The PEPPA Framework was developed to provide APN researchers, health care providers, administrators, and policy makers with a guide to promote the optimal development, implementation and evaluation of APN roles.

The aims of the framework are to:

-   Utilize relevant data to support the need and identified goals for a clearly defined APN role.
-   Support the development of a nursing orientation to practice characterized by patient-centred, health-focused, and holistic care.
-   Promote the full integration and utilization of APN knowledge, skills, and expertise from all role dimensions related to clinical practice, education, research, organizational leadership, and scholarly/professional practice (CANO, 2001).
-   Create practice environments that support APN role development by engaging stakeholders from the health care team, practice setting, and health care system in the role planning process.
-   Promote ongoing APN role development and model of care enhancement through continuous and rigorous evaluation of progress in achieving pre-determined outcome-based goals.

Steps of the PEPPA Framework

The PEPPA Framework involves a nine-step process. Steps 1 to 6 focus on establishing role structures. This includes health care decision-making and planning about the need to develop and implement a new model of care that may require an APN role. Step 7 focuses on role processes and involves initiating the implementation plan and introduction of the APN role. Steps 8 and 9 include the short and long-term evaluations of the APN role and the new model of care to assess progress and sustainability in achieving pre-determined goals and outcomes.

Step 1: Define the population and describe the current model of care.
The purpose of Step 1 is to set some parameters or limits on the health care planning process.

This includes identification of a priority patient population as the central focus of the process. Secondly, the scope of the process is determined by decisions to examine the current model of care from a team, organizational, and/or geographic perspective. Efforts are made to describe and understand the current model of care by identifying how and when patients interact with health care providers and services.

Step 2: Identify stakeholders and recruit participants.
In this step, key individuals who represent important stakeholder groups that are integral to the current model of care are identified and invited to participate in the health care redesign process. Strategies are employed to ensure a breadth of input from various stakeholders including patients and families. The selection of participants also considers their roles and responsibilities within the model of care and importance in facilitating the implementation of the new model of care and potential APN role.

Step 3: Determine the need for a new model of care.
In this step, the strengths and limitations of the current model of care for meeting patient health needs are assessed from a variety of stakeholder viewpoints. This involves conducting a needs assessment to collect and/or generate information about the extent, severity, and importance of unmet patient health needs and health care services required to meet these needs.

Step 4: Identify priority problems and goals to improve the model of care.
In this step, participating stakeholders come to consensus regarding unmet patient health needs that are the most important to address. Priority problems impacting on unmet health needs are identified and outcome-based goals to improve the model of care delivery and patient health are established.

Step 5: Define the new model of care and APN role.
This step involves identifying strategies and solutions for achieving established goals. The need for new care practices and care delivery strategies are determined. The number, complement, and mix of health care providers required to implement the new model of care are examined. It is during this step that participants learn more about the purpose and types of various APN roles. The need for and the pros and cons for introducing an APN role compared to other nursing or health provider roles are considered. If an APN role is to be implemented, this step concludes with the development of a specific position description for an APN within the new model of care.

Step 6: Plan implementation strategies.
During this step, participants develop a plan to ensure system readiness for the APN role. Important components of this step are identifying and addressing potential barriers and facilitators that could influence role implementation. Key factors to assess relate to APN and stakeholder education, marketing, recruitment and hiring, role reporting structures, funding, and policy development. An important aspect of this stage is developing an evaluation plan and establishing timelines for role implementation and achievement of outcome-based goals.

Step 7: Initiate APN role implementation plan.
This step begins by initiating the role implementation plan developed in Step 6 and hiring an

APN for the position. Full development and implementation of the APN role may take three to five years (Hamric & Taylor, 1989). During this period, efforts are made to monitor progress in role development and to modify or initiate strategies to support the implementation of the APN role. As the diagram of the framework illustrates illustrates, the APN role implementation is a continuous process in which the needs for new organizational policies and procedures and other types of role structures and supports are influenced by changes within the practice setting and stage of APN role development.

Step 8: Evaluate the APN role and new model of care.
In this step, formative evaluations that systematically evaluate APN role structures, processes and outcomes are recommended as a strategy to promote ongoing role development. Several studies have demonstrated the importance of assessing APN role structures and processes to identify role barriers and facilitators (Guest et al., 2001; Read et al., 2001). In this type of evaluation, progress in achieving outcome-based goals is monitored and APN role structures and processes are examined to identify additional needs for supporting role development and implementation and further role enhancement.

Step 9: Long-term monitoring of the APN role and model of care.
This step emphasizes the continuous and iterative process for ensuring that the APN role and model of care in which it is situated continues to be relevant, sustainable and improved based on new research and/or changes in the health care environment, patient needs, and treatment practices. Long-term monitoring of well-established roles is also helpful for maintaining a common vision for the role among key stakeholders (Seymour et al., 2002).

References

Bryant-Lukosius, D. (In press). Oncology Advanced Practice Nursing (APN) Role Implementation Toolkit. Toronto: Cancer Care Ontario.

Bryant-Lukosius D, Vohra JU, DiCenso A (2009). Resources to Facilitate APN Outcome Research.

Chapter 11.

In Kleinpell R (ed).

Outcomes in Advanced Practice Nursing (2nd

ed.).

New York:

Springer Publishing Company.

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

Canadian Association of Nurses in Oncology (CANO). (2001). Standards of care, roles in oncology nursing, role competencies. Kanata: CANO.

Guest, D., Peccei, R., Rosenthal, P., Montgomery, J., Redfern, S., Young, C., Wilson-Barnett, J., Dewe, P., Evans, A. & Oakley, P. (2001). Preliminary evaluation of the establishment of nurse, midwife and health visitor consultants. Report to the Department of Health. University of London, Kings College.

Hamric, A.B. & Taylor, J.W. (1989). Role development of the CNS. In A.B. Hamric & J. Spross (Eds.). The clinical nurse specialist in theory and practice (2nd ed., pp. 41-82). Philadelphia: W.B. Saunders.

McNamara, S., Giguere, V., St.-Louis, L. & J. Boileau (2009). Development and implementation of the specialized nurse practitioner role: Use of the PEPPA framework to achieve success. Nursing and Health Sciences, 11, 318-325.

Read, S., Jones, M.L., Collins, K., McDonnell, A., Jones, R., Doyal, L., Cameron, A., Masterson, A., Dowling, S., Vaughan,

B., Furlong, S. & Scholes, J. (2001). Exploring new roles in practice (ENRIP) final report. Sheffield: University of Sheffield. Retrieved on 8/3/2003 from http://www.shef.ac.uk/content/1/c6/01/33/98/enrip.pdf

Seymour, J., Clark, D., Hughes, P., Bath, P., Beech, N., Corner, J., Douglas, H., Halliday, D., Haviland, J., Marples, R., Normand, C., Skilbeck, J. & Webb, T. (2002). Clinical nurse specialists in palliative care. Part 3. Issues for the Macmillan Nurse role. Palliative Medicine, 16, 386-394.