

Exemplary Academic-Practice Partnership Award Application

Research College of Nursing (RCN) and Research Medical Center (RMC) have had a longstanding history of collaboration since the establishment of the nursing program in 1905. Since that time the Medical Center has served as the primary clinical site for RCN students and as a first choice for graduates of the College. In 2011, Cyndi Johnson, CNO, and Nancy DeBasio, then president and dean of RCN, met to establish mutually beneficial goals that would: 1) enhance recruitment of BSN-prepared graduates; 2) provide resources for PP staff to conduct research and to promote evidence-based practice; 3) enhance retention of new graduates; 4) provide opportunities for staff to pursue advanced education; 5) engage AP faculty in research. In the fall of 2012, the College implemented a new position, the director of academic-clinical practice partnerships (DACPP) role with an allocation of 0.5 FTE for activities related to the partnership. With the support of the PP and the AP, a Center for Nursing Research and Innovation was initiated to provide support to staff nurses who wanted to engage in research to improve their practice. Two AP faculty convened an advisory council to support the Center. As the partnership progressed it became clear that the emphasis needed to shift to assisting staff to become more adept in the use and evaluation of evidence-based practice to improve patient outcomes. The faculty believed this should begin on the academic side; she integrated QI projects into each semester of undergraduate nursing research starting in Fall 2011. Since that time, the AP director has worked with the VP of Quality and Safety to identify PP priorities for QI projects. These projects were not being implemented due to lack of staff. The use of students saved the PP \$94,000 in salary expense to hire an RN to conduct these projects. During the past five years, 40 QI projects have been conducted and ten have been implemented as practice changes. For each of those ten projects, approval was required by one of the standing PP committees including infection control, medication safety, falls, and pain management. Nine of the studies have either been published or presented at local, national and international conferences. The director of academic-clinical practice partnerships conducted a multi-site study with four HCA hospitals and one non-HCA hospital on the practice of a no interruption zone in medication administration. Results were presented by the director at the Ruth K. Palmer International Symposium in Rome sponsored by Loyola University-Chicago's School of Nursing. Results were also presented by the CNO of an HCA hospital in Louisiana who participated in the study at the HCA company-wide Virtual Nursing Research Network.

In order to create a more effective clinical teaching environment, the director of academic-clinical practice and the PP CNO supported the implementation of the first dedicated education unit in the ICU setting in Spring 2013. The AP provided a full day of training for the new clinical instructors (CI) to give them the tools to work with students in the clinical setting. The AP covers the salary of the clinical instructors for that training day. The PP provides the salary for the CI's when they are with students. Since Spring 2013, the number of DEU's has increased to six units; 167 students have participated; 50 staff nurses have been trained as CI's and six AP faculty have been trained as clinical faculty. Students have indicated their satisfaction with the DEU model through course evaluations; CI's have also indicated their satisfaction through surveys and continued participation in the model. The best exemplar is the students who were in the first DEU have now become CI's as graduates.

The Vizient/AACN Graduate Nurse Residency Program (GNR) was identified as a need by the PP Director of Clinical Excellence and the AP Director based on the high attrition rates at RMC. Based on evidence of increased retention at hospitals with GNR programs, the program was purchased for \$40,000 by the PP. The AP director and PP clinical excellence director share oversight of the program. The first cohort will graduate on August 30, 2016. Two additional cohorts are in progress for a total of 110 residents. Retention statistics will be compiled following the completion of each of the cohort groups.



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Selecting Partners

Academic School: Research College of Nursing

Contact: Nancy O. DeBasio, PhD, RN, FAAN

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Practice Setting: Research Medical Center and HCA MidAmerica Division

Contact: Paige Baker, MSN, Chief Nursing Officer

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Preparing for Your First Meeting

Date/Time of Meeting: October 2011

Place of Meeting: Research Medical Center

What do you and your partner need to know about you and your organization?

Research College of Nursing was established in 1905 as a diploma program under the auspices of Research Medical Center. We share a rich tradition of 110 years of nursing excellence. Research Medical Center is a quaternary facility with a Level I trauma center, a Level III NICU, an adult and pediatric burn unit and a Sarah Cannon Cancer Center providing a wide array of experiences for our students. Both the College and the Medical Center are located in Kansas City's urban core offering services to a diverse population. Our strategic plans are in alignment with a common vision of educating BSN-prepared nurses to provide a well-prepared nursing workforce.

PARTNERSHIPS

Initial Meeting

What is the right partnership activity for you and your partner?

- * Expand the BSN-prepared workforce
- * Implement and evaluate an evidence-based graduate nurse residency program to increase retention
- * Advance evidence-based practice through the development of a center for nursing research and innovation
- * Design and implement innovative clinical teaching models which will reduce cost (AP) and enhance recruitment and retention of nursing staff (PP)

What documents about your organization should you bring to the meeting?

Mission of College and Medical Center
Strategic goals of both organizations
Current clinical course syllabi
AACN Baccalaureate Essentials document

What do you have to offer?

The College provides faculty who have expertise in research and evidence-based practice; leadership development; curriculum design; and innovative pedagogies. In addition the College provides graduate tracks in healthcare leadership, family and adult nurse practitioner and education which are offered at a 50% tuition discount to full-time RN staff. The College also provides a director of academic-clinical practice partnerships (0.75 FTE) who oversees the partnership activities.

The Medical Center offers a quaternary facility which includes a Level I Trauma Service, a Level III NICU; a pediatric and adult burn unit as well as a broad array of inpatient and outpatient services which provide students with a rich clinical learning experience. The Medical Center also serves as a venue for the development of evidence of joint research to enhance patient outcomes.

What is your vision for this partnership and does your partner share this vision?

The shared vision for the College and the Medical Center is to strengthen clinical education; advance evidence-based practice; and recruit and retain a well-educated workforce.,

Who else needs to be involved in both organizations? Is top leadership involved?

Executive leadership from both organizations is involved in the partnership. The partnership was initially formalized in 2011 by then CNO Cyndi Johnson and Nancy DeBasio who was President/Dean of the College.

Current leadership involved:

Research Medical Center: CEO, CNO, Clinical Directors and Managers, Director of Clinical Excellence, VP for Quality and Safety, VP for Human Resources; clinical staff who manage QI projects

Research College of Nursing: President, Dean, Director of Academic-Clinical Practice Partnership, Director of Institutional Effectiveness (facilitates evaluation of program outcomes), Director of Seelos Simulation Center (simulation for graduate nurse residency program), and research faculty.

What is the business case for the partnership?

The partnership benefits both organizations from several perspectives:

- *reduction in cost associated with attrition of new graduates
- *decreased cost of adjuncts for clinical instruction
- * increased recruitment of a well-qualified workforce
- *increased focus for staff nurses on evidence-based practice to improve patient outcomes
- *co-sponsorship of Vizient/AACN Graduate Nurse Residency program

Subsequent Meetings

Do you have clarity on goals and vision?

Partnership projects and collaborative activities are mutually determined annually by the director of academic-clinical practice partnerships, the CNO, clinical staff and the VP for Quality and Safety. Projects are aligned with the strategic goals of both the College and the Medical Center.

What are the details and time line of the initiative?

Since the establishment of the formalized partnership in Spring 2011, the College and the Medical Center have implemented the following:

- * Director of Academic-Clinical Practice Partnerships--2012
- * Fast Track PP QI projects--Fall 2011; 40 projects to date
- * Center for Nursing Research and Innovation
- * Six Dedicated Education Units
- * Vizient/AACN Graduate Nurse Residency program
- * Married State Preceptor training program

Whom can we call for expert consultation if needed?

Dr. Rebecca Saxton, Director of Academic-Clinical Practice Partnerships

What are the expected outcomes of the activity?

- * Increase in number of students participating in Dedicated Education Units
- * Increase in number of RCN graduates hired at RMC and HCA Mid America Division
- * Increased retention of new graduates
- * Increase in collaborative research activities
- * Enhanced undergraduate curriculum through clinical partner input
- * Increase in number of RMC/Division staff pursuing graduate study

ENVIRONMENT

Time

Is this the right time for this partnership?

This is a partnership based on the history of our institutions so it was a natural step to formalize the partnership. Both the CNO and the President/Dean believed that the establishment of the partnership would be mutually beneficially.

What are the issues that will facilitate or impede the development of the partnership?

Changes in leadership at the Medical Center have been a challenge; since the inception of the partnership in 2011 there have been three CNO's; two CEO's; and two CFO's. In addition, there have been significant changes in leadership at the bedside. The attrition rate of new graduates has been high which led to the implementation of the residency program in October 2015.

Finances are always a challenge!

Identifying relevant QI projects for undergraduate students.

What is the time commitment for the partners?

The College currently provides a .75 FTE for the Director of Academic-Clinical Practice Partnerships; this increased from .5 FTE in Fall 2015 with the implementation of the residency program.

DEU clinical instructors provide 12 hours of instruction per week for a semester

Director of Clinical Excellence provides oversight for graduate nurse residency (approximately .5 FTE)

The time commitment varies depending on the activity.

Whose time will be required?

CNO

Director of Clinical Excellence

VP for Quality and Safety

Director of Academic-Clinical Practice Partnerships

Selected faculty

When will the meetings be scheduled?

Meetings with the CNO and Director of ACCP occur monthly; meetings with CEO, President, CNO and Director of ACCP occur monthly;

GNR Advisory Council meets monthly

ENVIRONMENT

Space

What space is required for the activity?

Space for meetings is provided by the College

What equipment and supplies are needed?

Access to computers, internet as needed. Refreshments for some meetings

What money is needed?

Funding for the Vizient/AACN residency program which was provided by the Medical Center
DEU staff are trained by College faculty which the College pays for; the Medical Center pays the DEU clinical instructor
College provides access to simulation center; computers/internet

Where are we meeting?

Most meetings occur at the College other than the monthly Residency Advisory Council meeting which occurs at the Medical Center

Where will we present outcomes?

Outcomes have been presented to the following:
CEO and senior administrative team at Research Medical Center
Annual Kansas City Undergraduate Research Symposium for three years
Kansas City Organization of Nurse Executives
Annual Bobbie Siler Scholarship Day for three years
Ruth K. Palmer Symposium in Rome: No Interruption Zones in Medication Administration

ENVIRONMENT

Regulation

What are the policies or regulatory issues that will impede or facilitate development of the partnership on both sides?

There are no specific policies at this time.

Context

How will the partnership be funded?

Funding comes from both organizations in the form of salaries, benefits, equipment and space.

What are the constraints of both partners?

Finances and changes in leadership are the major constraints.

What history do the partners have with each other and each others' institutions?

As noted earlier, the partners have a longstanding history of informal collaboration. The College has had a practice representative on the undergraduate curriculum committee for 20 years; faculty are on the governance committees of the Medical Center; the dean serves on the Medical Center Medical Education Committee; the president serves on the Medical Staff Executive Committee. The dean, the president and the director of academic-clinical partnerships are members of the RMC Core Leaders team.

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**Academic-Practice Partnerships
Partnership Expectation and Outcome Metrics Worksheet**

Partnership Goals	Activities	Outcomes
<p>Formalize academic-practice partnership through mutual goal setting</p>	<p>Fall 2011 – Conversations with AP President/Dean and PP CNO begin</p> <p>2012 – AP President/Dean creates Director of Academic-Clinical Practice Partnerships (DACPP) role, a joint appointment between AP and PP</p> <p>2013 – Partnership becomes a strategic aim in the AP Strategic Plan</p>	<p>AP faculty sit on PP shared governance committees</p> <p>DACPP is allocated .75 workload</p> <p>AP President and DACPP have monthly meetings with PP CEO and CNO</p>
<p>Advance the science of nursing and scholarship of teaching through joint research</p>	<p>Fall 2011 – Undergraduate Student QI Projects</p> <ul style="list-style-type: none"> • Fast track PP QI priorities by utilizing AP students and faculty for data collection, analysis and dissemination while teaching students about QSEN competencies <ul style="list-style-type: none"> • AP faculty meet with PP Vice President for Quality each semester to determine projects • 283 AP students (\pm2830 hours of project planning and data collection) x \$33/hour (average RN salary) = \$94,000 in cost savings for PP • 2 AP faculty (\pm1200 hours of project planning and data analysis) x \$40/hour (average faculty salary) = \$48,000 in cost savings for PP 	<p>In 5 years, 40 QI projects have resulted in 10 practice changes*.</p> <p>* Each asterisk indicates a practice change.</p> <p>Projects</p> <ol style="list-style-type: none"> 1. Hand Hygiene* 2. Spectralink Phone Cultures* 3. 30 Day Readmission Rates for Pneumonia 4. Deep Vein Thrombosis Prophylaxis 5. Availability & Use of PPE for Isolation 6. Evaluation of TeamSTEPPS™

		<p>Implementation</p> <ol style="list-style-type: none"> 7. Restraints: Use and Documentation 8. Cultural Competency from the Patient's Perspective 9. Improving Documentation of Pneumonia Immunization 10. Timing/Dating/Signing Orders 11. Patient/Family Perceptions of Reasons for 30-Day Readmissions 12. Using "Teach Back" in the ED 13. Nurses' Perceptions of Barriers to Medication Reconciliation 14. Patient Maintained Medication Lists 15. High Risk Medication: Lovenox®* 16. Medication Reconciliation Alert for ≥ 16 Medications 17. Fall Reduction 18. Appropriate Use of Specialty Beds 19. Patient Care Journals to Improve Satisfaction with Communication 20. Evaluation of Medication Reconciliation Process 21. Acinetobacter baumani in the Burn Unit 22. Catheter Associated Urinary Tract Infections* 23. Falls Prevention Program: A
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		<p>Gap Analysis</p> <ol style="list-style-type: none"> 24. Nurse Swallow Screens and Neuro Checks: A Review of Current Practice 25. Trip Ticket 26. Hourly Rounding 27. Reliability and Validity Testing of a Fall Assessment Tool* 28. Cost/Benefit Analysis of a Fall Assessment Tool 29. Falls in the Psychiatric Setting 30. Alarm Fatigue* 31. Exclusive Breastfeeding 32. SBAR vs. I PASS THE BATON* 33. Implementation of Sepsis Bundles 34. Early Identification of Sepsis* 35. Medical Emergency Team Utilization 36. Modified Early Warning System 37. Comparison of Traditional and Functional Pain Scale 38. Charge Nurse Onboarding 39. Implementation of Functional Pain Scale* 40. Guided Imagery for Pain Management* <p>Associated Practice Changes</p> <ol style="list-style-type: none"> 1. Placement of 200+ additional dispensers in hospital 2. Adoption of cleaning product
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	<p>Spring 2011 – Center for Nursing Research and Innovation</p> <ul style="list-style-type: none"> • Ensure AP faculty and PP staff nurses have the resources to conduct quality research to enhance practice and contribute to nursing’s body of knowledge <ul style="list-style-type: none"> • Spring 2011 - 2 AP faculty attended Midwest Nursing Research Society pre-conference workshop “Establishing and Promoting a Hospital-based Nursing Research Program” • Summer 2011 - 2 AP faculty convened advisory council of PP staff nurses 	<p>with residual action</p> <ol style="list-style-type: none"> 3. Addition of Lovenox® video to patient education channel 4. Adoption of kit with sheeting clip 5. Adoption of evidence-based fall assessment tool 6. Creation of policy to address TJC standard 7. Adoption of SBAR for provider calls and I PASS THE BATON for change of shift report 8. Initiation of CODE Sepsis Team 9. Adoption of functional pain scale 10. Adoption of SerenityView, a product of the CareView System <p>In 5 years, 19 studies have been conducted resulting in 22 presentations* (local, regional, national, and international) and 2 publications.</p> <p>* Each asterisk indicates a presentation or publication.</p> <p>Studies</p> <ol style="list-style-type: none"> 1. Abbreviated 7-Item NIHSS* 2. Heart Failure Family Caregivers Needs and Concerns** 3. Medication Administration Interruptions*** 4. Effective of Nurse-Physician
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		<p>Relations*</p> <ol style="list-style-type: none"> 5. ICU Sacral Pressure Ulcer Study*** 6. Nurse Manager Workload Perception 7. Nurse Residency Program* 8. Patients' Perceptions of Nursing Attire 9. Violence in the ED 10. Assessment of Knowledge, Skills and Attitudes Related to Quality Improvement* 11. QSEN Clinical Focused Activities** 12. Effect of Armed Violence Intruder Response Training in the ED* 13. Post-Operative Pain Control in Spinal Surgery Patients 14. Alarm Fatigue 15. Evaluation of TeamSTEPPS™ Education* 16. The DEU Experience*** 17. No Interruption Zones for Medication Administration*** 18. New Graduate Nurse Transition to Practice 19. Positive Coaching in the ED <p>Publications</p> <ol style="list-style-type: none"> 1. Saxton, R., Warmbrodt, L., Mahley, S., Reberry, D., & McNeece, P. (2015). The
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	<p>Spring 2016 – NRP Evidence-Based Practice Projects</p> <ul style="list-style-type: none"> • Encourage new graduate nurses to incorporate research-based evidence linked to practice outcomes into their care <ul style="list-style-type: none"> • DACPP collaborated with PP CNO to identify EBP and EBPQI models • AP provides 3 faculty (12 hours) x \$40/hour (average faculty salary) = \$1400 in cost savings for PP 	<p>dedicated education unit experience: What’s in it for professional development nurses? <i>Journal for Nurses in Professional Development</i>, 31(3), 145-150.</p> <p>2. Flores, D. & Hickenlooper, G., & Saxton, R. (2013). An academic-practice partnership: Helping new registered nurses to advance quality and patient safety, <i>OJIN</i>, 18(3).</p> <p>Projects</p> <ol style="list-style-type: none"> 1. Sedative/Hypnotics and Falls: Sleep Kits and Hygiene Rather than Ambien 2. Toileting Related Falls: Proactive Toileting 3. Call Lights and Falls: Assessing Patients’ Needs for Adaptive Call Lights
<p>Recruit and retain well qualified new graduates</p>	<p>Spring 2013 – Dedicated Education Units</p> <ul style="list-style-type: none"> • Ensure positive learning environment for AP students using proven teaching/learning strategies that capitalize on the expertise of PP clinicians and AP faculty <ul style="list-style-type: none"> • Fall 2012 – AP and PP consultation with University of Portland • Spring 2013 – Open inaugural DEU at PP • 2013-2014 – Added 3 more DEUs at PP 	<p>In 7 semesters, we have developed 6 DEUs.</p> <ul style="list-style-type: none"> • Provided clinical education for 167 AP students using the model • Trained >50 PP registered nurses as Clinical Instructors • Trained 6 AP faculty as Clinical Faculty

	<ul style="list-style-type: none"> • 2014-2015 – Added Accelerated Option AP students • 2015-2016 – Added 2 more 2 DEUs at PP <p>Fall 2015 - Vizient/AACN Nurse Residency Program (NRP)</p> <ul style="list-style-type: none"> • Support the PP’s new graduate nurses’ transition to practice through an evidence-based nurse residency program <ul style="list-style-type: none"> • Summer 2015 DACPP, PP Chief Nursing Office, and PP Director of Clinical Excellence (DCE) attended UHC/AACN NRP Training • Fall 2015 Advisory Council (includes AP President, AP Dean and PP CNO) established • Fall 2015 Cohort #1 • Winter 2016 Cohort #2 • Summer 2016 Cohort #3 <p>Spring 2016 - Married-State Preceptorship Model (MSPM)</p> <ul style="list-style-type: none"> • Provide the PP new graduate nurse a unit-based orientation that supports transition to the bedside while maintaining quality and safety <ul style="list-style-type: none"> • Fall 2016 PP CNO asked DACPP to research the model • Winter 2016 DACPP presented model to PP Directors/Managers • Spring 2016 DACPP convened work groups (charge nurses, preceptors and unit educators) to identify knowledge, standard of work, level of autonomy, and skills checklist for each phase 	<p>In 3 academic years, 165 AP BSN graduates gained employment at PP</p> <ul style="list-style-type: none"> • In-2013, 41% (n=47) • In 2014, 51% (n=62) • In 2015, 55% (n=56) <p>Within the first year, 110 residents have entered the NRP.</p> <p>In the initial rollout, 80 preceptors and 35 charge nurses were been trained. Sixty new graduate nurses (100% of summer hires) are currently experiencing unit-based orientation with MSPM</p>
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	<ul style="list-style-type: none"> • Spring/Summer 2016 DACPP and DCE offered 4 training sessions 	
<p>Promote lifelong learning through professional development activities and higher levels of education</p>	<p>Graduate Program</p> <ul style="list-style-type: none"> • Provide advanced degrees and/or continuing education for PP registered nurses <ul style="list-style-type: none"> • AP offers 3 tracks/post master’s certificates with an RN-MSN point of entry • AP offers 50% tuition reduction for PP RNs • PP offers employees \$2500/year tuition reimbursement <p>Nursing Education Summit</p> <ul style="list-style-type: none"> • Provide a venue for AP and PP to meet biennially to discuss relevant issues facing the partnership <ul style="list-style-type: none"> • January 2016 - Inaugural Summit addressing 1) workforce planning, 2) millennial generation, 3) the patient experience, and 4) academic-practice exemplars 	<p>In 4 academic years, we have seen a 40% increase in the number PP employees enrolled in the AP graduate program.</p> <ul style="list-style-type: none"> • In AY 2012-2013, 68% (n=85) • In AY 2013-2014, 68% (n=114) • In AY 2014-2015, 60% (n=113) • In AY 2015-2016, 64% (n=141) <p>Seventy-five attended the inaugural Summit including:</p> <ul style="list-style-type: none"> • AP – President, Dean, and 21 faculty • PP – HCA CNO, 7 CNOs from HCA Mid-America Division, and 44 Managers/Directors