

Inspiring Change: How a Nurse Practitioner-Led Model of Care Can Improve Access and Quality of Care for Children With Medical Complexity

Tessa Gresley-Jones, MN, BSN, Pam Green, MHS, BS, BN,
Shawna Wade, MS, BMR OT, OT Reg (Ont), & Rachel Gillespie, MA, LEAD

Section Editor

**Andrea Kline Tilford, MS, RN, CPNP-PC/AC,
CCRN, FCCM**

Rush University College of Nursing
Chicago, Illinois

Tessa Gresley-Jones, Nurse Practitioner, Child Development Program, Holland Bloorview Kids Rehabilitation Hospital, Toronto, Ontario, Canada.

Pam Green, Nurse Practitioner, Child Development Program, Holland Bloorview Kids Rehabilitation Hospital, Toronto, Ontario, Canada.

Shawna Wade, Senior Director, Child Development Program, Holland Bloorview Kids Rehabilitation Hospital, Toronto, Ontario, Canada.

Rachel Gillespie, Manager, Child Development Program, Holland Bloorview Kids Rehabilitation Hospital, Toronto, Ontario, Canada.

Conflicts of interest: None to report.

Correspondence: Tessa Gresley-Jones, MN, BSN, Holland Bloorview Kids Rehabilitation Hospital, 150 Kilgour Rd, Toronto, Ontario, Canada, M4G 1R8; e-mail: tgresleyjones@gmail.com.

J Pediatr Health Care. (2015) 29, 478-483.

0891-5245/\$36.00

Copyright © 2015 by the National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

Published online January 30, 2015.

<http://dx.doi.org/10.1016/j.pedhc.2014.12.005>

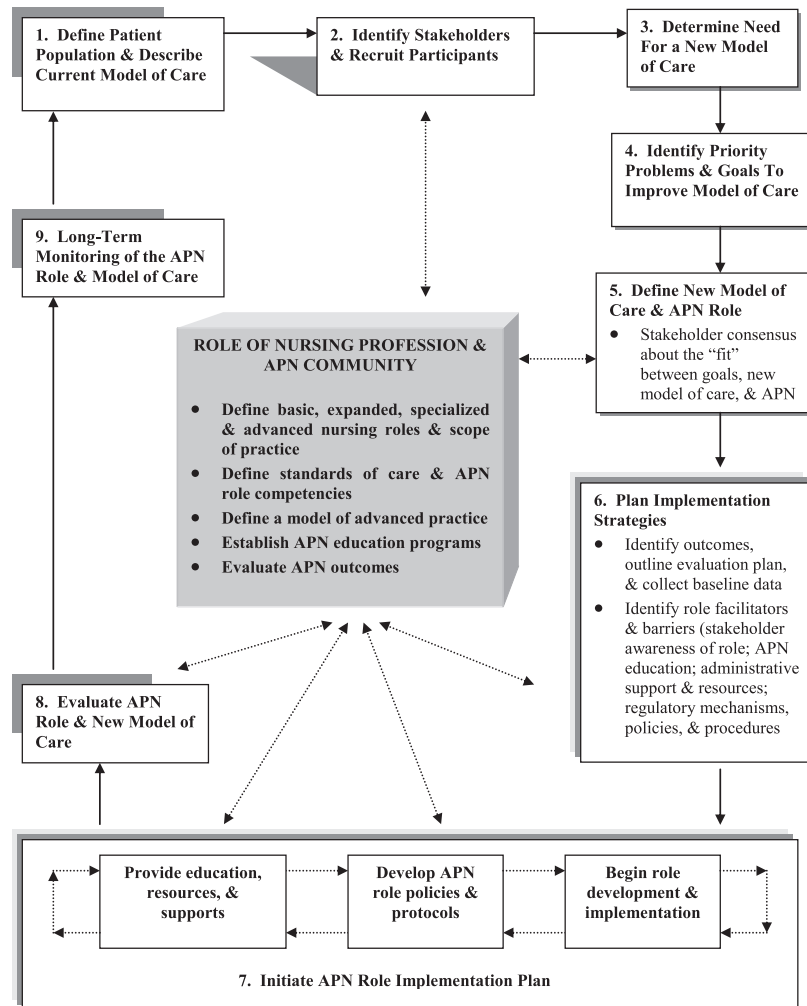
KEY WORDS

Nurse practitioner, children with medical complexity, evaluation, access

Holland Bloorview Kids Rehabilitation Hospital is Canada's largest children's rehabilitation hospital. As an academic teaching center affiliated with the University of Toronto, Holland Bloorview Kids Rehabilitation Hospital is a provincial resource for children with cerebral palsy and other developmental disabilities. In 2010, the Child Development Program set a number of strategic goals to improve access to care for outpatient clients with neuromotor concerns. The goals of the program were generated from a needs assessment of wait times, utilization statistics, and results from semi-structured key informant interviews, which highlighted a number of unmet health care needs for clients with complex neuromotor problems (Cox & DiCenso, 2009). The Participatory, Evidence-Based, Patient-Focused Process for Advanced Practice Nursing (PEPPA) framework was chosen to guide the development and implementation of the nurse practitioner (NP)-led clinic for children with medical complexity (Bryant-Lokosius & DiCenso, 2004; see the Figure).

The intent of this article is to describe how the PEPPA framework was used in the development and

FIGURE. The PEPPA framework: a participatory, evidence-based, patient-focused process for advanced practice nursing (APN) role development, implementation, and evaluation.



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

implementation of a complex care NP-led clinic and to summarize the evaluation of the clinic as it relates to access to care, caregiver satisfaction and partnership, and interprofessional collaboration.

PEPPA FRAMEWORK

Step 1: Define the Patient Population and Current Model of Care

Children with medical complexity represent a small but important group of children who have extraordinary needs. This population is characterized by the presence of chronic, severe health conditions, major functional limitations, substantial family-identified service needs, and high use of health care services (Cohen et al., 2011). Children with medical complexity account for fewer than 1% of all children, yet their cost to the health

care system accounted for almost \$419 million or 32.7% of total spending on health care for children in Ontario over a 2-year study period (Cohen et al., 2012; Simon et al., 2010).

In addition to the fiscal impact, children with medical complexity have exceptionally high care demands, and their families face significant challenges navigating and coordinating their child’s services within and across sectors (Arauz Boudreau, Van Cleave, Gnanasekaran, Kurowski & Kuhlthau, 2012; Kuo, Cohen, Agrawal, Berry & Casey, 2011). The model of care prior to the initiation of the program consisted of developmental pediatricians leading assessments for all new and follow-up clients. To define the client population, clear referral criteria were established for the NP-led clinic (Table 1).

Download English Version:

<https://daneshyari.com/en/article/2661773>

Download Persian Version:

<https://daneshyari.com/article/2661773>

[Daneshyari.com](https://daneshyari.com)