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Awards Review Committee
American Association of Colleges of Nursing
One Dupont Circle, NW Suite 530
Washington, DC 20036

Awards Committee,

Thank you for the opportunity to be considered for the AACN Exemplary Academic-Practice Partnership Award. The dynamic and long-standing partnership described herein exists between the University of Washington School of Nursing and the Providence Everett Healthcare Clinic. The current collaboration which focuses on underserved populations, community partnerships and interprofessional collaborative practice, is also described.

Enclosed you will find a description of this academic practice partnership, an *Interactive Tool Kit*, and a *Partnership Expectations and Outcomes Matrix*.

This submission is endorsed by the following:

A handwritten signature in black ink, appearing to read 'Azita Emami'.

Azita Emami, PhD, MSN, RNT, RN, FAAN
Robert G. and Jean A. Reid Dean, School of Nursing;
Professor, Biobehavioral Nursing & Health Systems

A handwritten signature in black ink, appearing to read 'Carol D. McCahon, ARNP'.

Carol McCahon, MN, ARNP
Clinic Manager,
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A handwritten signature in black ink, appearing to read 'Eleanor F. Bond'.

Eleanor F Bond, PhD, RN, FAAN
Professor, Vice Chair for Education,
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The partnership between the University of Washington (UW) School of Nursing (SON) and Providence Everett Healthcare Clinic (PEHC) began in 2002, when Providence Regional Medical Center Everett (PRMCE) health care leaders, Snohomish County leaders, and UW SON faculty partnered to design a solution to three problems: (1) the PRMCE emergency department was challenged to provide care for ever-increasing numbers of uninsured patients who lacked access to basic health care services and, as a result, experienced health crises (e.g., diabetic ketoacidosis, ruptured tympanic membrane, sepsis related to dental abscess); (2) county leaders became outraged, when they learned of challenges faced by the county's disadvantaged citizens in accessing health services. (The local newspaper [*Everett Herald*] featured stories of families in crisis due to untreated primary care conditions; a local Health Department survey found that no private clinics accepted Medicaid or uninsured patients; the Community Health Clinic was overworked, understaffed, and had a three week wait for appointments); (3) SON faculty sought opportunity to practice, prepare students to practice, and test innovations in venues serving diverse, disadvantaged, and underserved populations.

After two years of collaborative planning, PEHC opened its doors in 2004. PEHC is a Nurse Practitioner (NP)-managed clinic in an impoverished area 30 miles north of the UW campus. It was created with a mission to *"provide excellent, affordable health care services with special attention to the underserved in our community; through innovative academic, business, and community partnerships, we will ensure a fiscally sustainable model of care"*. PEHC has succeeded in its mission. It has steadily grown in the number of patients it serves, now serving 1,000 patients monthly. It has expanded three times: there are now twenty-one patient rooms, including a procedure suite and counseling rooms. PEHC offers primary care and integrated mental health services. It is staffed by an NP manager, medical director, four NP providers, and ancillary staff. A social work care coordinator and psychiatric NP provide mental health services. Many professional and lay volunteers contribute their skills to PEHC; several UW faculty members practice at PEHC. PEHC receives input on policies from a *Community Advisory Committee*. A *Clinician-Educator Group* plans educational initiatives, supervises student placement and training, and identifies projects and experiences addressing the needs of PEHC patients and staff, and UW students. PRMCE provides financial backing and substantial support, including an electronic medical record system and human resource services (provider credentialing/insuring; payroll services; quality control; HIPAA oversight). PEHC's services are buttressed by extensive community partnerships. *Project Access* provides specialty medical referrals. Volunteer dentists provide *pro bono* care for patients with dental pain. *Project Impact* provides protocols and consultation/referral services for mental health care. Linkages with *Compass Mental Health*, *PRMCE Nurse Midwifery Group*, *Providence Children's Association*, and *Sunrise Mental Health* extend PEHC services.

PEHC fills a desperate need in the community. PEHC patients are impoverished (65% Medicaid; 15% uninsured). Uninsured patients pay for services using financial assistance and many receive charity care. PEHC patients are more diverse than the Snohomish County population (only 67% of patients identify as White; many are Hispanic, Middle Eastern, Native American, Asian). Many patients speak English as a second language (10% require translation services, with Russian, Ukrainian, Spanish, Arabic, and Vietnamese being the most common languages). Most patients are young (37% under 17 years). Common diagnoses are well child visits, infections, mental health issues, and respiratory problems.

PEHC fills a vital role in nursing education. More than 200 basic and advanced nursing students have completed PEHC clinical or research rotations. Students learn to address complex patient conditions and access community resources to address needs outside the clinic. Students have completed quality improvement projects related to diabetes, depression, health literacy, patient satisfaction, and smoking cessation, just to name a few. Students highly rate and actively seek PEHC rotations. A newly funded SON project supports interprofessional primary care services for young families, with the goal to improve parenting skills and social, emotional, mental, and physical health outcomes in young families. The project will prepare PEHC and health science students to interact and provide relationship-centered interprofessional care to PEHC families with newborns.

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

Partnership Goals	Activities	Outcomes
<p>Establish and evaluate structures that support a program of interprofessional, evidence-based, relationship-centered care services for disadvantaged families with newborns.</p>	<ol style="list-style-type: none"> 1. Establish Project Operations Team that is tasked to plan, implement, evaluate, and disseminate project activities and monitor fiscal status (Bond, project manager, project coordinator, fiscal manager, Providence Everett Healthcare Clinic [PEHC] Nurse Practitioner [NP] manager & PEHC medical director); meet weekly to review progress/plan activities. 2. Establish a Patient Advisory Committee tasked to meet quarterly to assist in planning patient care activities. 3. Establish an Interprofessional Care Team and Resource Team to implement patient assessment and care services. (RN care coordinator, NP, social worker). 4. Identify community consulting and referral resources for families. 	<ol style="list-style-type: none"> 1. Weekly Operations meeting minutes will reflect accomplishment of target outcomes; project will remain fiscally solvent; both School of Nursing and PEHC personnel will be engaged in planning project and activities. 2. Quarterly Patient Advisory Committee meeting minutes will reflect discussion of key project issues, progress, and accomplishments. 3. Weekly interprofessional discussions will address patient issues and plan effective solutions. 4. A comprehensive list of community resources will be accessible to clinic providers.

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PEHC: Providence Everett Healthcare Clinic

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Partnership Goals	Activities	Outcomes
<p>Prepare PEHC staff, volunteers, and students to provide interprofessional, relationship-centered care designed to promote health, assess/treat mental and physical disease and symptom conditions, and identify social/emotional factors and traumatic events in vulnerable families with newborns at PEHC.</p>	<ol style="list-style-type: none"> 1. Prepare PEHC staff and volunteers, project staff, and students to be competent in interprofessional practice paradigms (TeamSTEPPS; teamwork, team communication, role clarity, handoffs, briefs, huddles, SBAR, etc); develop, implement, and evaluate online training modules to on-board students, and new PEHC staff and volunteers with interprofessional skills. 2. Train PEHC staff and volunteers, project staff, and students to be competent in relationship-centered care; prepare, implement, and evaluate online training materials 	<ol style="list-style-type: none"> 1. All PEHC staff and volunteers, project staff, and students will complete training in interprofessional skills; they will demonstrate such skills, knowledge and attitudes and express satisfaction in those skills. 2. All PEHC staff and volunteers, project staff, and students will demonstrate relationship-centered care and endorse satisfaction with their skills. 3. Online Training materials will be accessible for future use.
<p>Implement a program of interprofessional relationship-centered care designed to promote health, assess/treat mental and physical disease and symptom conditions, and identify social/emotional factors and traumatic events in vulnerable families with newborns at PEHC. Work with parents using Promoting First Relationships program to develop parenting skills.</p>	<ol style="list-style-type: none"> 1. Invite all PEHC families with newborns to join the “For Healthy Families” project; each month, enroll four families with newborns into the project. 2. Retain the families in the program for well child visits throughout childhood. 3. Provide direct care services by the project NP, RN care coordinator, and consulting social worker. 4. Measure <u>patient</u> outcomes (health, growth, development, disease/symptom indicators, care satisfaction, care adherence, health behaviors, sleep) at regular intervals. 5. Measure <u>parenting</u> outcomes (parenting skills, parent stress, depression) at regular intervals. 	<ol style="list-style-type: none"> 1. At least four families will be enrolled and retained in the project each month. 2. Direct care team will provide patient centered care to assigned families. 3. Patient and parenting indicators will be recorded and analyzed in relation to patient and population outcomes. 4. Project patient and parenting outcome information will be disseminated in professional meetings and journals.

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Partnership Goals	Activities	Outcomes
<p>Mentor primary care NP students in providing evidence-based care services to medically underserved and disadvantaged patients.</p>	<ol style="list-style-type: none"> 1. Select and support NP students to complete and evaluate clinical practicum rotations at PEHC. 2. Develop, in conjunction with the PEHC staff and project staff, a list of projects related to evidence-based care delivery and invite NP students to complete DNP capstone projects related to improvements in evidence-based care. 3. Disseminate information regarding the NP training program; support/mentor DNP students in publishing and presenting their work. 	<ol style="list-style-type: none"> 1. Ten NP students per year will complete and evaluate clinical practicum rotations. 2. The project list will be disseminated among students, reviewed and revised quarterly, 3. Project training outcomes will be disseminated in journals and professional meetings.
<p>Mentor undergraduate nursing students to work within the community to evaluate the needs of disadvantaged groups and collaborate within the community to design, implement, and evaluate innovative approaches to address those needs.</p>	<ol style="list-style-type: none"> 1. Select and support BSN students to complete and evaluate community health activities at PEHC. 2. Disseminate information regarding the community health student projects; support/mentor BSN students in publishing and presenting their work. 	<ol style="list-style-type: none"> 1. Fourteen BSN community health students per year will complete and evaluate PEHC community health activities and contributions. 2. Project training outcomes will be disseminated in journals and professional meetings.
<p>Collaborate with faculty from the schools of pharmacy, medicine, and social work and with PEHC and project staff to provide training activities for students from these disciplines.</p>	<ol style="list-style-type: none"> 1. Assign non-nursing health science students to complete and evaluate PEHC and project activities at PEHC. 2. Disseminate information regarding the interprofessional student training. 	<ol style="list-style-type: none"> 1. Four non-nursing health professions students per year will complete and evaluate PEHC and project activities at PEHC. 2. Project training outcomes will be disseminated in journals and professional meetings.

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Partnership Goals	Activities	Outcomes
Mentor undergraduate nursing students to work within the community to evaluate the needs of disadvantaged groups and collaborate within the community to design, implement, and evaluate innovative approaches to address those needs.	<ol style="list-style-type: none"> 1. Select and support BSN students to complete and evaluate community health activities at PEHC. 2. Disseminate information regarding the community health student projects; support/mentor BSN students in publishing and presenting their work. 	<ol style="list-style-type: none"> 1. Fourteen BSN community health students per year will complete and evaluate PEHC community health activities and contributions. 2. Project training outcomes will be disseminated in journals and professional meetings.
Collaborate with faculty from the schools of pharmacy, medicine, and social work and with PEHC and project staff to provide training activities for students from these disciplines.	<ol style="list-style-type: none"> 1. Assign non-nursing health science students to complete and evaluate PEHC and project activities at PEHC. 2. Disseminate information regarding the interprofessional student training. 	<ol style="list-style-type: none"> 1. Four non-nursing health professions students per year will complete and evaluate PEHC and project activities at PEHC. 2. Project training outcomes will be disseminated in journals and professional meetings.
Provide a venue for clinical, interprofessional faculty practice.	<ol style="list-style-type: none"> 1. Work with Nursing faculty to identify clinical practice goals and with PEHC and project personnel to implement those goals. 2. Faculty volunteer or otherwise participate in PEHC and project activities. 	<ol style="list-style-type: none"> 1. At least 2 faculty per year will engage in clinical practice at PEHC and participate in PEHC project activities. 2. Faculty will evaluate their practice and project activities favorably and will be retained in their practice.

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