Preliminary Results of a Multiple Case Study Research

The Implementation Process of the Primary Health Care Nurse Practitioner (PHCNP) Role in a Remote Rural Area of Quebec, Canada.

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Why conduct a research on the implantation process of PHCNP roles in remote rural areas of Quebec?

1-APN roles have become recognized as an important growing trend among healthcare systems worldwide.
According to the ICN INP/APN Network, it has been estimated that approximately 70 countries have established NP/APN roles or are exploring the possibility of introducing these roles. 

http://66.219.50.180/INP+APN+Network/FAQ.htm

This global trend also touched Canada

Although the first efforts to formally introduce APN roles in 1967 partially ceased in 1975, they reappeared across Canada from 2002. (legislation)
This global and Canadian trend also touched Quebec

In May 2012, Quebec counted almost 100 PHCNP and 130 others were studying to become PHCNP.

Although the gap with some other Canadian Provinces has yet to be filled.


2-Despite this worldwide trend, according to the experience and knowledge of other countries and of the rest of Canada, the implementation of ANP roles can be a complex process that can certainly be daunting for the people who are involved.
In 2009, people from three rural and remote areas of eastern Quebec mentioned that guiding the implementation of PHCNP role was a true challenge for them.

To support the implementation process Bryant-Lukosius, DiCenso (2004) indicated that it is important:

1. to conduct continuous and rigorous analysis of the process; and
Goals

1- Understand the implementation process of the PHCNP role in a remote rural area of Quebec.

2- Analyse the use of knowledge, research and evidence-based approaches, by the people involved with the implementation process.
Diffusion of innovations Theory: An innovation is an idea, practice, or object perceived as new by an individual or other unit of adoption.

The PHCNP role is an innovation for the Quebec Health Care System that implies transitions for the organizations and people involved.

Transitions Theory:
Transitions are a central concept in nursing, that are instigated by changes and require to move from one state of certainty to another, through an interval of uncertainty.
Research questions

- How does the implementation process take place in remote rural areas of Quebec?
- What are the transitions experienced by organizations and people? (Meleis)

- Is existing knowledge relevant and useful to the Quebec remote rural context?
- Is existing knowledge used by the people involved?
- Could existing knowledge be improved upon?
- How can we facilitate the use of existing knowledge?

Our research intends to integrate the knowledge of:

Illustration (Ducharme, 2006)
Défis et réalités, Liban, 4-5-6 mai
Phase 1
Interviews and NVivo codifications

Phase 2
Synthesis of interviews
Preliminary results

Phase 3
Validation of preliminary results
Cross-case analysis and validation

Quebec
Experts
No.5

Nursing Professional Corporation (QHIIQ)
Medical Professional Corporation (CMQ)
Doctor’s Association (FMDQ)
Nurse Practitioner’s Association (APRIP)
Quebec Ministry of Health (MSSS)

Region :1
Cases

Case #1
No.:6
Local Implementation: Centre n=2
PHCNP
MD

Case #2
No.:6
Local Implementation: Centre n=2
PHCNP
MD

Case #3
No.:4
Local Implementation: Centre n=2
PHCNP
MD

Phase 1

Preliminary results:
- Brief overview of the case;
- Transitions;
- Participant recommendations

Case #1:
1 PHCNP integrated into 2 centres

Family medicine unit
Primarily dedicated to the training of medical residents
Failed

Local community service centre
Mission is to provide primary health care services to the population of the territory they serve.
Success

How can we explain this difference?

Opportunity to build trust

Physician leadership

Needs assessment

Confusion about the role

This process has led to many transitions for people and organizations
Transitions

Administrators: Steep learning curve!

Simultaneously:
• Understand a new nursing role;
• explain it to others (and be convincing!);  
• while contributing to manage change.

A participant said (translated*):
“I was trying to understand it and at the same time I had to talk about it!”

In this research, PHCNP had a higher academic degree than Nursing Administrators involved.
- This may be particular in remote rural areas

One Nursing Administrator said,
“I try to push everyone to achieve their full potential. How will I do that with a PHCNP?”

Transitions

Physicians: double transition

Role within the implementation process:
Physicians participating in this research were unclear about their role within the implementation process.

“Am I responsible for that [referring to the process]?” “Do I have to take that in charge with all the rest of the things I have to do?”

Collaboration:
Physicians also have to learn to work with a type of health care professional that they haven’t seen during their training and with whom they have never worked. They also have to move from supervision to collaboration.

One participant said,
“The PHCNP is talking to me be about a patient, do I have to go check? Do I have to sign? Who’s responsible?”
Transitions

PHCNP: multiple transitions

Simultaneously PHCNP must:

1-Integrate a new role;
Requires that they move from a status of "expert" nurse to "novice" PHCNP.

2-move from a status of supervised candidate to a professional with autonomy and responsibility;
In Quebec, PHCNP usually start to work 4 months before they receive their full official work permit.

3- Come to know 1 and often 2 new teams and organizations; -This may be particular in remote rural areas

4-while also having the mandate to implement a change within these teams and organizations, (the role of PHCNP).

Transitions

Organization: Reinvention

To describe this one participant said:

“…While respecting legislation and guidelines, I would say that about 50% stayed the same and we had to make the other 50% evolve so that it would be a better fit for everyone.”

Use of evidence-based approaches to guide the implementation process?

... little to none.

But, using their experiential knowledge, participants of case # 1 were able to make recommendations to improve the implementation process.
Participants suggested

1-**Conduct needs analysis**

"If there was one thing that I could start over, it would be to identify our needs. We bought into the idea without really knowing why."

2-**Implementation Committees**

"Having a team to support implementation is a good idea."

3-**Understanding the role**

Goes beyond knowing about the formal definition and guidelines.

It is to understand who does what, when, how and why.

Participants generally spoke of an “indefinable job,” “grey zone.”

"In family medicine it’s rarely black or white, it’s all grey. I think the PHCPN, it is even worse."

"We had meetings where we got explanations, but we were unable to remember what the PHCPN would do exactly."

4-**Better describe physician involvement**

5-**Prepare collaboration**

"It's just like a board game, you can read the rules, but it's by playing that you learn how to play!"

6-**Monitor implementation**
Preliminary discussion:

Although participants from a remote rural area of Quebec did not use evidence-based approaches, their experiential knowledge led them to make recommendations that are, for the most part, supported by evidence.

Particularly by:


These preliminary results lead us to believe that:

1. It is imperative that researchers continue to document the implementation process, including transitions and the use of knowledge;

2. It seems that some existing knowledge could be relevant and useful to the Quebec remote rural context; the question is

   As Mrs Stilwell beautifully put it in her keynote presentation yesterday, 

   "How can we bring global knowledge to local solutions?"

3. It is essential that researchers work towards facilitating the use of existing knowledge to support the implementation process and the transitions of the organizations and the people involved.
What are our next steps?

- We will therefore continue to analyse the results associated with cases 2 and 3 and then cross case analyse.

To contribute to answer Mrs Stilwell’s question:
- We are currently working, with the people involved, on a interactive repertoire of the steps, tools and evidence as a way of facilitating the use of evidence.

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Thank you!

Questions