BACKGROUND

Children with medical complexity are a small, but important group of children who have extraordinary needs across multiple sectors, exceptionally high care demands, and account for a significant portion of pediatric health care spending. Over the past four years, Holland Bloorview Kids Rehabilitation Hospital - Canada’s largest children’s rehabilitation hospital - implemented a Nurse Practitioner (NP)-led complex care clinic in order to provide high quality, safe, and efficient care for this population, while increasing access to care within the Child Development Program. The PEPPA Framework was used to ensure structures and resources are in place to allow the NP to practice to full scope in the given context.

Recent legislative and regulatory changes in Ontario, Canada have lessened the need for medical directives. Still, a medical directive was required for some diagnostic tests.

PEPPA FRAMEWORK: STEPS ONE - FIVE

**Questions Considered:**
- What are the needs and gaps in care identified by nurses & NPs, physicians, interprofessional team, clients and families?
  - Long wait times for assessment & follow up
  - Lack of community medical follow up for chronic health conditions
  - Duplication of services between community, hospital & rehab
  - Need for care coordination & support navigating the health care and school systems

**Can an NP address those needs?**
- Unique clinical background, knowledge and skills does the NP have?
  - Paediatric NP hired into the role had experience working with children with disabilities and complex medical needs
  - Expertise supporting children with technology dependence (g-tubes, tracheostomies, etc)
  - Experience navigating the community and acute care system

**What can an NP offer in a clinical setting which is similar and different from what is already being offered?**
- How can the NP’s expertise in health promotion and the treatment and management of chronic or complex health conditions best be utilized?
  - Similar: Family-centered medical & developmental follow up based on the International Classification of Functioning, Disability & Health
  - Different: NP-led clinic for a subset of children followed in the larger Neuromotor Paediatric Rehab program - children with cerebral palsy who have care coordination needs and complex medical & psychosocial concerns.

**How will all NP Core Competencies be utilized?**
- Clinical, Leadership, Collaboration, Research.
  - Quality improvement initiative – implementing a clinical practice guideline, developing tools and resources for nurses
  - Leadership – participation in Nursing Practice Council
  - Research – contribution to a systematic review on cerebral palsy and chronic pain

**Complex Care Clinic Description**
- **Medical Home Model**: Where clients & families receive timely provision and access to coordinated care. NP is the “key contact”.
  - Referral criteria: (1) chronic, severe health conditions (e.g. cerebral palsy); (2) substantial health service needs (e.g. multiple care providers across care locations); (3) high health care utilization (e.g. multiple hospitalizations or appointments, use of home care services); and (4) major functional limitations (e.g. children who are non-ambulatory and/or technology dependent).

**Access & Availability**
- Visits occur at hospital, home, school or school systems, depending on need. Telephone / email availability 5 days/week.

**Care Plan**
- Created and kept up to date for each client.

**Collaboration & Consultation**
- With interprofessional team / primary care / home care / schools / acute & rehab specialists.

**Advanced Care Planning**
- Clear goals of care.

THE PEPPA FRAMEWORK

1. **Define patient population and describe current model of care**
2. **Identify stakeholders and recruit participants**
3. **Determine need for a new model of care**
4. **Identify priority problems and goals to improve model of care**
5. **Define new model of care and APN role**
6. **Plan implementation strategies**
   - Identify outcomes, evaluation plan, and collect baseline data
   - Identify role facilitators and barriers
7. **Initiate APN role implementation plan**

PEPPA FRAMEWORK: STEPS SIX & SEVEN

**Driving & Restraining Forces**
- Support & collaboration from management
- Start small
- Have a vision
- Leadership opportunity early on
- Mentonship
- Sufficient time for orientation

- Lack of administrative support & physical clinic space
- Reporting structural data does not align with NP & organizational needs
- Legislation & regulation (billing procedures in hospital; limitations to scope)

**Policies & Resources**
- Whether official policies are required in your setting or not, it is crucial to ensure structures & resources are in place to allow the NP to practice to full scope in the given context.
- This document has been helpful to clarify when and how NPs and physicians will consult and collaborate.

**Collaborative Practice Agreement**
- **Medical Directives**: Recent legislative and regulatory changes in Ontario, Canada have lessened the need for medical directives. Still, a medical directive was required for some diagnostic tests.
- **Consultation process** (when & how):
  - Referral process (if physician referral is required to specialists);
  - Transfers of accountability (absences & after hours);
  - Scope of practice & authorizing mechanisms.

**Education & Support**
- Ensure adequate time for NP orientation (dependent on NP experience & clinical area)
- Support to attend conferences & workshops
- Opportunity & protected time to engage in non-clinical domains of NP practice

**Summary of NP Clinic Impact**
- Increased Access (waitlist clients): MDs able to see more new clients from the waitlist.
- Increased Access (complex clients): Complex clients, who require more medical care, developmental support & care coordination have increased access to care.
- Efficient Care: Care occurs when/where it makes most sense for the family: hospital, home, via telephone / email. No wait times. Low no show rate.
- High Client & Family Satisfaction
- High Interprofessional Team Satisfaction