

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 across BC by post secondary educational institutions and health authorities. The BCAHC has made the system available to Alberta through an HSPnet Development Partnership, which will soon extend to Saskatchewan. Partnership discussions are also underway with other Canadian provinces and a jurisdiction in the UK.

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

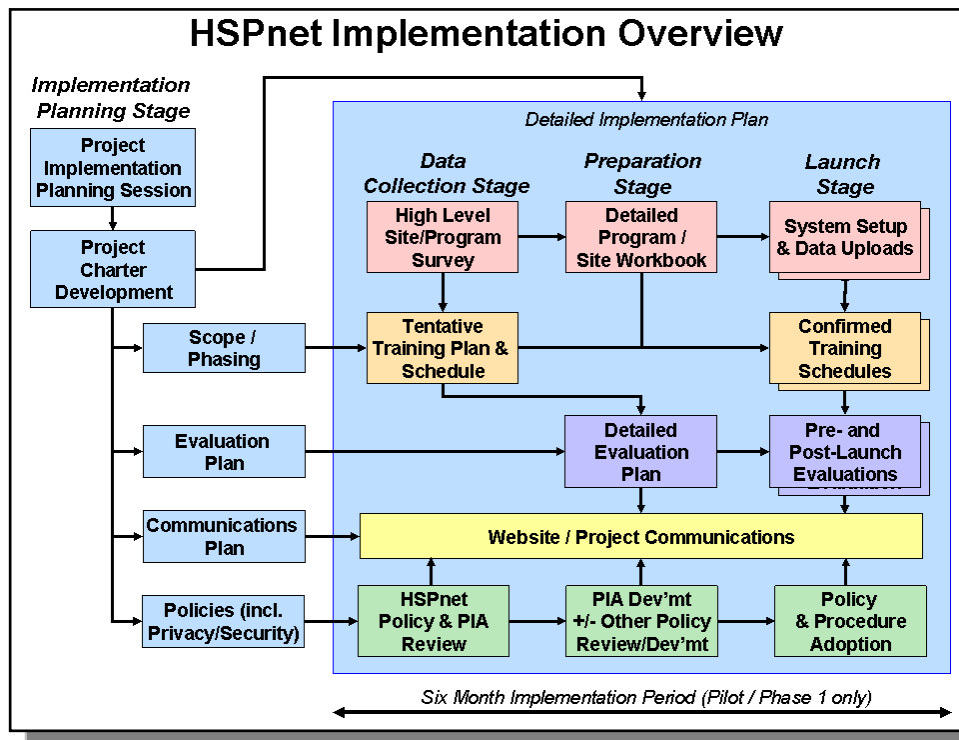
- Improved communication and information exchange among schools and agencies that accept students, throughout the placement process;
- Reduced handling of paper through access to electronic placement requests, online course profiles and student resumes, and up-to-date information about destinations that 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 Planning

The first implementation step is to identify a Lead Agency for the jurisdiction (typically a government Ministry or academic health network), and the agencies that will participate in the initial pilot or implementation phase (educational institutions and health authorities or service provider groups). Representatives from these organizations will form an implementation planning team 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 (organizations to participate, educational programs and/or disciplines)
 - Phasing and timelines
 - Evaluation plan
 - Communications plan
 - Privacy and Policy requirements
 - Implementation budget and resource requirements

Implementation Process



Upon completion of Implementation Planning, the Planning team will review its membership and evolve into an Implementation Project Team that will oversee the balance of the implementation process.

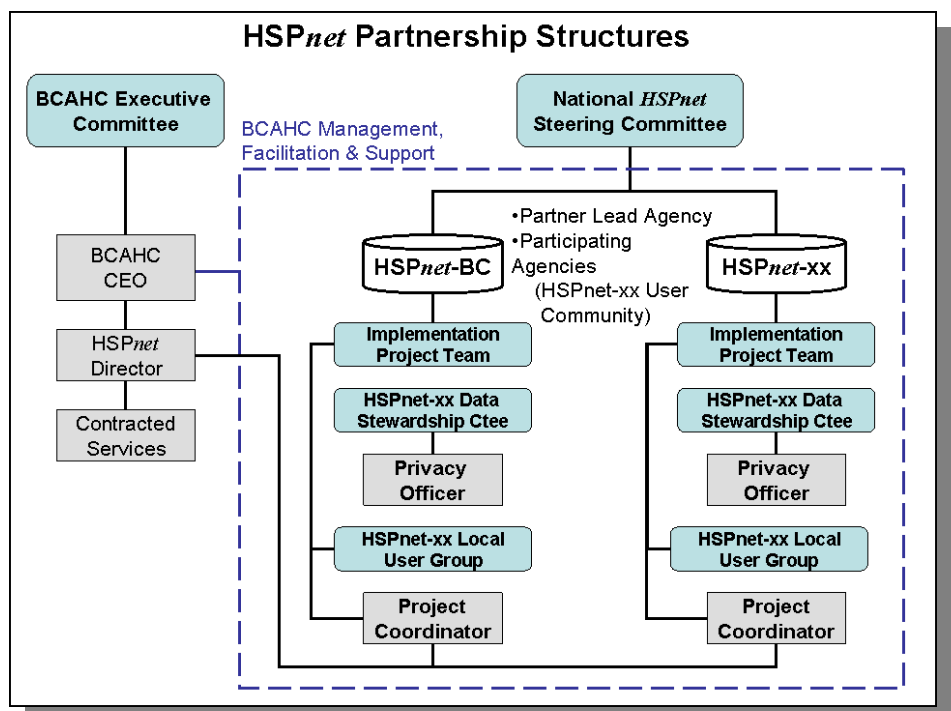
Beyond the planning stage there are three additional stages of HSPnet Implementation: Data Collection, Preparation, and Launch.

HSPnet Structures and Roles

This diagram shows the structures and roles involved with one-time implementation and ongoing participation in the HSPnet Development Partnership.

Detailed responsibilities, plus estimated time commitments for each role and structure, are included in Appendix 1.

Note that the Implementation Project Team may evolve at the end of the project to become a standing committee for HSPnet management across the jurisdiction. Similarly, the optional role of Project Coordinator may evolve into an ongoing role of HSPnet Coordinator.



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	Functions
<p>HSPnet Local Administrator</p> <p>(one individual for each educational department or major program area, or for each major receiving site or set of sites)</p> <p><i>½ day per month</i></p>	<ul style="list-style-type: none"> • Act as primary contact for the Participating Agency • Represent Agency in annual user group meetings • Oversee setup and maintenance of key Agency tables (e.g. Programs/Courses or Sites/Services/Destinations) • Oversee setup and maintenance of user ID accounts • May need to establish and monitor Agency-specific procedures to support HSPnet Policies on Privacy, Security and Data Access • Respond to HSPnet requests for information or action in order to meet monitoring requirements of HSPnet Policies
<p>HSPnet Users</p>	<ul style="list-style-type: none"> • Complete training as appropriate for their role before receiving an HSPnet user ID (ranges from 2-3 days for complex nursing programs to 1 day for receiving coordinators of large sites to 1-hour self-paced training for unit or program managers) • Report system bugs or problems to HSPnet via email or phone to the 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

“Typical” Phase 1 or Pilot Implementation

Our experience suggests that implementation success is increased if the following factors are present:

- Senior management commitment within the Participating Agency.
- A phased approach whereby practice education partners start using the system together, in order to maximize the coordination benefits and to eliminate the need for duplicate systems for HSPnet users versus non-users.
- Where possible, the initial implementation phase should also focus on two or more disciplines that may share receiving destinations, such as nursing, unit clerks, medicine, and/or paramedical.
- An implementation period of six months or longer (from establishment of the Implementation Planning Team to initial training). This duration ensures adequate time to address the privacy and other policy impacts (including development of a Privacy Impact Assessment) and to schedule training at logical times within the placement cycle.

A “typical” Phase 1 implementation may therefore include:

- All educational institutions offering nursing and paramedical programs. For maximum benefits, nursing implementation should include all programs including undergraduate, graduate, and part-time or distance programs. Note that other related programs such as unit clerks or care aides that use acute and community sites may also participate during this Phase.
- 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 units via fax or email, with Destination Coordinators 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 any phase. This typically involves the practicum coordinator for the educational program and the program managers at major sites. For example, a practicum coordinator for Physiotherapy programs may receive training at the same time as rehab managers at various sites or one manager who coordinates for multiple receiving sites.

More Information

For more information about HSP_{net} or its implementation, please visit the website at www.hspbc.net or contact:

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