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| ARC NETP Programme EvaluationFinal report  |
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Contents

[Executive summary 2](#_Toc395866363)

[Introduction 2](#_Toc395866364)

[Background 2](#_Toc395866365)

[Objectives of the evaluation 3](#_Toc395866366)

[Methodology 3](#_Toc395866367)

[Key limitation 3](#_Toc395866368)

[Key findings 3](#_Toc395866369)

[Outcomes of providing enhanced support to RN graduates in ARC 3](#_Toc395866370)

[Outcomes of additional financial support to ARC facilities 5](#_Toc395866371)

[Experiences of RN graduates engaged with the ARC NETP programme compared with new RN graduates in the DHB NETP programmes 5](#_Toc395866372)

[Conclusion 6](#_Toc395866373)

[Recommendations 6](#_Toc395866374)

Executive summary

1.

## Introduction

This report presents the results from a comprehensive evaluation of an Aged Residential Care (ARC) Nursing Entry to Practice (NETP) programme pilot commissioned by Health Workforce New Zealand (HWNZ) and the Office of the Chief Nurse, Ministry of Health.

Seven district health boards (DHBs), 11 ARC facilities and 15 registered nurse (RN) graduates participated in the 2013 ARC NETP programme pilot which was implemented by each participating DHB.

## Background

HWNZ contracts DHBs to provide NETP programmes aimed at ensuring a safe and supportive environment for new graduate registered nurses to be professionally and socially inducted into the role of a competent registered nurse. The expected outcome of participating in the NETP is that at the end of the programme the nurse meets the criteria to achieve competent (Level two) on the Professional Development and Recognition Programme (PDRP). The NETP programme was expanded in 2007 when DHBs began to offer places to new graduate nurses employed outside the hospital setting in organisations holding contracts with DHBs to deliver health care services. This resulted in NETP placements in primary healthcare, ARC and non-governmental organisations in some DHBs.

HWNZ and the Office of the Chief Nurse, Ministry of Health, established the ARC NETP programme pilot in 2013 as an attempt to enhance the support offered to 16 new graduate nurses in ARC through participation in a NETP programme. The pilot was referred to as the ARC NETP programme. Additional funding was offered through DHBs to enable ARC facilities to provide dedicated preceptorship, planned supernumerary time and backfill to cover the RN graduate’s attendance at NETP study days.

It became apparent early in the pilot evaluation process that NETP programmes had been offered to RN graduates employed in ARC to varying degrees in most DHBs for several years. The main difference the ARC NETP programme pilot offered was the additional funding of $12,800[[1]](#footnote-2) (total of $20,000 per place). Given a NETP programme was already being offered in ARC, participants in the pilot generally did not make a distinction between the RN graduates participating in the pilot, and those who were engaged in the NETP programme with the standard funding allocation to the DHB ($7,200 per place).

## Objectives of the evaluation

The ARC NETP programme pilot was evaluated to:

1. Identify the outcomes of providing enhanced support to 15 new graduate nurses working in the 11 ARC facilities in their first year of practice.
2. Evaluate the success of providing additional financial support to ARC facilities when they employ a new graduate registered nurse.
3. Compare the experience of new graduate registered nurses engaged with the ARC NETP programme with new graduate registered nurses in the DHB NETP programmes.

## Methodology

The evaluation used a mixed methods approach and had two distinct phases. First a preliminary formative evaluation to identify how the NETP programme had worked initially and up to the mid-point, and second, a final evaluation focusing on outcomes.

DHB NETP programme coordinators, ARC facility managers, RN graduates and preceptors were surveyed at the mid-point of the programme pilot and interviewed leading up to the conclusion of the pilot programme. A request for financial data was made to ARC facility managers to determine how funding from the ARC NETP programme pilot was used.

DHB NETP programme preceptors and RN graduates in the seven DHB NETP programmes were surveyed to compare experiences of those working in public hospital, primary care and ARC settings.

The Nursing Council of New Zealand, New Zealand Nurses Organisation and the College of Nurses Aotearoa were also interviewed to gain their perspectives on the future development of the ARC NETP programme and its contribution to the profession, employment and education.

The relationship between findings from interviews, surveys and financial data has been analysed alongside the limitations of the evaluation. Future recommendations were formulated on this basis.

## Key limitation

The NETP programme was already being offered in ARC in six of the seven DHBs participating in the ARC NETP programme pilot and seven of the 11 participating ARC facilities. This presented difficulties in evaluating and making recommendations specific to the benefits of enhancing the programme in ARC, especially as in the final analysis managers found no discernable difference between the delivery and outcomes of the pilot and the DHB NETP programme.

## Key findings

### Outcomes of providing enhanced support to RN graduates in ARC

Overall the evaluation found mixed outcomes for RN graduates across the 11 ARC facilities, which were strongly correlated to how well the programme was run, including the quality of preceptorship and the interest of the RN graduate to work in ARC. Almost three-quarters of the RN graduates in the ARC NETP programme pilot were not intentionally seeking a placement in ARC. Despite a low initial interest in ARC, most but not all RN graduates reported they benefited from the ARC NETP programme pilot.

The ARC NETP programme pilot was embedded within existing DHB NETP programmes. DHBs did not make changes to their NETP programmes in response to the pilot. Most DHBs had made little change to the content of their NETP programme when initially including ARC other than two DHBs that had tailored the content specific to ARC.

The late start of the pilot in December 2012 lead to difficulties and differences in recruitment and time delays for some RN graduates in starting the NETP programme pilot.

The Advanced Choice of Employment (ACE) recruitment process for the DHB NETP was complete by December 2012 and was then not used effectively to select RN graduates for the ARC programme pilot that had identified ARC as a placement preference.

There was a high level of variation in the implementation of the ARC NETP programme pilot by DHBs and ARC facilities. Variation could be attributed to multiple factors including:

* Differences in contracts or letters of agreement held between a DHB and an ARC facility for the delivery of the ARC NETP programme pilot
* Relevance of study days and academic requirements applicable to the ARC setting
* Recruitment and selection of RN graduates with varying levels of interest in working in ARC
* Quality of orientation
* Choice of preceptor and the standard of preceptorship
* The level of engagement and role of the DHB NETP Coordinator
* Extent to which a DHB and ARC facility had previously provided ARC placements within a NETP programme.

Seven RN graduates in the ARC NETP programme pilot specifically contributed to wider quality initiatives within ARC facilities. This included establishing a RN reflective practice group within the ARC facility, presenting to colleagues following an ARC NETP study day and making suggestions for improvements in practice. Involvement of ARC facilities in the ARC NETP programme pilot also resulted in one facility changing its model of care and another establishing a Professional Development and Recognition Pathway (PDRP).

The retention rate at the conclusion of the ARC NETP programme pilot was 64%. Most RN graduates remaining in employment in ARC indicated they would be seeking alternative employment within the next 6-12 months in a bid to broaden their experience by working in a medical or surgical public hospital setting. Those RN graduates who had previously indicated a preference to work in ARC or Assessment Treatment and Rehabilitation remained in employment and intended staying.

### Outcomes of additional financial support to ARC facilities

The main incentive for ARC facilities to participate in the ARC NETP programme pilot was in employing a RN graduate in the hope they would stay following their first year of practice having received additional support to gain competence in an ARC setting. Additional funding provided to ARC facilities was seen as important by ARC managers, but was not the primary driver to employ a new graduate nurse and participate in the ARC NETP pilot.

However, some ARC facility managers had not directly received funding as it had been paid to their corporate office.

When funding had been directly received by the facility, ARC managers used it variably and had not necessarily allocated funding against costs incurred for preceptorship, supernumerary time or back filling study day release for the RN graduate. Where funding had been allocated against costs, this was usually for back filling the RN graduate to attend NETP study days.

### Experiences of RN graduates engaged with the ARC NETP programme compared with new RN graduates in the DHB NETP programmes

Interest in ARC as a RN graduate placement is strongly influenced by undergraduate education and clinical placements, which are currently limited, making ARC a less preferred option for RN graduate nurses in their first year of practice.

When comparing experiences of RN graduates in DHB NETP programmes:

* ARC RN graduates are more likely to find their ARC placement supported skill development across all domains of nursing.
* ARC RN graduates are more likely to recommend ARC as a future placement to other new graduates.
* ARC RN graduates are less likely to have access to electronic library databases, making access to current research evidence difficult.
* DHB RN graduates are more likely to find study days more relevant than their ARC peers because they are usually not tailored to ARC.
* DHB RN graduates are more likely to stay with their current employer in the year following the NETP programme.
* Both ARC and DHB RN graduates identified similar opportunities to improve assessment and preceptoring of the NETP programme. Preceptors also agreed there are opportunities to improve their knowledge and participation in the programme.
* Where an academic level 8 paper was a component of the NETP programme, this is seen as a source of stress by the RN graduate, even though most were pleased to have completed a paper.

ARC RN graduates recognised that they faced a steep learning curve not typically experienced by RN graduates working in DHB hospital settings, requiring the ARC RN graduate to quickly learn to:

* Independently conduct accurate clinical assessments
* Direct and delegate activities to health care assistants
* Monitor and triage reported information and when necessary be accountable for all residents
* Provide after-hours oversight and manage often large facilities providing different levels of care.

## Conclusion

The evaluation of the ARC NETP programme pilot to provide enhanced support for RN graduates in ARC found mixed results attributed to multiple factors, some of which can be moderated over time. The evaluation demonstrates the potential to further develop a NETP programme within ARC which is likely to meet some of the aims set by HWNZ and the Office of the Chief Nurse in establishing the ARC NETP programme pilot. Little is known about retention of the RN graduate workforce in ARC. Retention of RN graduates in ARC following the first year of clinical practice may always be a challenge, particularly if those entering do not see aged care as their long-term choice of practice setting.

Although funding is not a major driver for ARC facilities to employ a RN graduates and support them to participate in a NETP programme, it is an important factor.

## Recommendations

The following recommendations are made:

### Execution of pilots

* 1. Ensure adequate lead-in time when new pilot programmes are being developed and implemented.

There was confusion and a lack of clarity in the requirements for and implementation of the ARC NETP programme pilot. There were few, if any, perceived differences between the arrangements provided in the pilot and existing programmes in ARC.

### Promote ARC as a career option

* 1. Give further consideration as to the role undergraduate nursing programmes play in promoting ARC as a RN career option.

Currently few RN graduates indicate a preference to work in ARC through the ACE system. Nursing students need to be exposed throughout their undergraduate education to the ARC setting and the role of the RN if they are to fully appreciate the complexity and range of skills required to competently work in ARC. It is too late at the end of an undergraduate education process to suddenly promote the speciality of ARC and expect graduating RNs to make the choice to work in this setting in their first year of practice.

* 1. Proactively profile ARC as a specialty RN practice across the health and disability sector.

### Improve the recruitment process

* 1. Ensure the RN graduate recruitment process targets those new nurses with a specific interest in ARC.
	2. Change the ACE process to:
1. Ensure RN graduates who nominate ARC as a preference are considered for a position in ARC.
2. Ensure RN graduates do not select ARC just to gain access to a NETP programme.
3. Consider the implications of the current competitive process for entry to NETP on the graduate RN workforce, particularly for those RN graduates signalling their preference to work in ARC, Primary Health Care (PHC) and other non-DHB nursing roles.
4. Consider how the ARC NETP programme could adapt to align the entry and programme commencement with ARC facilities that are more likely to be driven by a vacancy model.
	1. Develop a standardised process for the selection of ARC facilities with the resources needed to provide a safe and effective entry to practice programme for RN graduates. A number of factors need consideration:
5. The merits of adopting a similar process to the one used by Waitemata DHB.[[2]](#footnote-3)
6. Ensure facilities are sufficiently resourced. Suitable facilities need to be able to allocate and support trained preceptors who are not also line managers, employ more than one RN graduate at one time and provide access to electronic library resources.
7. The quality of professional relationships in ARC and role definition for RNs and health care assistants.
8. Hub and spoke model options where larger ARC facilities provide placements for RN graduates in a capacity building model where there is an expectation that new RNs will transfer to another ARC facility at the end of the NETP year.
	1. Consider the risks and benefits to ARC in establishing one-year contracts for RN graduates.

For example, retention rates may be improved if RNs are employed as permanent employees or are part of a two-year programme which guarantees two clinical placements in two different settings (for example, the second year of practice for a RN in ARC may be in another ARC facility or within the DHB and for the RN in a DHB it may be in ARC or PHC).

### Strengthen preceptoring

* 1. Ensure preceptors are chosen because they are willing, oriented to RN graduate wellbeing and have received a comprehensive training. Ideally they should not be a RN graduate’s line manager, due to conflicts of interest and time pressures.
	2. Clearly define the role of the preceptor in ARC and improve ARC preceptorship training, networking and ongoing support including refresher training for preceptors. This should include:
1. Developing a standardised preceptor training programme and a process to provide ongoing support especially for those newly trained, a process to monitor quality and outcomes together with consideration of preceptor credentialing and/or ensuring preceptors are assessed in the PDRP.
2. Ensuring preceptor training is timely and is designed to meet the needs of preceptors supporting RN graduates, including training in competence assessment for the PDRP programme.

### Build on what already works well

* 1. Utilise the expertise from DHBs that have had several years’ experience offering ARC within their NETP programmes and have a more intensive and proactive model of coordination and monitoring to standardise programmes and ensure programmes are tailored to the ARC setting. In addition:
1. Involve RNs from ARCs and Nurse Practitioners and Clinical Nurse Specialists from DHBs (gerontology specialists) in the further tailoring of study days to ensure relevance to ARC.
2. Ensure the role of the DHB NETP Coordinator includes a visiting programme similar to DHBs that improve the accessibility of the Coordinator to ARC managers, and preceptors as well as RN graduates.
3. Ensure the role of the DHB NETP Coordinator includes appropriate information sharing between the RN graduate, ARC manager, ARC preceptor and academic provider (if the academic component of the programme is retained).
4. Clarify the roles and accountabilities of the DHB personnel, preceptor and facility manager for promptly and jointly addressing issues with RN graduate performance or completion of any aspect of the NETP programme.
5. Set the minimum supernumerary period to six weeks and have the ability to increase the period to meet individual needs.
6. Ensure RN graduates are immediately placed in a RN role from the start of their employment and orientation process rather than health care assistants.

### Provide more guidance within the programme

* 1. Develop improved HWNZ guidelines which DHBs are required to pass on to ARC facilities detailing programme requirements and use of additional funding for an enhanced NETP in ARC. Include a process to monitor how funding is being used.
	2. Provide guidance for the initial assessment of RN graduate needs, on-going assessment and final assessment that determines the RN graduate’s learning needs and competence to level 2 on a PDRP. Include a transparent process for the management of RN graduates that are not meeting required standards.

### Further considerations with wider implications

* 1. Review how the current policy, which means NETP programmes are not able to take a sufficient number of high calibre RN graduates, could be modified. The review should consider:
1. Whether the inclusion of a level 8 paper in the NETP year is cost beneficial or necessary given the stress associated with having an academic component to the NETP programme. Funding put towards the level 8 paper may be better apportioned to allow more RN graduates to participate in a NETP programme, for example, those RNs employed in ARC outside of a NETP programme.
2. How alternative pathways could be established for the first year of RN practice to increase opportunities for more RN graduates to participate in a transition to practice year.
3. How current perceptions held by RN graduates that they must gain entry into a NETP programme to have a successful start to their career can be addressed. Note this is currently reinforced by DHB employment restrictions, undergraduate teachers, peers and nurses themselves.
1. Note one DHB already provided the equivalent additional funding to ARC facilities participating in the DHB NETP programme. In this DHB region, this meant there was no difference in the delivery or funding of the pilot. [↑](#footnote-ref-2)
2. Expression of interest process where ARC facilities are assessed against criteria for inclusion in the NETP programme. [↑](#footnote-ref-3)