

# „How a shared vision supports advanced nursing practice programs“

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## Introduction

Demographic and epidemiological shifts, as well as increased quality control and an increasing emphasis on effectiveness and security are the complex challenges of today's healthcare organisations. In this context, a high number of institutions are restructuring in order to adapt to the complex and unstable global market. These transformation processes require a highly effective leadership and an innovative practice; leaders, capable of conveying the need for change and creating a vision for the future. A vision that is providing orientation and inspiration for progression and change [1;2]. Moreover, it supports healthcare management to systematically implement practice development projects such as new models of care.

## Shared Vision

### Success through nursing excellence

- We promote person-centred care
- We support effective models of care and initiate innovation
  - Promoting advanced nursing practice
- We strengthen nursing authority and autonomy, and participate in networks

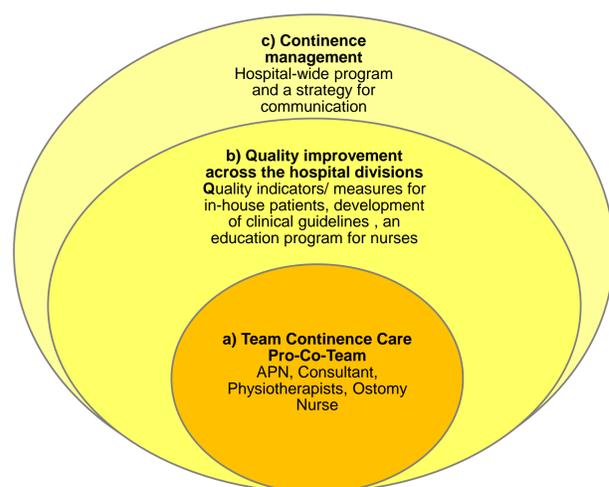
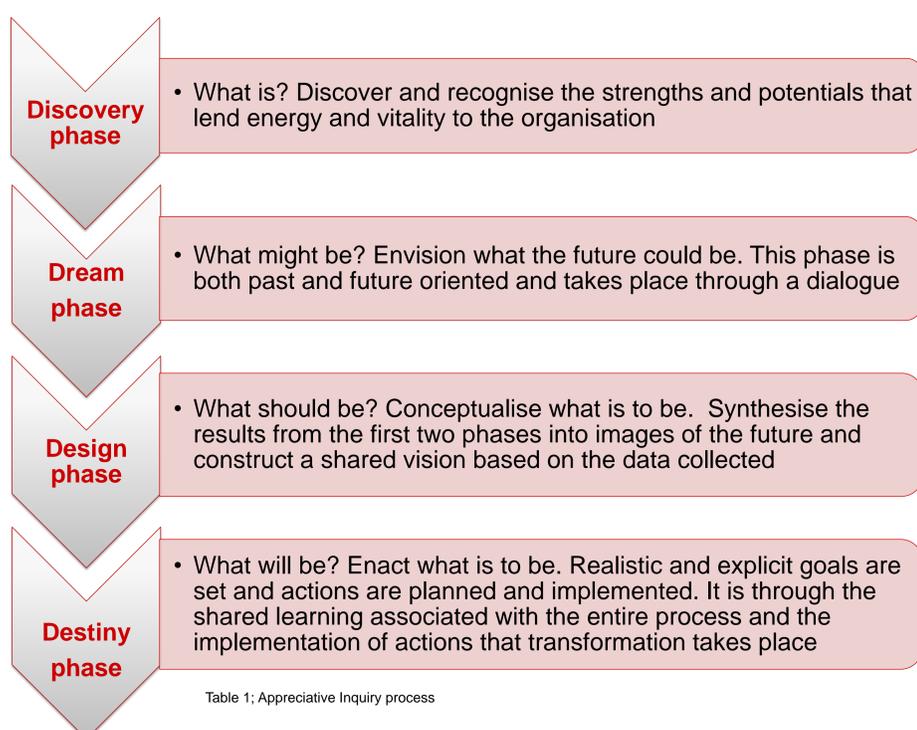
Table 2: Shared Vision and strategic objectives

## Method

By means of the four phases of the evidence-based appreciative inquiry process (Table 1) [3; 4], a shared vision was developed. The main methods used were individual interviews (n=5), focus group interviews (n=19) and SWOT analyses [5]. The different datasets produced were synthesised and abstracted to form a shared vision and corresponding strategic objectives (Table 2).

## Conclusion

The strategic goal to promote advanced nursing practice (ANP) was most useful to keep the focus on new models of care. It supported negotiation within the interprofessional teams and in prioritising resources within budgetary restraints. Developing ANP programs requires a project design including all stakeholders within the respecting field, commitment and support from management. As an example, the development of the ANP field **INCONTINENCE** is described.



## Advanced Nursing Practice

Urinary incontinence is highly prevalent, impair patient's health related quality of life and cause a relevant economic burden. About half of the affected patients do not seek professional help whereby misinterpretation of symptoms, misbeliefs in successful treatments and shame are common reasons. Therefore a nurse led program was developed to support patients and their families in coping with this problems. We choose the PEPPA Framework, an evidence-based patient-focused approach for Advanced Practice Nursing ([6; 7].

## Process of Implementation

Nine steps according to the PEPPA-Framework:

1. Define patient population and describe current model of care: Patients with an urinary incontinence or at risk in the acute care setting / fragmented provision of care across divisions
2. Identify stakeholders and recruit participants: Interprofessional/ interdisciplinary team (nurses, doctors, physiotherapists, social care workers), facility management, product producers, primary care workers
3. Determine need for a new model of care: Model developed defining structure, process and outcomes to foster patient safety and quality
4. Identify priority problems and goals to improve care: Concentrate professional competences and cross-link them over the divisions. Communicate and propose the new model internally and externally.
5. Define new model of care: a) Constitution of the Pro-Co-Team (Advanced Practice Nurse (APN), allied health professionals, medical doctors to determine clinical expertise for advanced consultation, networking and further development of the subject), b) Definition of quality indicators and measures for all in-house patients, development of clinical pathways/ guidelines and an education program for nurses; c) Hospital-wide program and a strategy and material for communication internally and externally addressing relevant stakeholders and the primary care setting (Figure 1)
6. Plan implementation strategies: Resource planning, education and role support for the APN determined, evaluation model developed: baseline data collected
7. Initiate APN role implementation: Two part-time APN's (Master prepared Nurses) are employed and acquire expertise in the field
8. Evaluate APN role and new model of care: Evaluation plan based on the logic model was developed showing actions, output, possible outcomes and impact
9. Long-term monitoring of the APN role and model of care: Plan in progress

## Literature

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