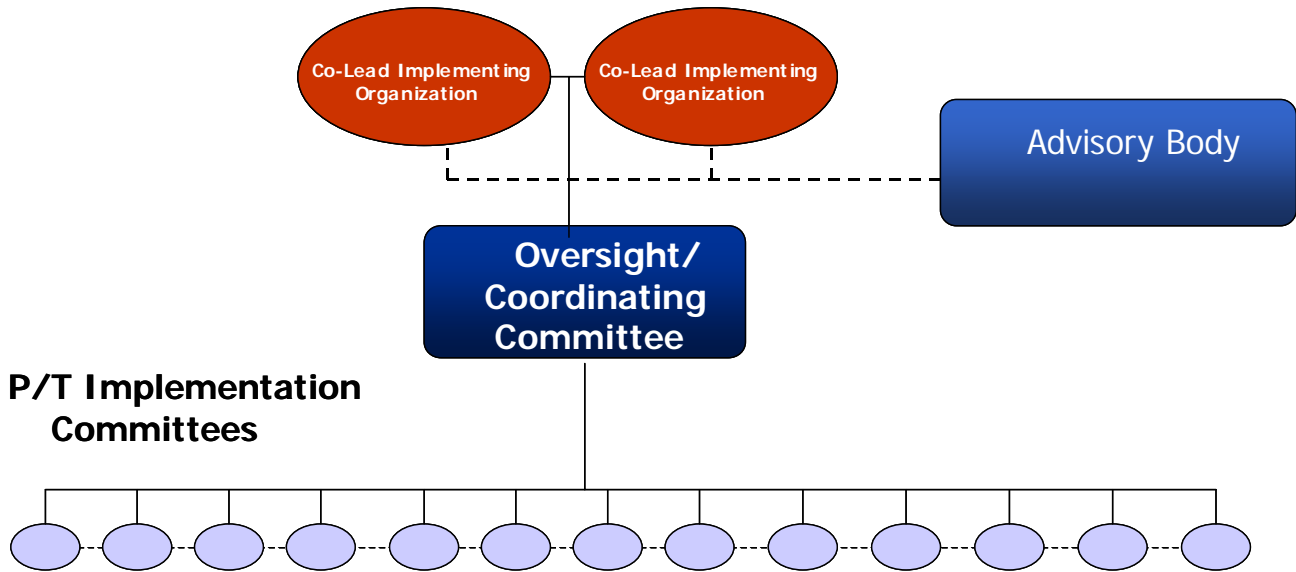
- Provincial Nurse Advisors (PNAs)
- Office of Nursing Policy (ONP);
- CNA;
- CASN;
- Canadian Healthcare Association (CHA);
- Large employers of NPs such as First Nations and Inuit Health Branch (FNIHB), Department of National Defense (DND), Victorian Order of Nurses (VON);

- Nurse Practitioner Council of Canada (NPCC) or Canadian Association of Advanced Practice Nurses (CAAPN);
- Key associations such as the College of Family Practitioners of Canada and Canadian Medical Association (CMA);
- Practising NPs;
- NPPN; and
- P/T Education Ministries

The pan-Canadian NPICC would work within the existing federal/provincial/territorial infrastructure such as P/T NP Implementation Committees. In provinces and territories where NP implementation committees do not exist, the pan-Canadian NPICC can advocate for the establishment of one or develop a communication mechanism within the appropriate ministries to move the NP integration forward.

Members will be called upon to make in-kind contributions to the Committee in terms of personal/professional time. Any necessary travel associated with Committee work would need to be reimbursed.

Figure 1: Overview of Pan-Canadian NP Implementation Coordinating Committee Structure



4.2.2 Oversight/Coordinating Committee - Role and Responsibilities

It is suggested that the Committee would meet on a quarterly basis to oversee the implementation of horizontal or inter-jurisdictional recommendations, such as ensuring pan-Canadian adoption of the CNPI NP definition and scope of practice. In addition, the Committee would be responsible for some of the following:

- Meet with key stakeholder groups to determine how and by whom the priorities and actions will be addressed;
- Review and finalize action plans in response to the changing needs and environment;
- Work with stakeholders from nursing and other professions such as medicine and pharmacy etc., to review the implementation of the Plan and develop strategies to overcome legislative and professional barriers;
- Advance continued marketing of the role;
- Identify and develop a ‘champions list’ to be used as a resource for advocacy and moving forward the CNPI recommendations;
- Promote collaborative practice models;
- Continue to encourage existing bodies such as Provincial Nursing Advisors (PNAs), CNA, and CASN to work towards a consistent national approach in addressing issues related to the role;
- Monitor the implementation process and progress to support an integrated approach towards developing enabling strategies across the six component areas; and
- Identify future funding opportunities to support the infrastructure, resources and ongoing projects/initiatives.

4.2.3 Governance

It is recommended that the Coordinating Committee be based on a co-chair model. The CNPI and key stakeholders recommend that the co-chair leads be drawn from a renewed NPPN and the ONP. Alternatively co-chairs could be chosen by the membership of the Coordinating Committee to ensure that there is an F/P/T perspective. It has also been suggested that a small steering committee be established prior to the formation of the Coordinating Committee to assist in setting terms of reference, inviting membership and creating a draft work plan for the committee.

The role of the co-chairs would be to lead the establishment of the Committee and facilitate the ongoing work of the group. The ONP would represent public policy and pan-Canadian perspectives. They would work with their P/T counterparts either through the NP Implementation Committees or through respective PNAs. The federal government, as a primary funder of the PHCTF, may be able to provide the necessary resources to support any travel and logistics costs associated with Committee meetings.

The co-chairs would provide leadership to the Committee; ensure positive dialogue; promote decision-making based on the overarching objectives of the initiative; ensure continued momentum and results from implementation; and act as the primary liaison in helping to remove continued barriers to NP implementation.

The co-chair organizations would be able to provide the necessary secretariat support to the Committee. It is suggested that initially the role of the secretariat be limited to supporting the Committee by helping to organize meeting, coordinate logistics and prepare printed and electronic materials to support projects. The Committee may decide to expand the role of the secretariat depending on future needs and available resources.

4.2.4 Accountability and Linkages

It is recommended that the pan-Canadian NPICC should coordinate or link with a group that has the political will and mandate to make the systemic change required for successful implementation of the role. Political commitment has been shown to be a necessary element in national and international initiatives/ projects attempting an NP implementation process. In Ontario, the United States, the United Kingdom and Australia, political involvement was usually through advisory bodies. In Canada, health jurisdictions may limit political leadership at a pan-Canadian level, unless a new and coordinated approach is introduced.

Implementation will require the commitment of a number of key stakeholders, particularly at the political level. The NPICC will need to find audiences interested and committed to moving forward the CNPI recommendations.

- **The Advisory Committee on Health Delivery and Human Resources (ACHDHR)**
The ACHDHR is a federal/provincial/territorial Advisory Committee that reports to the Conference of Deputy Ministers and is supported by a number of subcommittees. The ACHDHR is human resource focused, and has the political position to lead and mandate the required changes to support the recommendations of the CNPI.

5.0 CNPI Implementation Priorities

CNPI staff worked with the CNPI Advisory Committee and task forces to develop frameworks and reports that included key recommendations and supporting actions. The reports and frameworks in each of the six key strategic areas together comprise the “final” report. No one framework or chapter of the report can stand in isolation of another. Their effectiveness depends on the combined message of all the frameworks; each supports the other to achieve the sustained integration of the NP role.

As noted above, this Way Forward Plan is supported by an Implementation Plan, which was developed to assist those who will be appointed in the future to oversee a pan-Canadian approach to NP implementation. The Implementation Plan is intended to provide guidance on the priority and sequencing of the recommendations and actions identified by each strategic area, as well as suggested timelines, implementation leads/co-leads, as well as key supporting stakeholder groups/organizations. (The Nurse Practitioner National Implementation Plan can be found in Appendix B.)

6.0 Conclusions

The CNPI has worked over the last two years to identify opportunities and barriers to NP implementation and has developed recommendations to support the sustained integration of NPs in the health system.

The findings of the CNPI support the use of NPs as one part of the solution towards solving accessibility and wait time issues in the Canadian health system. However, the effectiveness of the role will be determined by how well the NP role is ultimately integrated into the health system. In order to ensure the viability of the NP role, the CNPI strongly recommends a pan-Canadian approach to NP implementation. This approach must be based on political will, professional commitment and interprofessional collaboration.

A summary of key actions required to support the implementation of the CNPI recommendations through a pan-Canadian approach that assumes stakeholder buy-in and commitment is found below:

1. Appointment of a formal pan-Canadian oversight mechanism to work with provincial and territorial representatives and federal partners to implement system-wide change to NP implementation. The oversight body or coordinating committee would:
 - Be based on a co-chair model supported by a secretariat;
 - Have a limited membership drawn from government, professional nursing associations, education, other professional organizations, and NPs;
 - Be a volunteer-based membership with reimbursement for associated travel expenses;
 - Meet quarterly; and
 - Ensure a coordinated, collaborative and consultative approach to NP implementation.

2. The Oversight/Coordinating Committee would be responsible for:
 - The adoption of the NP Implementation Planning Principles as the foundation to guide the implementation process;
 - The identification of audiences and political bodies with the power to move forward the recommendations of the CNPI and to whom the Committee could report;
 - Building on existing provincial and territorial infrastructure such as the NP Implementation Committees;
 - Revise and oversee the execution of the Implementation Plan; and
 - Identification of future funding opportunities to support the infrastructure, resources and ongoing projects/initiatives.

The extensive work of the CNPI and its predecessors has demonstrated that a new approach is required to support sustained NP implementation – one that is based on interprofessional collaboration and is national in scope.

Practitioners within the Canadian health system and partners in the delivery of health services must transform their thinking and work together to support health care reform. The nursing community alone cannot resolve this significant challenge. Real and sustainable change will require a coordinated effort and a commitment of health practitioners to work together to find new approaches to health care delivery that are based on a more integrated health care team model. The NP role is a critical component of this new vision.

References:

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