



**Nurse Practitioner Integration Study**

**Site Visit Information**

**February 2003**

## Introduction

Thank you for agreeing to participate in a site visit from the IBM consulting team. We are providing the attached information to assist you in understanding the rationale for the site visits and to provide you with some of the interview guides we will be using as we meet with members of your organization.

This study is funded by the Ministry of Health and Long Term Care and is being conducted in partnership with McMaster University. There is a data and confidentiality agreement in place between the Ministry of Health and Long Term Care, McMaster University and IBM Business Consulting Services. In addition, this study has received ethics approval.

The project is guided by a Steering Committee with representation from:

McMaster University Faculty of Nursing  
OMA  
CNO  
RNAO  
COUPN  
NPAO  
OCFP

Ministry of Health and Long Term Care representatives are from:

Nursing Secretariat  
Underserved Area Program  
Health Planning Branch  
Program Policy Branch  
Alternate Payment Programs Branch  
Aboriginal Health Office  
Long Term Care Redevelopment Project

The primary focus of the study is - "to determine how best to integrate nurse practitioners into Ontario's health care system and specifically into various settings"

In addition, the project is structured to address the key study questions:

1. To further integrate NPs into a specific practice setting, what barriers must be overcome and what facilitators must be encouraged; and
2. What can be learned about the practice models in which NPs function - specifically which models do not work well and why and which models work best to support integration of NPs.

Practice setting, practice models, integration and barriers and facilitators are central themes to the study and as a result, undertaking site visits will provide rich information regarding these themes.

The **practice settings** of interest to this study are:

- Community Health Centres
- Long-Term Care Facilities
- Aboriginal Health Access Centres and Aboriginal Community Health Centres
- Primary Care Networks
- Health Service Organizations
- ER, Hospital Outpatient and Other Clinics
- Fee For Service Physician Practices
- Public Health Units
- VON
- Community Care Access Centres
- Other Community Agencies

A project study working group defined a number of **dimensions of practice models** and the variables of interest associated with each practice model dimension. Practice model dimensions include:

- Practice/setting characteristics
- Client population
- Scope of NP role/responsibilities
- Team interaction
- Organizational characteristics
- External factors

As a result, we will be asking questions related to these dimensions of practice models during the site visit interviews.

Site visits are one of a number of activities for data collection. Other data and information sources include:

- MoHLTC Program Data
- Review of the literature and relevant reports
- Survey of all RN (EC)s in the province
- Survey of physicians who work with NPs
- Survey of physicians who do not work with NPs
- Survey of patients/residents/clients who see an NP
- Survey of the general Ontario population regarding their knowledge and use of an NP

## Site Selection

Given the interest in practice setting, practice models, integration and barriers and facilitators as well as understanding the influence of the NP on access, quality and outcome, innovation and satisfaction, sites have been selected to the extent possible, to capture both the diversity and uniqueness of practice settings. As each practice setting reflects a wide range of characteristics, the focus of information collection will be on descriptive information that informs a broader understanding of practice models and barriers and facilitators to integration.

Three key criteria were used for site selection:

1. Representation from each of the types of sites of interest to the project
2. Representation from sites by geographic location in the province considering locations that are:
  - Urban
  - Rural
  - Underserviced
  - Northern
3. Representation from sites that have been identified as particularly unique or of special interest to the project and have not already been identified. This could include sites that have:
  - Unique practice models
  - Practice models that are particularly successful
  - Practice models that are particularly challenging

### NP Integration Study – Site Selections

Setting Type	Number of Sites
Community Health Centre	6
Fee-for-Service Physician Practice	4
Primary Care Network	2
Long Term Care Facility	3
VON	2
Public Health Unit	2
Community Care Access Centre	2
ER	3
Aboriginal Health Access Centres	2

## Information Collection

Site visits will collect information where possible and appropriate from eight sources:

1. Background and demographic information
2. Meeting with site NP(s)
3. Meetings with site MD(s)
4. Meetings with other health care providers and support staff
5. Meetings with the program sponsor
6. Meetings with individuals who have clinical/administrative oversight responsibility
7. Meetings/telephone calls with main community partner
8. Patient surveys or focus groups

The initial call with the site contact will help confirm the most appropriate people to speak with. Given the broad range of sites and settings, the specific approach for each site visit will be undertaken on a site-by-site basis. This approach will be planned in conjunction with the most appropriate person for each site.

## Background and Demographic Information

To assist with developing a description of each site, we will be asking for information related to the following. The information required will come from currently available reports or summaries or may be provided verbally during the site visit.

**We understand that you may not have all of the information listed on the following pages. We are interested in collecting what you have readily available.**

### Description of Information

- Confirmation of:
  - The type of setting
  - Number of NPs in the practice
  - Number of MDs in the practice
  - Number and type of other health care professionals in the practice
  - Date when each position(s) was funded, is the position filled or vacant
  - Site leader/program sponsor (i.e. physician, administrator) etc.

Background Information

- Any specific reports or submissions regarding the site

Reports

- Client utilization information
- Data tracking forms used by the NP
- Data bases developed by the NP
- Any client satisfaction or other satisfaction surveys completed
- Quarterly and yearly evaluation reports (by NP) including but not limited to the following NP data:
  - Number of patients seen
  - Number of patients seen by type of encounter
  - Number of patients on waiting list
  - Average length of time to appointment
  - Workshops/Seminars - number given
  - Workshops/Seminars - number of people attending
  - Immunizations
  - Screenings
  - Number of consultations with on-call GP/FP
  - Number of referrals from GP/FPs
  - Number of referrals to GP/FPs
  - Number of referrals to Physician Specialist
  - Number of referrals to rehabilitation professionals
  - Number of referrals from rehabilitation professionals
  - Number of referrals for tests (including labs)
  - Number of referrals to ER.
  - NP attendance at education sessions by hours and name of session
- Details of any other evaluations currently underway or recently completed
- Any financial information regarding:
  - NP salaries by position
  - Overhead allocation and spending
  - Summary by position and/or site/sponsoring agency
  - One time capital expenditures
  - Other relevant financial information
  - Budget
  - Sources of funds (including community contributions or in-kind contributions)

## Interview Guides

All physicians who work with NPs in MoHLTC funded positions will be sent a written survey. In addition, physicians are requested to take part in a short interview with the consulting team.

The following guides will be used during interviews with members from each site.

### Nurse Practitioner Interview Guide

#### Introduction

1. *Note to Interviewer: Clarify difference between this site visit and the NP survey*

#### Recruitment

2. When did you begin working with the organization?

#### Roles

3. What are your main roles here? Do you work with all types of patients or do you have a focus on specific patient group(s)? *(if focus on a patient population)* What is the impact of focusing on a specific patient group? Practice at full scope?
4. How many locations do you work out of? Do you work with all of the physicians? If no, how many do you work with? How do the NP and MD work together?
5. In terms of your role here what has worked well and why? What aspects would you change and why?

#### Team

6. How would you describe the functioning of the team? What contributes to the team working? Not working? Biggest stress points? Biggest achievements?

#### NP Impact

7. How is this practice different because the NP is here? What do you think are the benefits of having an NP here?
8. Have you introduced any innovative practices? Please describe.
9. How have patients responded to seeing an NP? What feedback, if any, have you received from your patients? What are some of the hurdles they have had to overcome to use the services of a NP?

**Community**

10. What is the nature of your interaction with the community? What is their reaction to having a NP?
11. What is the level of understanding about the role of the NP in the community?

**Preliminary Impacts**

12. Thinking back to why you originally decided to practice here, have your expectations been met?

**Additional Comments**

13. Do you have any additional comments? e.g. biggest barriers

**Optional Questions:****Technology**

14. *What technology do you use? Impact? Reporting?*
15. *Why did you decide to join the organization, what attracted you to this position? Did you have any reservations about working here? How were you recruited?*

**Physician Interview Guide**

1. How do you and the NP organize your work? *(For sites with more than 1 MD, ask if all MDs work with the NP)*
2. How is this practice different because the NP is here - what has been the biggest impact of having an NP on you and on the practice? *(note for interviewer - this is not intended to be a comparison of before the NP was here with now but a question of the NP influence, contributions etc.)*
3. In terms of the NP role here, what has worked well and why? What has not worked well and why? What aspects would you change and why?
4. What contributes to the team working? Not working? Biggest stress points? Biggest achievements?
5. Thinking back to why you originally decided to practice with an NP, have your expectations been met?
6. What suggestions would you have for other physicians who are considering working with an NP?

**Additional Comments**

7. Do you have any additional comments?

**Program Sponsor Interview Guide****Role**

1. What is your role as PS?
2. How did this start, why have you chosen to sponsor an NP?
3. What are the challenges, accomplishments in relation to the NP role?
4. What aspects would you change and why?
5. How is the NP paid (i.e. out of MOHLTC PCR funds, other funds, your own funds)?
6. Have you needed to make special accommodations to keep the NP?
7. Is there a need for more NPs here?
8. How has the NP benefited the community?

**Governance**

9. How is the practice/program organized?
10. What is your role in relation to the site administrator – same/different?
11. What are the toughest issues to deal with?

**Information/Reporting**

12. What information do you need/use/report in relation to the NP in this practice?
13. What aspects of the Ministry reporting process are working well and why?
14. What do you think should be changed?

**Linkages**

15. How does the program/practice link with the community? Do you have any specific relationships with other care organizations in your community (e.g. CCAC, LTC facilities, hospitals, public health, community agencies, DHC, housing, education)?

**Facilitators and Barriers**

16. What factors have facilitated the NP assuming this new role?
17. What barriers have impeded the NP assuming the new role as it was envisioned?

**Impact**

18. How has the introduction of the NP influenced access to care?

19. How has the introduction of the NP influenced quality of care?
20. What innovations, in any, has the NP facilitated?

### **Additional Comments**

21. Do you have any additional comments?

## **Administrator Interview Guide (Clinical and Non-Clinical)**

### **Role**

1. What is your role as administrator?
2. What are the greatest challenges, accomplishments in relation to the NP role?
3. What aspects would you change and why?
4. How is the NP paid (i.e. out of MOHLTC PCR funds, other funds, your own funds)?

### **Governance**

5. How is the practice/program organized?
6. What is your role in relation to the program sponsor?
7. What are the toughest issues to deal with?

### **Teamwork and Collaboration**

8. Can you provide some examples of collaboration or coordination among the team members and the NP?
9. What are the toughest issues to deal with?

### **Information/Reporting**

10. What information do you need/use/report in relation to the NP in this practice?
11. What aspects of the Ministry reporting process are working well and why?
12. What do you think should be changed?

### **Linkages**

13. How does the program/practice link with the community? Do you have any specific relationships with other care organizations in your community (e.g. CCAC, LTC facilities, hospitals, public health, community agencies, DHC, housing, education)?

### **Facilitators and Barriers**

14. What factors have facilitated the NP assuming this new role?
15. What barriers have impeded the NP assuming the new role as it was envisioned?

**Impact**

16. How has the introduction of the NP influenced access to care?
17. How has the introduction of the NP influenced quality of care?
18. What innovations, in any, has the NP facilitated?

**Additional Comments**

19. Do you have any additional comments?

**Other Practice Staff or Support Staff Interview Guide****Background**

1. What is your role here?
2. Approximately how many hours do you work per week?
3. What is the extent of your interaction with the NP?

**NP Impact**

4. What has been the biggest impact on your practice/work since the NP? (*note for interviewer - this is not intended to be a comparison of before the NP was here with now but a question of the NP influence, contributions etc.*)
  - a. What are the major benefits of working with an NP?
  - b. What are the major drawbacks of having the NP here?
5. Ideally, what would you do differently in relation to the NP?
6. How has the introduction of the NP influenced access to care?
7. How has the introduction of the NP influenced quality of care?
8. What innovations, in any, has the NP facilitated?

**Additional Comments**

9. Do you have any additional comments?

**Major Community Partner Interview Guide****Role**

1. What is your working relationship with the NP? (*note to interviewer – working relationship refers to how they interact – e.g. meet once a month, call each other as needed*)

2. What is the NP role in relation to your (unit/ program/facility/organization)? (note to interviewer – this refers to the formal relationship e.g. NP makes referrals)
3. How long has this been in place?
4. How does this (unit/ program/facility/organization) link with the NP?

### **Impact**

*(note for interviewer - this is not intended to be a comparison of before the NP was here with now but a question of the NP influence, contributions etc.)*

5. How has the introduction of the NP influenced access to care?
6. How has the introduction of the NP influenced quality of care?
7. What innovations, in any, has the NP facilitated?

### **Facilitators and Barriers**

8. What factors have facilitated the NP role in relation to your organization?
9. What barriers have impeded the NP role?

### **Additional Comments**

10. Do you have any additional comments?

## **Patient Survey**

### **Recruitment**

- Patients, residents and/or families will be asked to participate in either a written survey or a focus group
- We will be asking the assistance of the site administrator and/or the nurse practitioners at all sites to assist with identifying the most appropriate process for patient involvement
- *Written Surveys*
  - Where written surveys are being conducted, we will ask secretarial staff to hand out the recruitment package.
  - The recruitment package will contain the following:
    - Information sheet and consent form
    - The patient survey
    - A stamped addressed envelope for return to IBM
      - Written surveys will be returned either in a drop box at the site or by return mail to IBM Consulting using a stamped addressed envelope

- We will ask that the surveys be distributed to all patients seen by the NP over a two-week period. We will be monitoring the returns and if there is a low response, we may ask that you continue to distribute surveys for another week.
- Patients will be given a choice to either complete the survey at the time of the visit and return it to a drop box at the site (in a sealed envelope) or to take it home and return it by mail using a stamped addressed envelope;
- *Focus Groups*
  - Where focus groups are being conducted, we will work with the site administrator and/or the nurse practitioner to develop the most appropriate focus group format and arrange for invitations to participants
  - We will assess with the administrator any requirements related to travel and expense re-imbusement for participants
  - To protect patient confidentiality, the administrator will arrange to contact potential participants and distribute an information letter on behalf of the project

