

RNs Leading Change: Project Evaluation

Executive Summary

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Executive Summary

Transfer of Medical Function (TMF) is a process that allows physicians to authorize individual RNs to perform medical functions that are beyond their scope of practice and usually reserved for physicians. Though this process has served physicians, RNs and clients well in the past, it will be terminated in the near future. RNs working in primary care in northern Saskatchewan are the most affected by the change in this process and the majority of primary care services provided in the north are via TMF.

The Saskatchewan Registered Nurses' Association (SRNA) has embarked on a Project (RNs Leading Change) to seamlessly dissolve TMF and replace this process in the north with RNs with additional authorized practice. The overarching goal of RNs Leading Change is to provide a *seamless dissolution of the Transfer of Medical Function Process* without negatively impacting delivery of care in the north.

The RNs Leading Change evaluation will provide an assessment of the Project as it unfolds from 2013 to 2017. The pre-evaluation cycle occurred in 2013, providing baseline measures to assess the Project goals. A telephone survey of the public living in the north was conducted in 2014. This survey provided the baseline measures prior to any changes occurring in the north. Mid-project evaluation cycles occurred at year-end in 2015 and will occur at year-end in 2016. The post-evaluation cycle will occur at year-end 2017.

The present report outlines the findings of the 2015 project evaluation and provides the trends, compared to the 2013 baseline measures.

The evaluation assesses the progression of the RNs Leading Change Project as well as the impact on key stakeholders.

The following factors were evaluated:

Process measures. These measures assess perceptions of care and the Project at regular intervals over the course of the Project. One way to assess seamless transition is to monitor ratings for fluctuations. A baseline measure is determined and repeat assessments are gathered to measure against the baseline. A lack of fluctuation would indicate seamless transition or a lack of perceived change.

Process measures assess the impact of the changes on RNs, employers, and the public. Measures focus on:

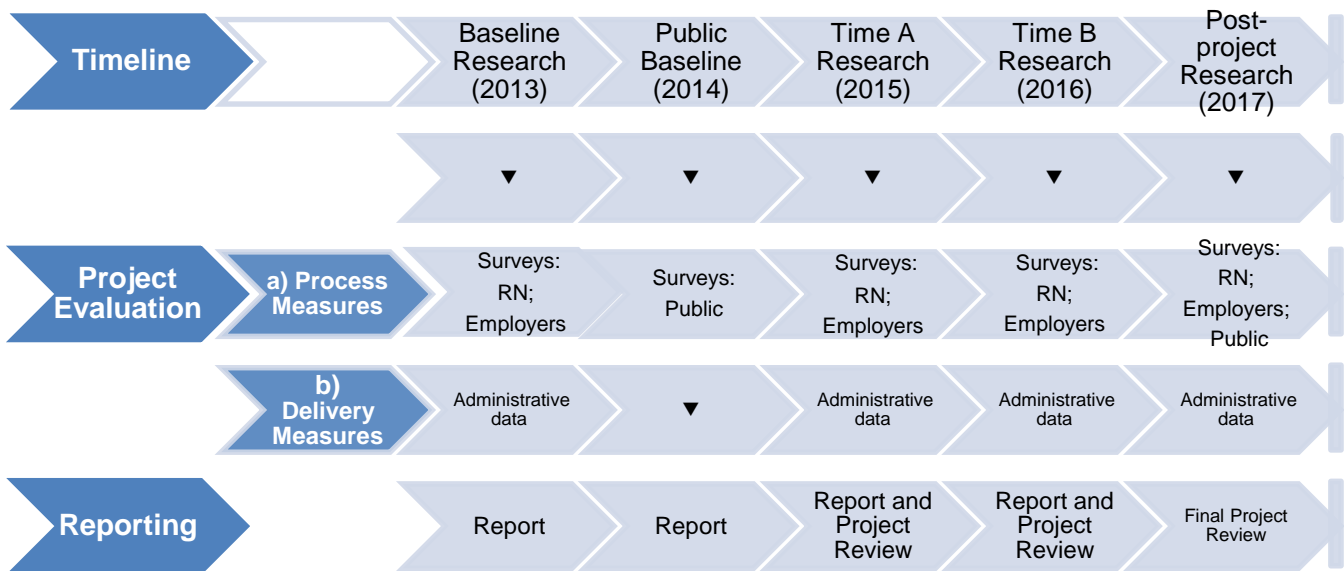
- perceptions of care being provided,
- perceptions of process and transition, and
- perceived impact on care.

Delivery measures. These measures assess how the current deliverables feed into the RNs Leading Change Project: Are the deliverables being met?

Delivery measures assess the delivery of the RNs Leading Change Project over the course of the Project. Measures will focus on:

- outlined deliverables,
- timeline for deliverables, and
- challenges and opportunities and how these were addressed.

Combined, these two measures will assess the impact of the Project on key stakeholders and of the delivery of the Project itself, providing SRNA with the ability to monitor and measure successes, including the goal of seamless transition.



The 2015 evaluation provides an evaluation and the Project goals measures, compared to the baseline for tracking and trending:

- Process measures:
 - Evaluating perceptions of care and the RNs Leading Change Project over the course of the past year.
 - Comparing ratings to baselines measures to determine progress of the Project goals.
- Delivery measures:
 - Deliverables for 2015
 - Outline timelines and goals for deliverables in 2015.
 - Any delays, challenges, or successes are flagged and reviewed.

The evaluation was conducted by Sigma Analytics, the research arm of HJ Linnen Associates.

Methodology

Measures

The process and delivery measures were developed based on the greater Project goal of seamless transition. In the present iteration of the project evaluation, the same baseline surveys for the **process measures** were used, with the addition of questions to assess the PLAR process.

Data Source

In order to obtain information on the process and delivery measures for 2015, information was gathered from surveys and administrative sources.

Data to assess the **process measures** were gathered through surveys conducted with two different sample sources, including:

- RNs working in primary care in the north, and
- Employers of northern RNs.

Information from the public living in the north will only be collected at the pre- and post-stage of the project.

In 2015, a total of:

- 41 Registered Nurses, out of which 37 completed the entire survey, and
- 19 employers completed the survey.

Delivery measures were addressed through administrative information provided by the SRNA.

Findings

Baseline indices that were measured and tracked are:

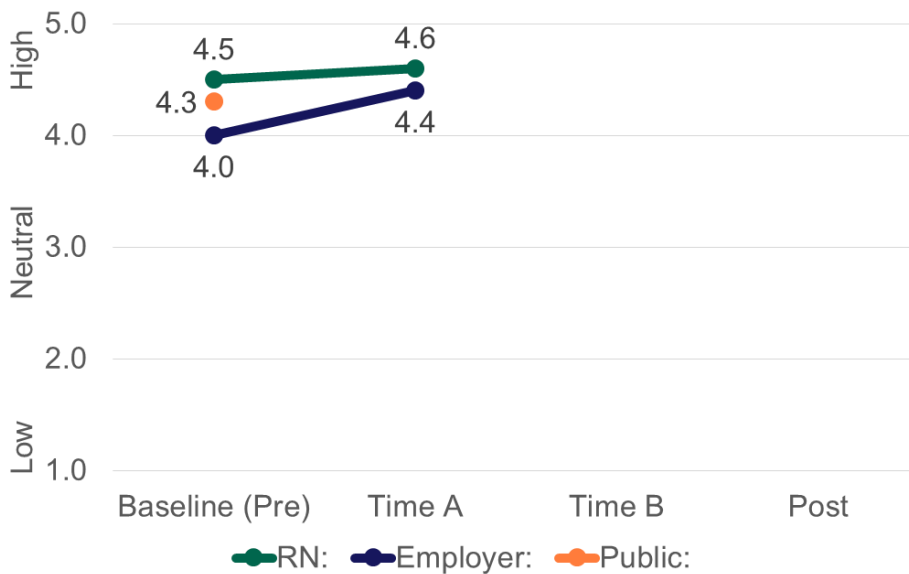
- 1) Perceptions of care provided
- 2) Process and transition
- 3) Impact on care

Unless otherwise stated, the benchmarks for these three areas were set on a 5-point scale, where the highest rating is 5 and the lowest rating is 1.

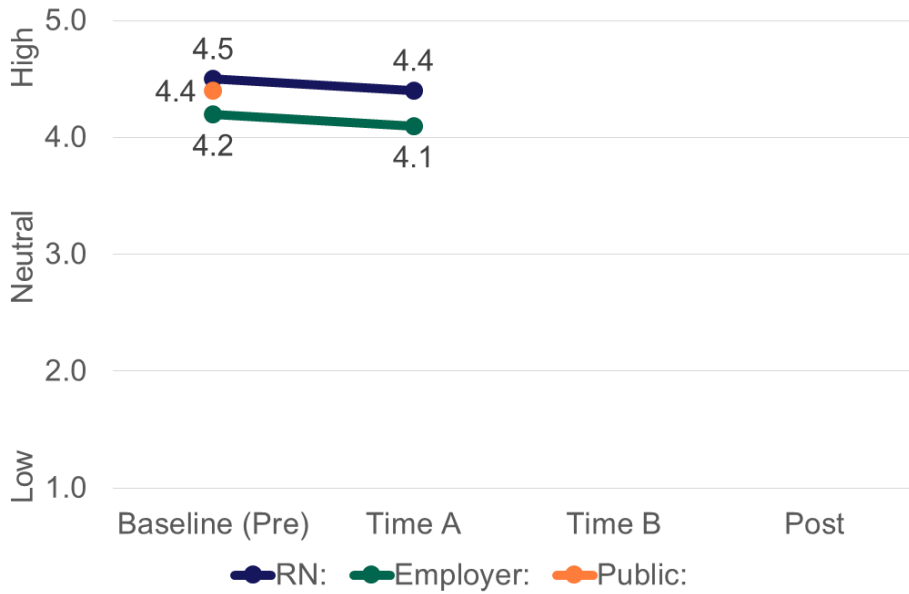
Note: All information regarding the “public” was collected in the 2014 survey (see 2014 Public Survey Report).

Perception of care provided

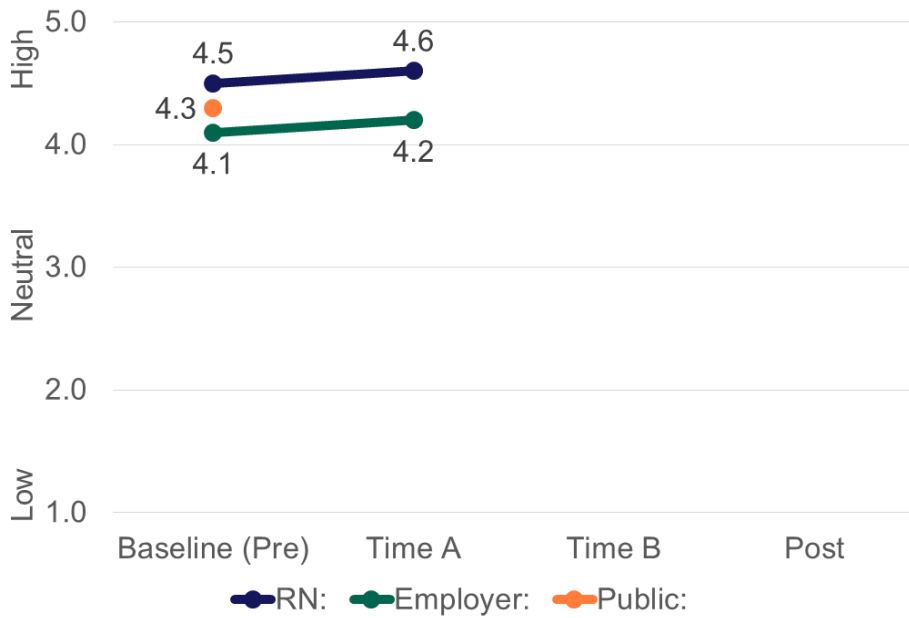
RN competency (judgment, knowledge, skills, and education):



Access to physician or Nurse Practitioner (NP) (availability and timely):

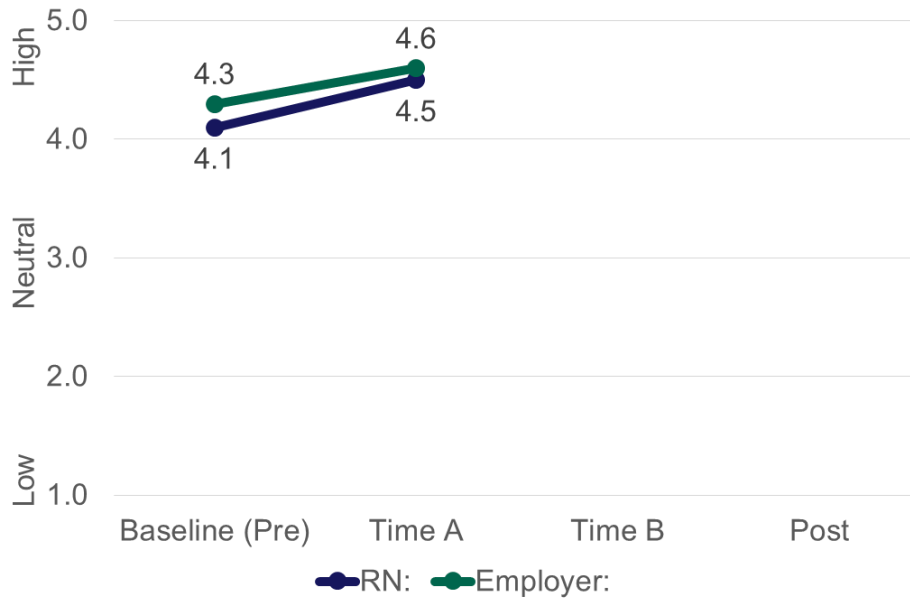


Confidence/satisfaction with care provided by RN:



Process and transition

Awareness (aware of changes):

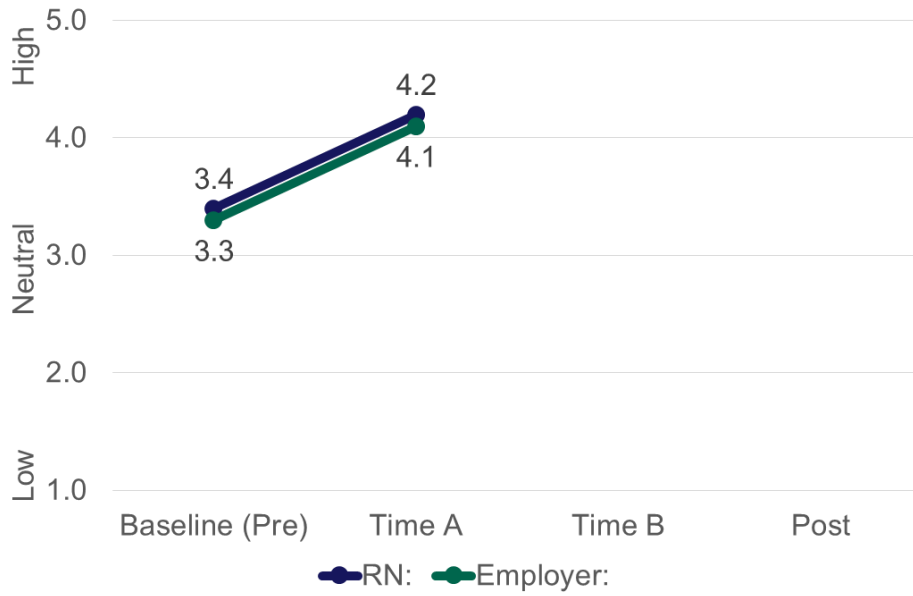


Baseline (Pre) Public: 72% have not detected any changes in health care in the past year.

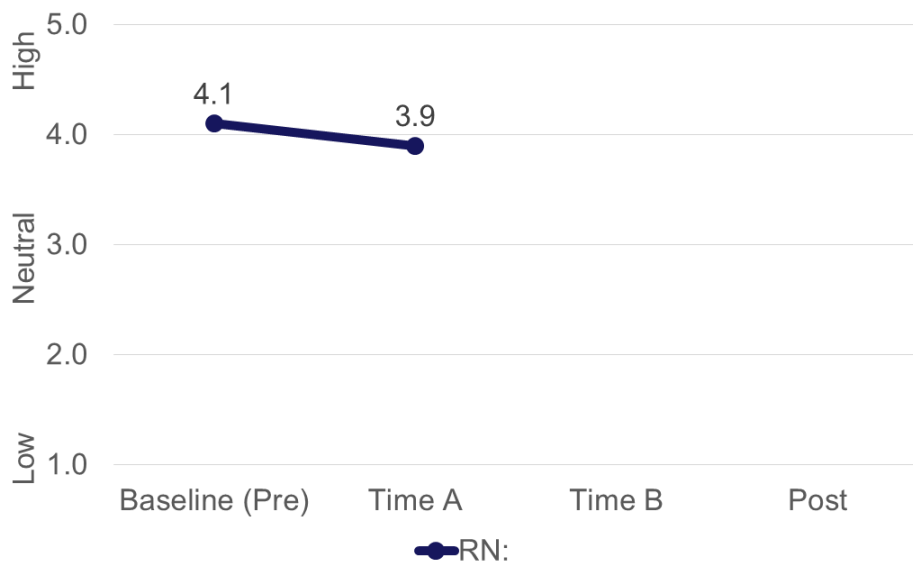
The changes detected (among the 29% who noted changes) were:

- **access** to physician or other health professional (high turnover, not enough staff);
- **wait times** to access a health professional for care; and
- **improvements** (general comments on improvements were noted).

Informed (impact on practice and on what needs to be done over the course of the transition):

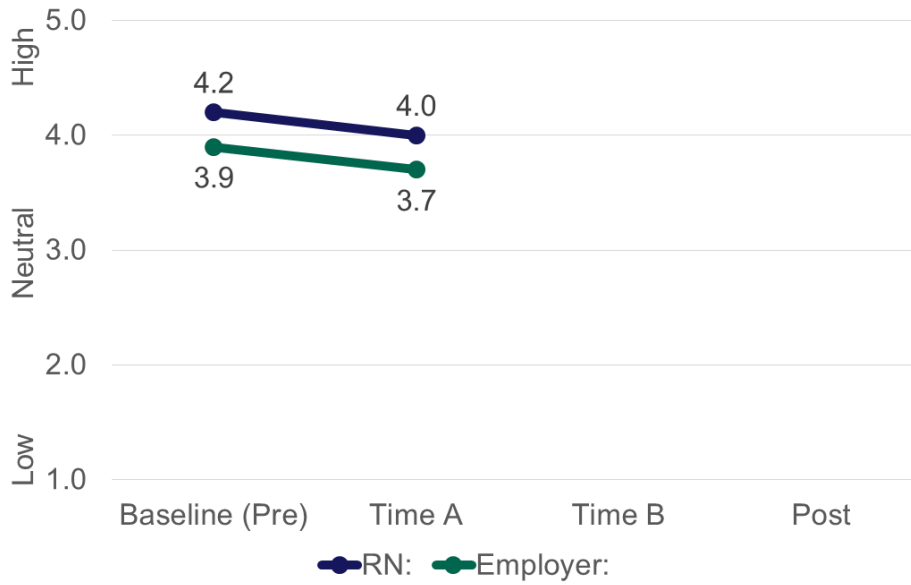


Attitude (optimize practice):

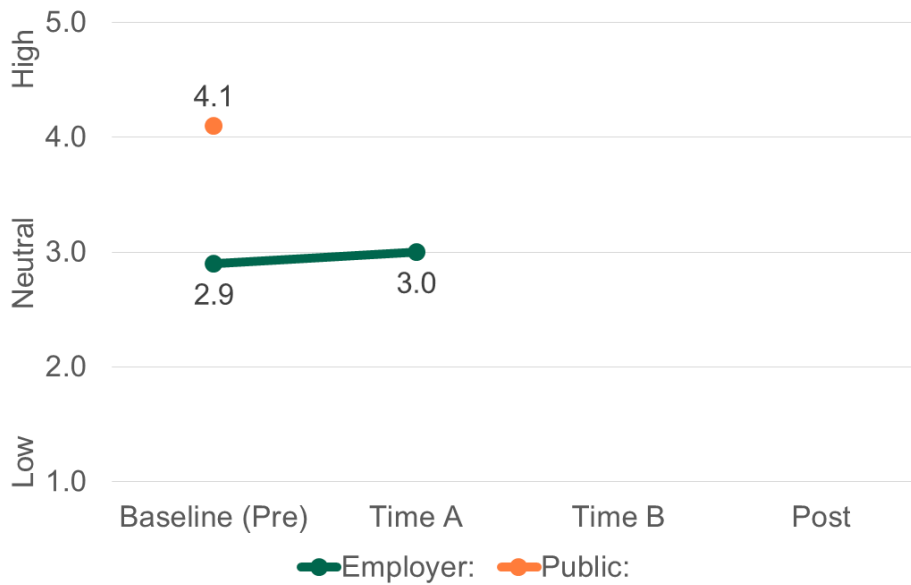


Impact on care

Attitude (maintain patient care and positive for patients):



Patient care (interrupt patient care and satisfaction with care in community):



In order to assess the progression of the Project, a number of deliverables and project management benchmarks were set. The following table outlines deadlines and progress as of December, 2015.

| Deliverables to support the RN with additional authorized practice: | Deadline | Goal met |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bylaw revisions signed off by Minister of Health | Fall 2013 | September 2013 |
| Standards and competencies document developed. Revised Revised | January 2013 December 2014 December 2015 | December 2012 December 2014(bylaw not approved by members) December 2015 (bylaw expected to go to 2016 SRNA annual meeting for member approval, dependent on pending legal opinion) |
| Develop and implement a Prior Learning Assessment and Recognition (PLAR) process: | | |
| ▪ Finalize tools: PLAR process framework | January 2013 | January 2014 |
| ▪ Finalize tools: PLAR assessment document | June 2014 | December 2014 |
| ▪ PLAR process begins | September 2014 | January 2015 |
| Nursing education: | | |
| ▪ Nursing Education Program Approval: administrative standards and criteria document for Additional Authorized Practices courses | January 2013 | July 2013 (Council); May 2014 (AGM); Incorporated into Bylaws 2014 |
| ▪ Program Approval: courses | July 2014 | NURS 225 Health Assessment & PHAR 271 Clinical Drug Therapy – August 2014; NURS 1679 Clinical Decision-making for Additional Authorized Practice (July 2015) |
| ▪ Comparative analysis of U of S Outpost Nursing program | November 2013 | November 2013 |
| ▪ Education begins | September 2014 | September 2014 |
| Interprofessional Advisory Group (IPAG) established and functioning. | Fall 2013 | Fall 2013 |
| ▪ Clinical Decision Tool development (65 total) | 47 completed June 2014 Remaining 18 completed June 2015 “Light review” of final 65 scheduled for March 2016 to ensure | Adopted by SRNA Council Dec. 2014 Adopted by SRNA Council June 2015 Expected completion and adoption by SRNA Council June 2016 |

| | currency for Dec. 1 2016 RNs with AAP | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Communication to: <ul style="list-style-type: none"> ▪ members, ▪ northern RNs, ▪ employers, and ▪ stakeholders. | Scheduled: <ul style="list-style-type: none"> • SRNA News bulletin and employer news bulletin • ED monthly message. • Regularly teleconferences with NITHA (Northern Intertribal Health authority) Periodic: <ul style="list-style-type: none"> • Webinars. • Directed emails/letters. • Consultation meetings with key stakeholders. • Workshop presentations. | Continued ongoing delivery |

The results of the evaluation indicate that health care provided by northern RNs is highly rated and perceptions of the care has not changed since 2013.

- High ratings are indicative of the quality of health care RNs are providing in the north.
- To date, there appears to be a seamless transition process occurring.

Some of the areas that were flagged in 2013 have been addressed:

- **Being informed about the process:** RNs and employers provided neutral ratings when asked if they felt informed about the process or knew what was required over the course of the transition in 2013.
- **In 2015, RNs and employers are providing significantly higher ratings** when assessing how informed they feel of the process. **The communications provided by SRNA to employers and RNs working in the north have been highly effective.** Ratings of the information and of feeling informed have increased dramatically since 2013.

Some of the areas that were flagged in 2015:

- **The relative impact to patient care:** While respondents (RNs and employers) perceived this change to be positive for patients, ratings of the perceived impact on care decreased very slightly. Similar to 2013, employers are not very sure about how this will impact patient care.
- **Employers also indicated that they are not confident that there will be enough RNs to provide patient care.**

The project experienced some delays in 2014, including:

- the beginning of the PLAR process, and
- the program approval for educational courses.

However, these two project components progressed in 2015.

The two aspects that were noted to be slightly behind schedule in 2013 have been addressed.

- The new deadline of January 2014 for the PLAR committee to finalize the PLAR process framework was met.
- The Clinical Decision Tool (CDT) development is now on schedule for the 2016 deadlines.