



Universität
Basel

Medizinische Fakultät
Departement Public Health

Pflegewissenschaft
Nursing Science



inter*care*

A nurse-led care model to strengthen geriatric expertise in nursing homes:
The development and content of the INTERCARE model.

Appendix 2



Appendix 2

Summary of potential factors influencing the implementation of a nurse-led care model in nursing homes.

This appendix is part of the national report:

«A nurse-led care model to strengthen geriatric expertise in nursing homes: The development and content of the INTERCARE model».



About the Report

Full report can be downloaded from our website:
www.intercare.nursing.unibas.ch/publikationen/

This publication is part of the INTERCARE study funded by the Swiss National Science Foundation (SNSF) as a part of the National Research Programme "Smarter Health Care" (NRP 74).

Learn more about our work

www.intercare.nursing.unibas.ch

Suggested citation

Basinska, K. Guerbaai, R.A., Simon, M., De Geest, S., Wellens N.I.H., Serdaly, Ch., De Pietro, C., Desmedt, M., Kressig, R.W., Nicca, D., Zeller, A., Vaes, A., Zúñiga, F. (2021). *A nurse-led care model to strengthen geriatric expertise in nursing homes: The development and content of the INTERCARE model. Appendix 2.* Institute of Nursing Science, Medical Faculty, University of Basel
Retrieved from: <https://intercare.nursing.unibas.ch/publikationen/>

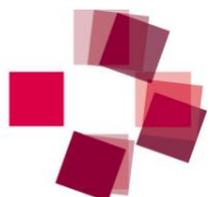
The **INTERCARE** project is funded by:



Gesundheitsversorgung
Nationales Forschungsprogramm



STIFTUNG
**PFLEGE
WISSEN
SCHAFT**
SCHWEIZ



Based on the case studies, factors (barriers and facilitators) experienced by the 14 nursing homes (NHs) during the implementation of the nurse-led care model are summarized below. Although all factors are formulated positively, these can reflect a barrier or difficulty experienced by NHs. The factors are grouped according to Consolidate Framework of Implementation Research (CFIR)¹ in five domains:

- (1) INTERVENTION CHARACTERISTICS
- (2) CHARACTERISTICS OF THE INDIVIDUALS
- (3) INNER SETTING
- (4) IMPLEMENTATION PROCESS
- (5) OUTER SETTING

¹ Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4, 50. doi:10.1186/1748-5908-4-50

1. INTERVENTION CHARACTERISTICS

Intervention source

Definition	Refers to the reason and approach leading to the development of the nurse-led care model based on the nurse expert role
Factor(s)	<ul style="list-style-type: none"> • Internal development of the nurse expert role in response to a local problem in the NH (e.g., increasing complexity of residents, hospital admissions, skill-grade mix) • Internal identification and recruitment of the nurse expert, i.e., recruitment from the pool of NH staff with or without additional education (for persons with no additional education, institutional support for acquiring a CAS, DAS, MAS, or MSN should be given) • The NH leaders as instigators of the development and implementation of the model (i.e., the nurse-led model with introduction of the expert role was originally thought of by the NH leaders). This ensures credibility and staff buy-in for the model

Adaptability

Definition	Refers to the capacity of the nurse expert role to adapt to the needs of the NH (e.g., identifying specific core elements which are necessary for the NH, such as clinical leadership or coaching of care teams, and which can be adapted to the local NH needs, such as working hours, nurse expert educational level)
Factor(s)	<ul style="list-style-type: none"> • Local adaptation of the nurse expert role (e.g., competencies and responsibilities) to the needs of the NH • Continuous adaptation of the nurse expert role to the changing needs of the residents, staff, and the NH

Relative advantage

Definition	Refers to the care teams (not) understanding the added value of the nurse expert role
Factor(s)	<ul style="list-style-type: none"> • The care teams clearly understand what the advantages of a nurse expert role are and how the nurse expert can help them in daily practice (e.g., do they experience the nurse expert as a support in practice or as lacking in practical relevance)

2. CHARACTERISTICS OF THE INDIVIDUALS

Knowledge & beliefs about the intervention

Definition Refers to the attitudes of the NH staff towards the nurse expert role and understanding how to work with the nurse expert in daily practice. Included are also the beliefs, skills and knowledge of the nurse expert to execute her role and achieve the goals defined

Factor(s)

Staff

- Knowledge of the expert nurse's competencies
- High acceptance or reticence of staff and GPs
- Close collaboration of the nurse expert with nurses, other care providers and physicians
- The nurse expert is perceived as a resource person for the staff, and is considered a support in daily practice

Nurse expert

- Previous experience as a nurse expert
- Professional experience and expertise in geriatrics
- Motivation and enthusiasm of the nurse expert in daily practice
- Advanced interpersonal and leadership competencies
- Recognising professional boundaries and scope of practice with regard to level of training and education, e.g., knowing when to involve other professionals vs. assessing the situation alone.
- Continuous training, e.g., participation in courses to be "up-to date" with evidence-based practice

Self-efficacy

Definition Refers to the nurse expert believing in their capabilities to execute the role

Factor(s)

- Motivation of the nurse expert to achieve high self-efficacy

Individuals' identification with organization

Definition How individuals perceive and identify with the NH

Factor(s)

- Low staff turnover rate

3. INNER SETTING

Culture

Definition Refers to norms, values, and basic assumptions in the NH. It includes shared values, vision, communication and relationships between all staff in the NH

- Factor(s)**
- The role of a GP is not considered superior to the nurse expert's role
 - Staff's prior experience working with a nurse expert in the NH
 - Shared vision for the future and the need to professionalize long-term care between staff and leadership
 - Shared vision between leadership and a nurse expert about the nurse expert role
 - Transparent communication and integrity between leadership and staff, e.g., clarification of questions and uncertainties. This helps employees accept the change
 - Autonomy of the nurse expert in the execution of the role and daily organization
 - Mutual respect between health care professionals, i.e., all professions are equally important in the care process
 - Ward managers are interested changing their current model of practice and are able to implement it
 - Trustworthy relationship between the nurse expert, their superiors, and staff

Readiness for implementation

a) Available resources

Definition Refers to the resources dedicated for development and implementation of the nurse expert role, including funding, training, physical space and time

- Factor(s)**
- Sufficient personnel, financial and time resources to be able to implement one change at a time
 - Provision of appropriate salary for the nurse expert
 - Sufficient time to develop a plan for structured implementation of the role (e.g., who should be involved and how during the implementation)
 - Purchase of necessary equipment for the nurse expert to practice, e.g., stethoscope

b) Access to knowledge and information

Definition Refers to the dissemination of information and knowledge about the nurse expert competencies, responsibilities and how collaboration with the NH collaborators is planned

- Factor(s)**
- Orientation programs for staff concerning the implementation of the nurse-led care model and expected changes in the workflow
 - Clearly defined tasks, responsibilities and goals of the nurse expert among staff, i.e., they need to be clearly defined and communicated before and during the implementation phase
 - Presence of the nurse expert on the wards and active support of the care teams allows them to get to know the nurse expert better

Networks and communication

Definition Refers to the organization of social networks, formal and informal communication between the nurse expert and the NH leadership, and with other external nurse experts

- Factor(s)**
- Continuous professional exchange, e.g., regular meetings between the nurse expert and their superior
 - Continuous professional exchange with other external nurse experts occupying similar roles in other NHs or settings to support the development of the role. This provides the opportunity to exchange knowledge and experiences

Implementation climate

Definition Refers to the general level of capacity for, and general interest in, being involved in the change

- Factor(s)**
- Willingness to change (i.e., implement the nurse-led care model), of middle (e.g., ward managers) and upper management (e.g., NH director) and to drive the implementation

Compatibility

Definition Refers to how care teams perceive the nurse expert role in terms of risks and needs

- Factor(s)**
- The care teams accept the nurse expert role. They agree to the change because they believe it is in their best interest
 - The care teams expect the nurse expert's competences to provide support vs. the belief that they might be controlled and/or see their workload increase
 - The care teams understand that due to the nurse expert's position, their job percentages will remain the same

Goals and feedback

Definition Refers to ways of how the implementation of the nurse expert role is justified in the NH

- Factor(s)**
- Argumentation/justification of the nurse expert role with facts/figures, e.g., informing board members and staff about the gaps in quality

4. IMPLEMENTATION PROCESS

Planning

Definition Refers to the development of an a priori implementation plan (e.g., by the leadership) for the nurse expert role to promote its effective implementation in the NH

- Factor(s)**
- Communication strategies to inform about the new role in the NH, e.g., staff, physicians
 - Information is communicated with the recipient in mind and strategies are tailored. For example, physicians are informed personally, via phone or face to face instead of via e-mail which may not always be read
 - Structured planning of the integration of the role into everyday life
 - Formal presentation of the role to the NH board and obtaining permission for the role development
 - Thoughtful reflection of the nurse expert role in the organizational chart, e.g., nurse expert is on the same level as the director of nursing
 - Clear interface between the role of the nurse expert, leadership and the physician

Engaging

Definition Refers to involvement of persons in the decision process to implement the nurse expert role and persons involved in the implementation of the role. Engagement of different persons in the decision process and in the implementation can facilitate the implementation

- Factor(s)**
- Involvement of the physicians collaborating with the NH in the development of the nurse expert role, e.g., involvement in which competencies the expert nurses should focus on and which tasks they should take over
 - Involvement of care teams in the development and implementation of the nurse expert role to identify their needs and expectations of the role and their preferred way of collaboration (e.g., face to face weekly meeting)
 - Collective reflection i.e., leadership, nurse expert and ward managers discuss changes in work flow and responsibilities of the nurse expert (e.g., clear division between management tasks of the ward managers and clinical tasks of the nurse expert)
 - Management support and promotion of the nurse-expert role during implementation

Executing

Definition Refers to the nurse expert executing their role, i.e., their competencies and tasks as planned

- Factor(s)**
- The nurse expert has sufficient time to execute their responsibilities and does not experience a role overload, i.e., the nurse expert can meet resident, family members' and staff needs
 - The nurse expert does not experience unexpected demands which do not match the defined competencies, e.g., the nurse expert is responsible for bed disposition which is not their core responsibility
 - Too broad of a spectrum of tasks

5. OUTER SETTING

Cosmopolitanism

Definition **The degree to which an organization networks with other external organizations**

Factor(s) • Professional leadership of the nurse expert, e.g., collaborations with external health institutions, professional organizations, associations

External policy & incentives

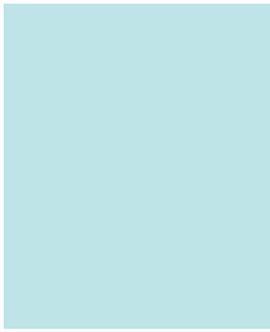
Definition **Broad construct including external strategies to spread innovations including policy and regulations (governmental or other central entity), external mandates, recommendations and guidelines, pay-for-performance, collaboratives, and public or benchmark reporting**

Factor(s) • Presence of legal regulations allows the nurse expert to work up to their full potential, e.g., mechanism for reimbursement, prescribing abilities

Needs & resources

Definition **Refers to barriers and facilitators for the development of the nurse-led care model which are not influenced by the NH and may influence the implementation**

Factor(s) • Access to well-trained, experienced registered nurses in the NHs. Consistent teams with sufficient registered nurses make it easier to sustain the knowledge on the wards
 • Sufficient availability of nurse to be recruited for the nurse expert's role



**Educating
Talents**
since 1460.

Universität Basel
Pflegerwissenschaft - Nursing Science
Department Public Health
Bernoullistrasse 28
4056 Basel, Switzerland
nursing.unibas.ch