The Clinical Continuum

Clinical Education
Faculty Practice
Community Engagement
The Future of Nursing

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About the College of Nursing

Sources of Funds

Uses of Funds
CLINICAL EDUCATION
Clinical Placements Staff

- Undergraduate Placement Coordinator
- Clinical Instruction Coordinator
- Graduate Placement Coordinator
- Administrative Assistant
Clinical Placements – By the Numbers

200 Graduate Placements per semester

800 Undergraduate Placements per semester
Clinical Education
Clinical Placements

• Clinical scholar model
  • Cost of approximately $900 per student

• Student drug screening, background checks, EHR access
  • Institution mandates, marijuana complexities

• Alliance for Clinical Education – clinical placement constraints, process

• Need to shift away from traditional acute care placements and explore longitudinal placement models
Clinical Education
Learning Lab, Simulation, Standardized Patients

• Clinical Education Center (CON) and Center for Advancing Professional Excellence (SOM)

• Increased use of simulation to augment/replace direct patient care

• Pros/Cons

• Student Program Fees: $350 (BS) and $1,250 (MS)
Are there any statistics that demonstrate better student outcomes for simulation-based education?

Carla L. Ho-a, 4/8/2013
Clinical Education
InterProfessional Education

Nursing

Medicine
InterProfessional Education
Pharmacy
Dentistry
Milestones in the IPE Journey

- 1997: Ethics Interprofessional Orientation
- 1998 +: Interprofessional Space
- 2005: Nurse-Managed SBHC
- 2007: QSEN New Campus
- 2009: REACH IHI/Macy
- 2007: NMHC Primary Care
- 2009: REACH IHI/Macy
- 2011: Health Mentors
- 2012: Fundamentals of Collaborative Care; FQHC Designation
Vision for a Campus

- Planning Process: Interprofessional faculty ... with an interprofessional vision
- Three Zones: Education, Research, Clinical Care
Diffuse Ideas

Bricks and Mortar

Integrated Plan

Effective Curriculum
Quality and Safety Education for Nursing (QSEN) Competencies

- Patient-centered care
- Teamwork and Collaboration
- Evidence-based practice
- Quality Improvement
- Safety
- Informatics
Retooling for Quality and Safety

University of Colorado Anschutz Medical Campus

A Collaborative Project
University of Colorado College of Nursing
University of Colorado School of Medicine
University of Colorado Hospital
Children’s Hospital Colorado
LONGITUDINAL CURRICULUM STEPS: Fundamentals for COLLABORATIVE PRACTICE

CLINICAL TEAM INTEGRATION
- Clinic Site Team Learning Modules
- Independent Learning

CLINICAL TRANSFORMATIONS
- TeamSTEPPS Curriculum
- Interactive Simulated Learning
- Half Day Seminars

ETHICS SESSIONS YR 1
- Team Based Learning Modules & Events
  Sessions 1-4

ETHICS SESSIONS YR 2
- Team Based Learning Modules & Events
  Sessions 5-8

CO-CURRICULAR: Student Academic Communities

YEAR ONE
- INTERPROFESSIONAL ORIENTATION DAY

YEAR TWO
- THREE
- FOUR

College of Nursing
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS
Clinical Transformations

• Common communications and team model – TeamSTEPPS
• Interprofessional simulation exercises
  • Center for Advancing Professional Excellence
    • State of the art simulation labs
      • OB, ED, ICU, Apartment, etc.
    • Trained standardized patients
    • Video monitoring and recording
  • All students will have requirement for completing at least 2 IP simulations
Interprofessional Clinical Rotations

- Goal –
  - Develop intentional IP experiences in clinical settings that highlight the team based care and quality and safety processes
  - Develop capacity to provide and require these experience to all students
World Health Organization Framework

Figure 6. Health and education systems

Local context

Health & education

Collaborative practice

Optimal health services

Improved health outcomes

Present & future health workforce

Interprofessional education

Collaborative practice-ready health workforce

Fragmented health system

Local health needs
An Incentive Plan to Balance Socialist and Capitalist Desires
Key Features of the Practice Bylaws

• Dean is President of the plan
• Membership restricted to those actively involved in practice activities
• Governing Board with representatives from both practice and academic programs
• Mechanism to disburse excess funds generated through the practice plan
Rationale for Incentive Plan

• Faculty salaries tend to lag behind those in the advanced practice community.
• Payments for licensure and certification as well as funding for professional development are required to attract and retain valued practice faculty.
**Income**

- **Fees**
- **Administrative Costs**

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**Working Capital Reserve**
(Funds remain in an account for future use)

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**Continuing Professional Development**
(Funds are designated according to percent of effort in practice.)

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**Incentives**
(payable if individual practice has positive cash balance)

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**Personal Compensation**

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**Enrichment account**
Income

- Inclusions (auxiliary accounts)
  - Fee-for-service payments
  - Contractual income from direct and indirect services

- Exclusions
  - Grants and contracts
  - Gifts

- Fiscal Year 2011-12:
  - Gross revenue of $2,577,128
  - Net growth in fund balance of $361,133
Working Capital Reserve
(Funds remain in an account for future use)

Fees
Administrative Costs

Income

Continuing Professional Development
(Funds are designated according to percent of effort in practice.)

Incentives
(payable if individual practice has positive cash balance)

Personal Compensation

Enrichment account
Fees

- Fees are assessed to all revenue sources of gross income, with the exception of those administered by the Office of Grants and Contracts.
  - 10% tax is assessed on gross income received.
    - 7% is allocated for practice plan administration
    - 3% is allocated to an academic enrichment fund
  - 7.3% campus tax is assessed on all expenditures.
Administrative Costs

• Personnel costs
  • Faculty salary and benefits
  • Staff support salary and benefits
• Professional licensure and certification fees
• Operating costs, supplies, and equipment
• Insurance
Income

Fees

Administrative Costs

Working Capital Reserve
(Funds remain in an account for future use)

Continuing Professional Development
(Funds are designated according to percent of effort in practice.)

Incentives
(Payable if individual practice has positive cash balance)

Personal Compensation

Disbursement of Excess Funds

Enrichment account
Disbursement of Excess Funds

- 70% Working Capital Reserve
- 15% Professional Development
- 15% Individual Incentives
Working Capital Reserve
(Funds remain in an account for future use)

Fees
Administrative Costs

Continuing Professional Development
(Funds are designated according to percent of effort in practice.)

Incentives
(payable if individual practice has positive cash balance)

Enrichment account
Working Capital Reserve

- History of paying deficits out of operating funds
- Provides an opportunity to accrue start-up funds for new practice ventures
Income

Fees
Administrative Costs

Continuing Professional Development
(Funds are designated according to percent of effort in practice.)

Working Capital Reserve
(Funds remain in an account for future use)

Incentives
(payable if individual practice has positive cash balance)

Personal Compensation

Enrichment account
Continuing Professional Development

• Provides funding to ALL eligible faculty regardless of their funding source for practice
  • Eligible faculty are those employed by the university at 50% effort or greater
• Awards funds based on proportion of FTE funded by practice
• Disbursement must be used within fiscal year or forfeited
Working Capital Reserve
(Funds remain in an account for future use)

Incentives
(payable if individual practice has positive cash balance)

Continuing Professional Development
(Funds are designated according to percent of effort in practice.)
Incentives

• Payable ONLY to those with a positive cash balance in an auxiliary account
• Practice groups roll all accounts into one for disbursement purposes
• Practice groups develop disbursement procedures and gain approval from the Governing Board
Incentive Options

• Personal compensation
  • Funds are provided to individual via one-time-payment
  • Individuals are responsible for income tax

• Enrichment account
  • Funds are set aside in an auxiliary account for the individual
  • Use of funds complies with university business rules and subjected to campus re-charge
Results: 10 Years and still going

- Continuing Professional Development
  - 2002-2003: 2012-2013
  - $19,845: $31,339
  - 9.45 FTE: 18.83 FTE

- Incentive Disbursement
  - $21,301: $31,339
  - 6.45 FTE: 17.60 FTE
Conclusion

• Our approach allows all faculty to benefit from a healthy practice plan, yet provides opportunities to further reward those who can maximize profit.
Faculty Practice
In Focus: Midwifery

- Billing through UPI
- Varying payor mix
- UNM vs. CFM
- Payor mixes per billing area
- Funding trend per billing area (UPI, UCH, CON)
COMMUNITY ENGAGEMENT
Community Engagement
Sheridan Health Services

Evolution from school-based health center to FQHC

Collaboration with Department of Psychiatry programs

InterProfessional care and education

Lessons learned/learning
Community Engagement Opportunities

Shaping the Future

- Boutique Practices
- Rural Health
- Continuing Professional Education
THE FUTURE OF NURSING
The Future of Nursing

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