

Background

HSPnet is a web-enabled system to coordinate student placements in all health sciences disciplines across a practice education jurisdiction (typically a province). It was developed in 2002 and is used in seven Canadian provinces by post secondary educational institutions and health authorities. The BCAHC has made the system available to other Canadian jurisdictions through the National HSPnet Alliance . more information is available at www.hspscanada.net.

Implementing HSPnet across a practice education jurisdiction provides the following benefits:

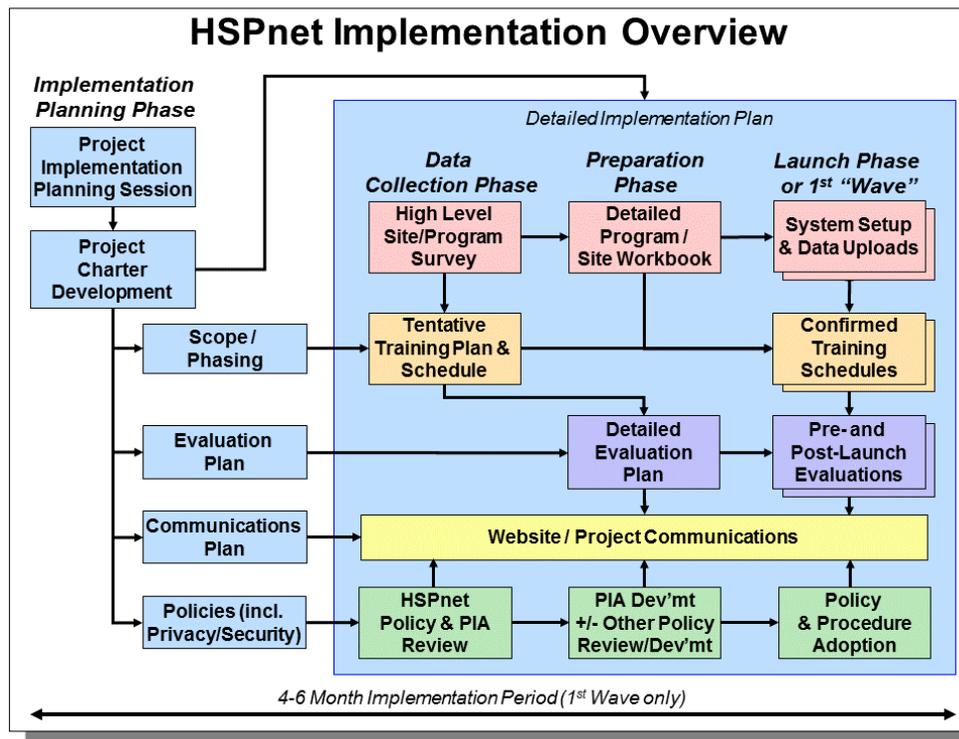
- Improved communication and information exchange among schools and agencies that accept students, throughout the placement process;
- Reduced handling of paper through access to electronic placement requests, online course profiles and student resumes, and up-to-date information about destinations that accept students;
- Improved turnaround on placement requests through instant communications and automated reminders of items awaiting action;
- Productivity tools to produce automated request forms and letters, student or instructor lists, and unit schedules;
- An enhanced ability to plan and build capacity through access to comprehensive data on placement activities and trends, reasons for declining/canceling placements, etc.

Implementation in a New Jurisdiction

The first step for implementing HSPnet in a new jurisdiction is to identify a **Lead Agency** (typically a government Ministry or academic health network), and the agencies (educational institutions and health authorities or service delivery sites) that will participate in the launch of HSPnet-xx through the first wave of training. Representatives from these organizations will form a project **Steering Committee** with the following key responsibilities:

- Attend a **one-day Implementation Planning Workshop** to review HSPnet functionality, discuss implementation considerations for their jurisdiction and individual organizations, and to provide input into the HSPnet Implementation Project Charter;
- Review and finalize the **Project Charter**, including decisions regarding:
 - Project objectives and success indicators
 - Implementation scope (educational programs and/or disciplines to participate)
 - Phasing and timelines for first wave
 - Evaluation plan
 - Communications plan
 - Privacy and Policy requirements
 - Implementation budget and resource requirements

Implementation Phases Leading to the Launch of HSPnet-xx



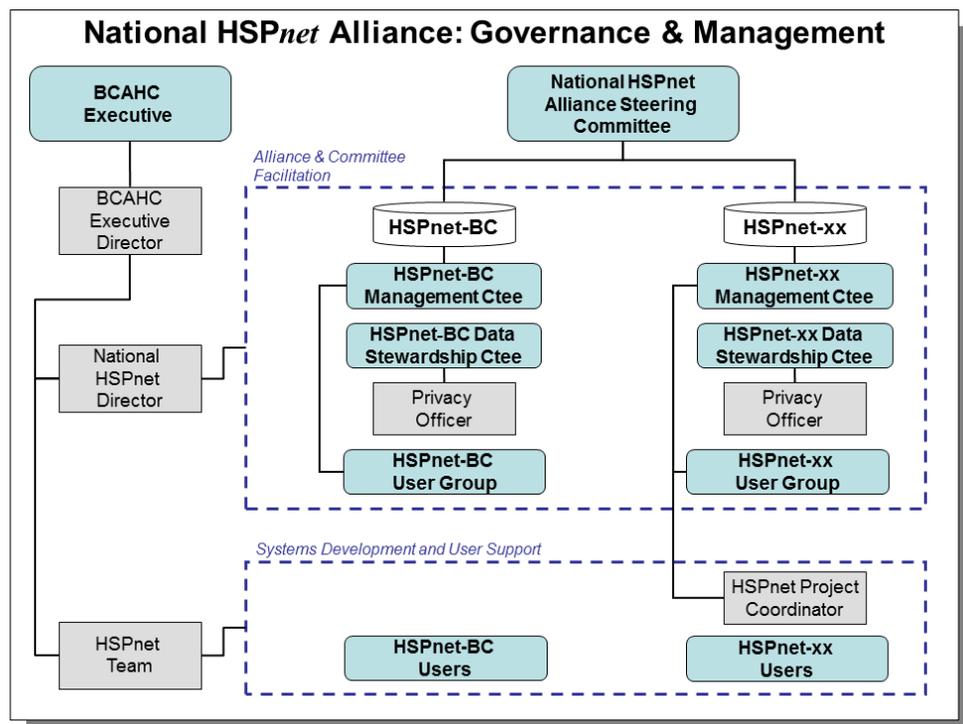
Guided by the Project Charter and other implementation tools to be provided by the HSPnet Team, the Steering Committee will oversee the balance of the first implementation wave+or launch of HSPnet-xx.

Beyond the Implementation Planning phase, there are three additional phases in the first wave: Data Collection, Preparation, and Launch.

HSPnet Structures and Roles

This diagram shows the structures and roles involved with one-time implementation and ongoing participation in the National HSPnet Alliance. Detailed responsibilities, plus estimated time commitments for each role and structure, are detailed on the following page.

Note that the Steering Committee may evolve at the end of the project to become the standing HSPnet Management Committee for the jurisdiction.



Similarly, the optional role of Project Coordinator may evolve into the role of Local HSPnet Coordinator for a province that funds an ongoing position.

Participating Agency Roles and Responsibilities

In addition to the Partnership structures and roles outlined above, each Participating Agency will identify individuals to assume the following roles within their organization:

Role and Time Commitment	Functions
Department Contacts (each faculty or major receiving site) <i>As required to authorize new users during initial launch and beyond</i>	Authorizes HSPnet user accounts for individuals within their Department, based on their organizational role and need for access to information on students and staff
HSPnet Local Administrators (one individual plus backup for each faculty/school or major receiving site) <i>0.5 to 1.0 day/month plus recommended attendance at annual User Group Meeting</i>	<ul style="list-style-type: none"> • Act as primary contact for the participating agency • Represent their department in annual user group meetings • Oversee setup and maintenance of key data tables (e.g. Programs/Courses or Sites/Services/Destinations) • Oversee setup and maintenance of user accounts • May need to establish and monitor agency-specific procedures to support HSPnet Policies on Privacy, Security and Data Access • Respond to requests for information or action in order to meet monitoring requirements of HSPnet Policies
HSPnet Users (Placing & Receiving Coordinators) <i>1.0 to 2.0 days initial training (launch) depending on user role and discipline, plus optional attendance at annual User Group Meeting</i>	<ul style="list-style-type: none"> • Complete training as appropriate for their role before receiving an HSPnet user ID • Report system bugs or problems via email to HSPnet Help Desk • Review HSPnet website homepage before each login to check for user notices or new features alerts • Follow HSPnet policies and procedures, and agency-based procedures on the use of HSPnet

Implementation Success Factors and Ongoing Expansion

Our experience suggests that implementation success is increased in the following conditions:

- Senior management commitment within each participating agency.
- A phased approach whereby practice Placing and Receiving agencies start using the system together in ~~waves~~ waves+, to maximize the coordination benefits and eliminate the need for duplicate systems for communicating with HSPnet users versus non-users.
- An initial project scope that identifies two or more disciplines that may share receiving destinations . e.g. a combination of nursing, care aides, and paramedics.
- An implementation period of four to six months or longer for the first wave (from establishment of the project Steering Committee to end of launch), to ensure effective change management and to schedule training at logical times within the placement cycle.

A typical first wave would therefore include:

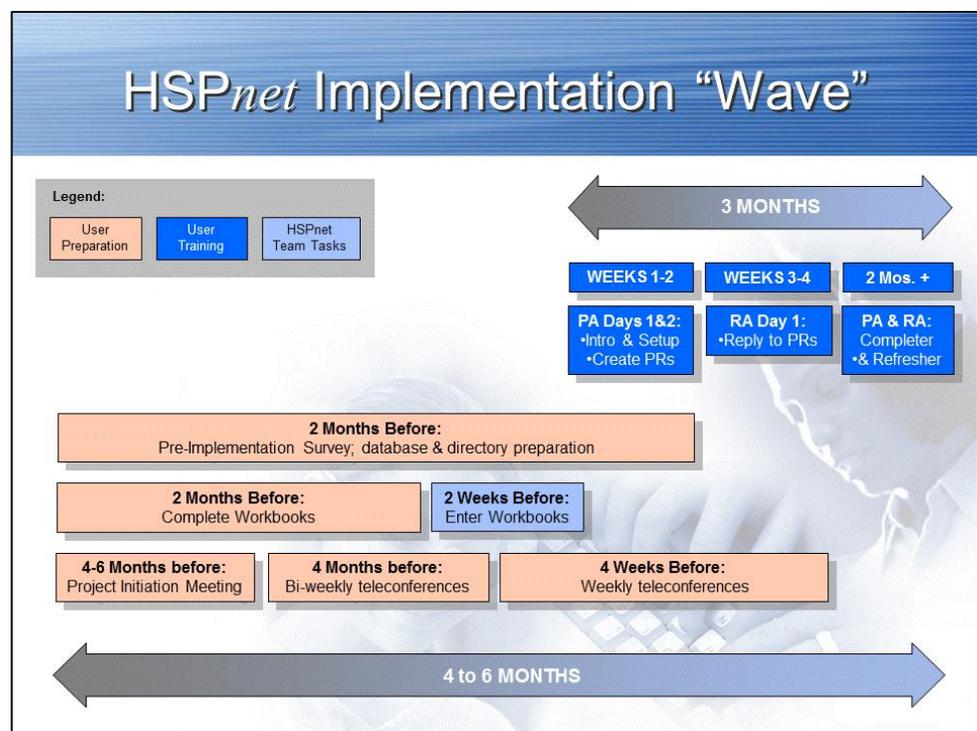
- All educational institutions offering programs in a major discipline such as nursing. Other programs such as care aides and paramedics, that use similar acute care and community sites, should also participate during initial launch if possible.
- Receiving Coordinators from one or more health regions that receive significant numbers of students from the above educational programs. During the initial months the Receiving Coordinators will redirect incoming requests to the individual destinations (e.g. nursing units or programs) via email or fax, with unit/program managers to be trained at a later date to manage their own Inbox (thereby eliminating the need for manual redirection).

One or more additional disciplines may elect to join a subsequent implementation wave. This typically involves the practicum coordinator for the educational program(s) and the unit/program managers at their key receiving sites. For example, practicum coordinators for Pharmacy and Pharmacy Tech programs may receive training in the same wave as managers at key pharmacy sites.

Phase 1 Timelines

A **minimum of four to six months** is recommended for Phase 1, ending with training for the first wave.

The official launch phase would span a three-month period, with initial training of Placing and Receiving Coordinators scheduled in the first four weeks. About two months after initial training, users attend a final **Completer/ Refresher** session to complete their first placement cycle and to review progress against objectives.



Thereafter, new regions or disciplines can be added with only two to three months lead time depending on the number of programs and receiving sites.

More Information

For more information about HSPnet or its implementation, please contact:

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