ARTICLE I
PURPOSE

The purpose of the School of Nursing Faculty Practice Plan ("Plan") is to manage and hold in trust the professional income of faculty members at the University of Texas Health Science Center at San Antonio School of Nursing ("SON"). The Plan's goal is to promote excellence in teaching, research, clinical service, and administration through clinical practice and compensation strategies that will contribute to and safeguard the Institution's continued growth in excellence. The Plan sets forth a general framework for compensating faculty that will attract and retain outstanding faculty by rewarding performance, clinical innovation and productivity, research, teaching, and administrative excellence; providing fairness and consistency in compensation determinations; and aligning faculty performance with the Institution's mission.

ARTICLE II
FACULTY EXPECTATIONS

Because nursing is a practice profession, nurse educators should take opportunities whenever possible to practice in their areas of expertise to maintain both their proficiency and national certification. The goal of the Plan is for the faculty clinical practice to provide partial funding for a faculty member's salary and overhead costs, including fringe benefits.

ARTICLE III
DEFINITIONS

3.1 Board of Directors or Board means the advisory board that makes recommendations to the President of the Institution regarding the direction and management of this Plan as set forth in these Bylaws.

3.2 Board of Regents or Regents means the governing body of The University of Texas System, which has the ultimate jurisdiction and responsibility to govern, operate, support, and maintain each institution of the University of Texas System.

3.3 Chair of the Board means the President of the Institution.

3.4 Dean means the person appointed by the President to serve as Chief Academic Administrator of the SON.

3.5 Executive Vice Chancellor for Health Affairs of The University of Texas System means the individual appointed to that position by the Regents who has the authority granted by the Rules and Regulations of the Board of Regents and the specific responsibilities set forth in these Bylaws.
ARTICLE III
DEFINITIONS

3.6 Institution means The University of Texas Health Science Center at San Antonio.

3.7 Institutional Trust Fund means the fund established for the deposit and distribution of revenues generated and disbursed according to this Plan.

3.8 Member means SON faculty members. For purposes of these bylaws, the UT Nursing Clinical Enterprise members are designated to participate in this Plan by the President or a designee, as more fully described in Section 4.3.

3.9 Plan means this SON Faculty Practice Plan.

3.10 President means the person appointed by the Regents to serve as President of the Institution and as Chair of the Board.

3.11 Senior Clinical Administrator Senior Clinical Administrator is a required term used throughout all component institution's bylaws per the express desire of the Regents to have an individual in charge who is both experienced and accountable. For purposes of these bylaws, that person is the Vice Dean for Practice and Engagement of the SON.

ARTICLE IV
MEMBERS

4.1 Membership. Membership in the Plan is mandatory for each SON Faculty Member whose appointment is fifty (50%) percent or greater, if the Member generates professional income as defined in Section 5.3. Other part-time faculty members may become Members upon recommendation of the Senior Clinical Administrator and approval of the President or the Dean. This Plan may apply to SON members who do not generate professional income, as determined by the President at the time of appointment or reappointment of the SON member.

4.1.1 All Members shall be entitled to vote upon business brought before the membership and be eligible for election or appointment to a committee of the Plan.

4.1.2 A Member leaving the faculty for any reason terminates membership in the Plan without recourse.

ARTICLE IV
MEMBERS

4.2 Memorandum of Appointment and Agreement of Participation. A Memorandum of Appointment and an Agreement of Participation assigning professional income to the Plan shall be executed annually between each Member and the Institution, in a form prescribed by the Executive Vice Chancellor for Health Affairs, and are a condition for membership and participation in the Plan. Any delay, error or failure to execute these two documents does not relieve a Member of the requirement that all of his or her professional income shall be assigned to the Plan.

ARTICLE IV
MEMBERS

4.3 Meeting of the Members. The Members shall meet in general session at least annually in February (the "Annual Meeting") at a place designated by the President, and at other times at the call of the President. Notice of the Annual Meeting shall be distributed to each Member at least fourteen (14) days prior to the meeting. At least thirty (30) days prior to the Annual Meeting, the President shall appoint a nominating committee to submit nominations for members-at-large to the Members. At its Annual Meeting, the Members shall elect two (2) members-at-large to serve on the Board. These members-at-large shall serve concurrently on the Executive Committee as detailed in Article 5.

ARTICLE IV
MEMBERS

4.3.1 Special meetings may be called by the Board, the President, or upon written petition of one-third of the Members, subject to fourteen (14) days' notice in writing to all Members. The time, place, and date of the meeting shall be determined by the Board, and the group requesting the special meeting shall state the purpose.

4.3.2 If the President or in his or her absence, the Vice Chair (the Dean, per Section 5.2.1.B below), shall preside.

4.3.3 The Secretary of the Board shall serve as Secretary of the Plan.

4.3.4 One-half of the Members shall constitute a quorum.

4.3.5 Quorum shall not be allowed.

4.3.6 Unless otherwise specified herein, a simple majority of a quorum present and voting shall constitute a prevailing vote.

ARTICLE IV
MEMBERS

4.3.7 Mail or electronic votes may be called at the discretion of the President. On matters requiring a vote of the Members, at least fourteen (14) calendar days before the deadline for completion of voting, the Secretary shall provide to each voter, either through the mail or electronically, a mail ballot or instructions for voting electronically, accompanied by background information prepared by the secretaries as the Board may direct, and a deadline for the return of the mail ballot or for electronic voting.

4.3.7.1 In the case of mail ballots, each voter shall receive a plain envelope in which to enclose a marked ballot, and a second envelope addressed to the Secretary to be used for the return of the sealed ballot. The envelope addressed to the Secretary shall have a space for the signature of the voter. Ballots lacking this validating signature shall be deemed void.

4.3.7.2 For electronic voting, the Secretary shall utilize a system that verify each voter's identity and maintains security.

4.3.8 Minutes of each meeting shall be prepared by the Secretary, published and circulated to each member of the Board and the Executive Vice Chancellor for Health Affairs, and shall be available to each Member upon request. Posting the minutes on a website satisfies this requirement.

4.3.9 The rules of order for meetings shall be the current edition of Robert's Rules of Order.
ARTICLE V
BOARD OF DIRECTORS

5.1 Powers. The membership, governance, and scope of authority of the Board are as prescribed herein.

5.2 Composition and Officers. The Board shall be composed as follows:

5.2.1 Officers of the Board
A. The Chair shall be the President of the Institution who shall have one vote.
B. The Vice Chair shall be the Dean of the DOH who shall have one vote.
C. The Treasurer shall be the Chief Financial Officer of the Institution, or other similarly-skilled senior finance executive who is qualified to serve as such determined by the President and who shall have one vote.
D. The Secretary shall be the Executive Director of the Plan, serving as an ex-officio, non-voting member of the Board; however, if the Executive Director of the Plan is a member, he or she shall be a voting member of the Board.

William L. Heinrich, M.D., MACP
President, University of Texas Health Science Center San Antonio

ARTICLE V
BOARD OF DIRECTORS

5.2.2 Other Directors
5.2.2.1 The Senior Clinical Administrator who shall have one vote. Note that a total of four directors of the Board of Directors will be members of the Faculty Practice and Engagement Committee and in current configurations would be half of the voting Board members. The Executive Committee is the standard term used by the template, but in this case, it will be the same as the Faculty Practice and Engagement Committee.

Julie Crowe Novak, DNP, RN, MA, CPNP
FAANP, FAAN

ARTICLE V
BOARD OF DIRECTORS

5.2.2.2 Ten (10) members-at-large will be elected by the Members at their annual meeting, each with one vote. Such members shall be active in clinical practice and may serve no more than two consecutive two-year terms, but may be eligible to serve after an interval of one year thereafter. These members-at-large shall serve concurrently on the Executive Committee.

5.2.2.3 One (1) Member appointed by the President in consultation with the Dean. This Member shall be active in clinical practice, have one vote and shall serve concurrently on the Executive Committee.

5.2.2.4 The Chief Legal Officer of the Institution shall serve as an ex-officio, non-voting member of the Board.

5.2.2.5 Other persons may be appointed by the President as ex-officio members of the Board with or without vote.

ARTICLE VI
THE PRESIDENT AND CHAIR OF THE BOARD

6.1 Authority. The direction and management of the Plan and the control and disposition of its assets shall be vested in the President, who shall act as Chair of the Board, subject to the authority of the Executive Vice Chancellor for Health Affairs and/or the Regents, as set forth in these Bylaws and the Regents' Rules and Regulations, the University of Texas System policies, and institution policies. The President may delegate exceptions to the Plan to meet special teaching, research or clinical service requirements. The President shall have the authority to:

6.1.1 Make recommendations regarding faculty compensation, subject to the approval of the Executive Vice Chancellor for Health Affairs;
6.1.2 Appoint a designee to carry out certain functions described herein;
6.1.3 Appoint officers and directors to the Board as set forth in Section 5, and ensure that all presidential appointees to the Board or committees described in Article VI have the appropriate skills and experience to carry out the duties assigned;
6.1.4 Oversee committees of the Plan to ensure that each committee is diligently performing its assigned duties;
ARTICLE VI
THE PRESIDENT AND CHAIR OF THE BOARD

6.1.3 Issue administrative procedures further defining implementation of this Plan, subject to the approval of the Executive Vice Chancellor for Health Affairs;

6.1.6 Review amendments to the Plan proposed by the Members of the Board, propose amendments as appropriate to the Board, the Members, the Executive Vice Chancellor for Health Affairs, or the Regents, and transmit amendments to the Executive Vice Chancellor for Health Affairs, or the Regents, as appropriate; and

6.1.7 Take such other action on behalf of the Plan and the Members as deemed necessary, in consultation with the Board.

6.2 Consultation Requirements. The President or a designee shall consult with the Faculty Compensation Advisory Committee and representative faculty groups, such as Members who are representatives in the Institution Faculty Senate or a similar faculty organization, as appropriate, regarding proposed substantive revisions to the Faculty Compensation Plan described in Section 10.1 of these Bylaws, before submitting such revisions to the Executive Vice Chancellor for Health Affairs for approval.

ARTICLE VII
COMMITTEES

7.1 Standing Committees of the Board. Members of the following standing committees shall be appointed by the President, in consultation with the Board, except as specifically designated herein. The President shall appoint the chair of each committee. Committee appointments are for two years and may be renewed for additional two year terms at the discretion of the President. All committees shall report to the Board, including institutional committees that perform the described duties on behalf of the Plan.

ARTICLE VII
COMMITTEES

7.1.1 The Executive Committee. For purposes of these Bylaws, the Institution's Faculty Practice and Engagement Committee shall constitute the Executive Committee and shall be represented on the Board of Directors. The Executive Committee shall be chaired by the Senior Clinical Administrator, and it shall be comprised of two elected voting SON Members (serving concurrently as the Board of Directors, see 5.2.2.1), one appointed voting SON Member (serving concurrently as a Board member, see 5.2.2.2), and such other persons as the Board of Directors shall designate. The duties of the Executive Committee shall include, but not be limited to, the following:

7.1.1.1 Develop, approve and recommend to the Board policies, procedures, and rules for the governance and implementation of the Plan;

7.1.1.2 Assist the President in integrating student experiences and institutional research into the provision of SON nursing practice, consultation, and community education activities;

7.1.1.3 Review proposals for Plan activities in order to support SON stated objectives, as well as to support collaboration and to eliminate redundancy with other institutional activities;

7.1.1.4 Evaluate the Plan's performance on an annual basis and make recommendations to the Board.

ARTICLE VII
COMMITTEES

7.1.2 The Budget and Finance Committee shall be chaired by the Dean of the School of Nursing or her designee. The Committee shall consist of the Institution's Chief Financial Officer, a SON representative from a faculty organization such as the Institution's Faculty Senate, and three (3) other members appointed by the President. The duties of the Budget and Finance Committee shall include, but not be limited to:

A. Developing annual operating and capital budgets for the Plan for approval by the Board;

B. Reviewing and approving unbudgeted expenditures greater than One Thousand Dollars ($1,000.00) for approval by the Board;

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Vice Provost, School of Nursing
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SAN ANTONIO

Eleni T. Baala, PhD, RN, AAN
Dean, School of Nursing
University of Texas Health Science Center San Antonio

Budget and Finance Committee, continued:

C. Reviewing and approving financial reports for presentation to the Board;

D. Reviewing billing and collection activities and making appropriate recommendations to the Board;

E. Reviewing the financial impact of proposed programs and services, and proposed capital investments, and reporting findings to the Board for approval;

F. Developing professional fee schedules for approval by the Board;

G. Recommending to the Board any action necessary to address budgetary changes or shortfalls.
ARTICLE VII
COMMITTEES

7.1.3 The Institutional Compliance Committee shall act as the Compliance and Ethics Committee of the Plan, whose duties shall include, but not be limited to:
A. Developing and overseeing compliance plans, including training of faculty and staff, to assure that billing and collecting comply with local, state and federal statutes, rules and guidelines;
B. Reviewing compliance reports and making appropriate recommendations to the Board;
C. Reviewing findings of Professional Affairs and Audit Committees and making appropriate recommendations to the Board;
D. Making recommendations to the Audit Committee; and
E. Complying with the Institutional Compliance Plan.

7.1.6 The Faculty Compensation Advisory Committee shall advise the Board on matters related to compensation. The chair of the committee shall be the Senior Clinical Administrator. The Faculty Compensation Advisory Committee shall include as a committee member a person who is a member of the Plan and of a faculty representative group such as the Institution Faculty Senate, and may include members of, and may receive advice from, any of the Institution’s other Faculty Compensation Committees. The committee shall provide advice related to developing mechanisms for obtaining faculty input.

ARTICLE VII
COMMITTEES

3.3.4 The Professional Affairs Committee shall be comprised of fifteen members appointed by the President and chaired by the Senior Clinical Administrator and shall include the Dean of the School of Nursing who shall be an ex officio member. The duties of the Professional Affairs Committee shall include, but not be limited to:
A. Reviewing and recommending action to the Board concerning membership in the Plan not expressly required by the Bylaws;
B. Developing and overseeing a plan that assures appropriate credentialing and peer review of all Members of the Plan; and
C. Developing and overseeing a quality improvement and patient safety program.

ARTICLE VII
COMMITTEES

7.1.5 The Audit Committee shall be chaired by the President. The Institutional Audit Committee shall act as the audit committee for the Plan. The President may appoint additional members to the Audit Committee, including officers of the Board. The duties of the Audit Committee shall include, but not be limited to:
A. Developing and overseeing an annual audit plan, to include audits of any entity contracted for business operations of the Plan;
B. Reviewing audit reports and ensuring that findings and recommendations of the auditor are forwarded to the appropriate committee or department;
C. Monitoring the implementation of and compliance with the recommended corrective action, if any; and
D. Submitting recommendations to the Board, as appropriate.

ARTICLE VIII
BUSINESS OPERATIONS

8.1 Operating Budget. The Budget and Finance Committee shall prepare an annual operating budget for all income and expenditures of the Plan for approval by the Board. Such approval shall be in accordance with the Budget Rules and Procedures of the Regents.

8.2 Executive Director. The President, in consultation with the Board, shall appoint an Executive Director of the Plan who shall serve as the general administrative officer and business manager of the Plan at the pleasure of the President.

8.2.1 The Executive Director shall be under the direction and supervision of the President or a designee.
ARTICLE VIII
BUSINESS OPERATIONS

8.2.2 The Executive Director shall prepare financial reports for the Plan, which shall be submitted to the Board at each regular meeting. Quarterly financial reports shall be submitted to and in a format approved by the Executive Vice Chancellor for Health Affairs.

8.2.3 The Executive Director shall maintain detailed records of all operational and financial information regarding the Plan.

8.3 Business Office. A Business Office shall be maintained for the Plan under the direction of the President or a designee, consistent with the rules, regulations, and policies of The University of Texas System and institution policies.

ARTICLE IX
INSTITUTIONAL TRUST FUND

9.1 Fund. An Institutional Trust Fund has been established for the receipt and disbursement of Plan income.

9.2 Audit. The Institutional Trust Fund shall be audited in accordance with rules, regulations, and policies of The University of Texas System and the Institution. The cost of the audit shall be paid from the Institutional Trust Fund.

9.3 Sources of income.

9.3.1 Pursuant to the Member’s Memorandum of Appointment and Agreement of Participation with the Institution for participation in the Plan, each Member shall assign all professional income (including any technical component) to the Institutional Trust Fund, including, but not limited to:

A. Professional fees (and any other monies or material considerations provided in the context of clinical services to patients) generated for all patient care services rendered by part-time faculty Members regardless of where rendered;

B. Professional fees (and any other monies or material considerations provided in the context of clinical services to patients) generated for all patient care services rendered by part-time faculty Members, if such fees are generated in connection with the Member’s appointment;

C. Subject to the Governing Board, Number, and Institutional policies, fees for all court appearances, depositions, expert testimonies or legal consultations; and,

D. Gifts of cash or cash equivalents provided in the context of patient care activities.

9.3.2 The following are not professional income and may be retained by the Member:

A. Honorariums, defined as payments by entities outside The University of Texas System for occasional lectures and similar public appearances beyond normal academic responsibilities to the Institution, that are not in return for other services related to the Member’s appointment to the faculty and that are in compliance with Section 36.07 of the Texas Penal Code, whether given directly or indirectly;

B. Royalties, defined as shares or proceeds for contributions as authors or inventors, as permitted under The University of Texas System’s copyright and patent policies;

C. Payment for editing scientific publications;

D. Prizes, defined as gifts in recognition of personal achievement and not for services rendered;
ARTICLE IX
INSTITUTIONAL TRUST FUND

9.4 Reports. Each Member shall file a report annually reporting outside professional activities from which the Member received income in accordance with institutional policy. The policy must be approved by the Executive Vice Chancellor for Health Affairs.

9.5 Determination of Professional Fees. The budget and finance committee shall prepare a fee schedule, which shall be used for billing purposes, subject to approval by the President, in consultation with the Board. Substantive changes in the fee schedule must be approved by the President. Guidelines for discounting fees, if any, will be developed by the Board.

ARTICLE X
FACULTY COMPENSATION

10.1 Components of Faculty Compensation. The Institution’s Faculty Compensation Plan (“Compensation Plan”) is a separate document that describes a process to ensure that all faculty are fairly compensated for their contributions to the Institution. The Compensation Plan shall be comprised of three major components: (a) Base Salary, (b) Supplemental Compensation, and (c) Incentive Compensation. The “Total Compensation” refers to the aggregate compensation derived from these three components.
ARTICLE XI
GENERAL PROVISIONS

11.1 Compliance and Ethics. Each Member shall abide by the ethical standards and principles of the state and national professional associations of the Member’s discipline. Each Member shall comply with federal, state and local laws and regulations.

11.2 Sarbanes-Oxley Act of 2002. The Board and the Executive Director shall, with respect to the operation of the Plan, implement the spirit of the Sarbanes-Oxley Act of 2002, consistent with the University of Texas System and Institution policies and rules related to financial activities and reporting, and the codes of ethics of the System and the Institution. Sarbanes-Oxley is a United States federal law that set new or enhanced standards for all U.S. public company boards, management and public accounting firms.

ARTICLE XI
GENERAL PROVISIONS

11.3 Amendments. These Bylaws have been developed within the standard format approved by the Regents. Substantive amendments may be made only upon approval by the Regents. Non-substantive amendments may be approved upon written request of the Executive Vice Chancellor for Health Affairs. All proposed amendments shall be submitted to the Executive Vice Chancellor for Health Affairs, who will determine whether the approval of the Regents is required.

11.3.1 Recommendations for amendments to these Bylaws may be made by a simple majority (50.00%) of Members voting at a special meeting called for the purpose, the Board, or the President.

Components of Faculty Compensation

X = Base Salary

Base Salary is that part of a Member’s salary based on a Member’s academic rank. Base Salary shall be designated annually in the Member’s Memorandum of Appointment. Base Salary may be derived from any reasonable method, such as salary survey results by nationally recognized organizations, e.g., AACN, that are commonly relied upon by university health institutions to establish similar types of compensation.

Components of Faculty Compensation

Y = Supplemental Compensation

Supplemental Compensation is that part of a Members’ annual fixed compensation stated in the Memorandum of Appointment that is determined by a Member’s area of practice or specialty, administrative duties while performed, and other positions, tasks, responsibilities or contributions that are duly assigned to the Member and for which compensation is not received as either Base Salary or Incentive Compensation, e.g., Lead SHC Practitioner.
Components of Faculty Compensation

Z = Incentive Compensation

Incentive compensation, if any, is that part of a Member's compensation for performance that is not fixed and is determined through the application of an established and equitably applied formula that rewards outstanding performance and productivity and also factors in any negative aspects of a Members performance or productivity. Incentive compensation may be based on any aspect of a Member's duties, such as teaching, research, public service, clinical productivity, awards of grants or other types of research funding, teaching, service to the institution or any other facet of job performance.

2014 Z - 10% of net operating margin awarded to faculty member.

Faculty Practice Plan

Scenario 1

Additional Pay – for faculty practice that exceeds the 1.0 FTE. This may be a Y supplement for accepting additional responsibility, e.g., Lead Nurse Practitioner, recurring consultant role in a local hospital or community agency. $58,814 paid to six faculty by UTNCE in additional pay in 2013-2014.

Faculty Practice Plan

Scenario 2

- Buyout – of faculty time for practice in one of our SON clinics. This is done within the faculty FTE so there is no additional pay unless the faculty member exceeds the buyout. Typically, faculty spend a day each week in the Student Health Clinic, Employee Health Clinic or is one of our clinic sites, e.g., 20% FFP buyout, 80% other teaching, research, SON duties and responsibilities.

- Example: 102,044 paid by Clinical Enterprise to Family Health Care System Department in 2014.

- Teaching workload: 80%
- Buyout from UTNCE: 20%
- Does not exceed 1.0 FTE: No Additional Pay

Faculty Practice Plan

Scenario 3

- Outside Industry Contracts secured by UTNCE – these are contracts that are identified, established, and secured by the Clinical Enterprise for the purpose of creating a revenue stream while meeting a community need.

- Methodist Health System request
- TeamSTEPPS – 12 month contract: $92,000
- Academic Center of Excellence (ACE)/Team contract

- ACE to offer TeamSTEPPS Master Training
- UTNCE ensures contract development and management
- UTNCE ensures contract implementation & evaluation

Faculty Practice Plan

Scenario 4

- UT Nursing Clinical Enterprise Special Projects – in this scenario, the Enterprise office is contacted and a request is made or the Vice Dean for Practice and Engagement and staff develop a project due to an identified community need, e.g., Texas Workforce Commission educational program for daycare providers or UHS Pediatrics Assessment course. In this case, the faculty member's participation exceeds the faculty member's FTE making them eligible for additional pay. Additional Pay is consistent with their hourly teaching rate. After the faculty are paid and the expenses are covered, the balance is paid to the UT Nursing Clinical Enterprise for marketing, procuring the opportunity, organizing the event, paying staff, and evaluation. The funds are paid to the participating faculty member(s) and the UT Nursing Clinical Enterprise. These short-term projects may occur after regular working hours in the evening or on weekends.

Faculty Practice Plan

Scenario 5- Non FFP

- One-Time Limited Service – A professional organization requests a faculty member to present a full-day workshop. The contract amount is $2,500. The faculty member submits a prior approval form in order to make known the honorarium. Vacation time is not used because this one-time workshop is a credit to the expertise of the faculty member and the UTHSCSA SUN. The faculty member receives the payment from the association directly and it is considered other income for personal income taxes. No involvement of FFP in this scenario.
Scholarship Opportunities: Outcome Measures
Basis for CQI, Grants and Contracts

- Evidence-based, Value-driven Care
- Operating margin achieved: 20.1%
- Patient Safety & Quality of Care
- TeamSTEPPS, CQI, AAAHC Accreditation
- NIN: Optimal Use - Data Analytics
- Customization
- Healthy Eating Activity Together (HEAT)
- 50 Enrolled in UT Fitness Challenge-2014
- $50 in 2015 (two cohorts of 75)

Keys to Successful Faculty Buy-In
Communication and Education:

- Faculty retreats-design, development and pilot launch
- Pilot testing - 3 years
- Executive level faculty and staff School of Nursing Meetings (bi-weekly)
- Annual UTNCE Retreat
- Annual "State of the School" presentations
- Quarterly Department Meetings
- Monthly Faculty Assembly Meetings
- New Hire Orientations
- Individual faculty meetings with Vice Dean and Department Chair

Scholarship Opportunities: Outcome Measures
Basis for CQI, Grants and Contracts

- Immunization Rates 100% - SHC and AVANCE
- Campus-wide New Hire and Existing Employee immunization Program Launch
- Patient Flow/Wait times - 1 hour reduced to 10 minutes
- ER Disposition 6 ER referrals/month reduced to 3 ER referrals/month

Referral for Hospitalization 4/Month reduced to 2/month
- Patient Satisfaction 90-95% satisfied to very satisfied Survey Monkey very good to excellent

Integration into Faculty Practice Plan
Rich Educational Experiences:
DNP Projects Emphasize System Development

- Scholarship of learning practice and engagement
- APN/DNP students data collection and analysis
- Evaluation of evidence-based care
- Medication and other patient safety and quality improvement systems
- Optimal scheduling patterns, patient flow, and clinic design and sustainability
- Scope of Practice – IDM Future of Nursing Recommendations

Delivery System Reform Incentive Payment (DSRIP)
Program/Centers for Medicare and Medicaid Services (CMS)
Enhancing funds for Primary Care Expansion

Approved DSRIP grant: $5.08 million, May 2013 – August 2017
A 5-year federally-sponsored pay-for-performance initiative with the Triple Aim of better care for individuals (including access to care, quality of care, health outcomes), better health for the population, and lower costs through improvement and innovation.

Expansion includes:
- Services and Providers
- Psych/Mental Health
- Health Crisis/Nutrition
- Additional clinic hours for patients
- Additional FTGs for Providers
- Expanded patient feedback (210 codes, focus groups, surveys)

Cities:
- Employee Health and Wellness Clinic (1,000 patients)
- Student Health Center (5,000 patients)
- San Antonio Refugee Health Clinic (1,000 patients)
- AVANCE Community Partnership Clinics (3,000 children and parents)
- Healy Murphy Alternative High School and Day Care Center (100 children and teens)

Interprofessional Service-Learning

- These community clinic projects serve as sites for faculty practice, masters and doctoral research; public health, Senior Leadership, Capstone and PNP preceptorships, and interprofessional service-learning projects.
- The sites include: SHC, EHWC [tele-audiology collaborative project], Healy-Murphy and the San Antonio Refugee Health Clinic. AVANCE Castroviejo will be reintroduced as a student rotation site in Fall 2015. The Refugee Clinic will expand from bi-weekly to weekly in May.

- Nursing Faculty: 5; Nursing Students, 81
- Medical Faculty: 1; Medical Students, 59
- Dental Faculty: 1; Dental Students, 37
- Audiology Faculty: 4; Audiology Students, 20
- Total Faculty: 11
- Total Students: 197
Nurse-Managed Clinic/Faculty Practice Innovations

- Electronic Health Records — EPIC (UTHSCSA)
- Clinic Design/Patient Flow — Needlestick Exemplar
- Understanding among faculty and staff — weekly huddles, monthly meetings
- Cost and Value Analysis
- Promote Fiscal Understanding
- Value-based healthcare delivery
- Senior nursing population management course — health fairs, immunizations, fun runs/walks

Clinic #2
AVANCE Community Partnership Clinic

- Nurse-led model: PNP, RN, LPN, Health Assistant, collaborating pediatrician from UTHSCSA Community Pediatrics
- 95% of population of Hispanic origin
- Targets vulnerable children and families; patient, family-centered primary care health home
- PNP enrolled pediatric primary care to 1,000 children enrolled in the AVANCE Early Head Start program and Healy-Murphy Day Care Center. Project growth to 2,000 over the course of the project
- Slaw for masters and doctoral research: Population Health, Capstone and PNP preceptorships, faculty practice and interprofessional service learning projects
- Expanded services: one day/week to four days/week
- AVANCE houses the Head Start/Early Head Start programs. There are currently two clinic sites in San Antonio with an additional rural site in development.

Nurse-Managed Clinic/Faculty Practice Innovations:

- Medication Reconciliation and Safety
- Continuous Quality Improvement — AAHCC Accreditation Preparation
- Public Health Quality Improvement — Campus-wide e.g., expert panel, ID Committee
- Simulation in Primary Care — Staff Refresher in CPR
- Human Factors as theoretical underpinnings for safety and quality — always striving to improve system of care — QR code

Clinic #1
UTHSCSA Student Health Center

Patient Volume tripled over the past five years
Designated medically underserved population (MUP)
3,327 Health Science Center students: 2014

Clinic #3
Healy-Murphy Wellness Center Team

Line Cleveland, PhD, PNP
Julie Cowan Novak, DNSc, RN, MA, CPNP, FAANP, FAAN
Christian Meziles, PhD, RD
Sue Cunningham, PhD, RD/LD, CDE
Rolle Rockett, MSH, CPNP
Julie Cowan Novak, DNSc, RN, MA, CPNP, FAANP, FAAN
Christian Meziles, PhD, RD
Rolle Rockett, MSH, CPNP
Clinic #3
Healy-Murphy Wellness Center Team

- Healy-Murphy is an alternative high school where 50% of the students are pregnant or parenting. The day care center and clinic are on site.

- Expanded services include an increase in service delivery from one-half day per week to four days per week.

Clinic #4
Faculty Practice Site
Employee Health & Wellness Clinic

Services
- Primary Care
- Comprehensive Wellness and Health Promotion
- Behavioral Health Care
- Women's Health/Men's Health
- Immunizations
- Healthy Weight Management/Nutrition Counseling
- STD Screening/Treatment
- Smoking Cessation
- Acute Illness and Minor Injury
- Campus-Wide Occupational Health and Immunization Programs
- Minor Occupational Injury Assessment/Treatment
- Chronic Disease Management
- Casa Management
- On-site lab services; daily lab courier service
- Patient Survey with QIR Code
- Expanded Hours: 7:30AM – 5:30PM
- Monthly Wellness Themes

Clinic #5
Faculty Practice Plan Site
San Antonio Refugee Health Clinic (SARHC)

Located in the heart of the refugee population of St. Francis Episcopal Church
Over 1,000 refugees and their families assigned to San Antonio annually
500 seek health care and health education in the clinic and nearby housing

Team:
- Dr. Julie Novak, School of Nursing Liaison
- Dr. Ruth Guberlis, Consultant
- Interprofessional HSC faculty and students representing UTHSCSA: Nursing, Medicine, Dental, and PA Students
- 6 Translators: Nepali, Arabic, Swahili, French and Burmese

Programs Include: Other CSRIP Projects (Telemedicine, Evening Pediatric Clinic), CARE, LINC assistance, UTRV screening, Planned Parenthood, The Center for Refugee Services, University Health System (UHS) ER and Emergency Clinic, Army Safety Net, UTHSCSA Diabetic clinic and Catholic Charities for Case Management.

Clinic #6
Faculty Practice Plan Site
AVANCE-Fenley

- Nurse-led model; PNPs, FNP, LPN, health assistant, collaborating pediatrics from UTHSCSA Community Pediatrics
- 85% of population is Hispanic origin
- Targets vulnerable children and families; patient, family-centered primary care health home
- PNPs provide pediatric primary healthcare to 1,000 children enrolled in the AVANCE Early Head Start program and Healy-Murphy Day Care Center; Projected growth to 2,000 over the course of the project
- Sites for masters and doctoral research; Population Health, Capstone and PAchesterips, faculty practice and interprofessional service learning projects
- Expanded services: one day/week to four days/weeks

Clinic #7
Developing Sites
Clinic #7
AVANCE Head Start Rural Clinic

Clinic #8
Developing Sites
Clinic #8
Evening Pediatric Clinic for Children of Health Science Center Students including Healy-Murphy and AVANCE enrollees
Conclusions

- This faculty practice model of health care delivery and evaluation provides early evidence of an accessible, safe, patient and family-centered, cost-effective, and efficient system of care.
- The sustainability model and mosaic of support including DSRIP funding supports significant expansion from 2,000 to 3,000 patients.
- Creates potential for local and global scholarly practice and service learning projects for students and faculty participating in the mission of the School of Nursing and the institution.
- Assessment, triage, critical analysis, health promotion, disease prevention, client, family, and community education, self-care emphasis, acute, episodic illness care, and management of stable chronic conditions can be provided effectively by the School of Nursing Advanced Practice/NIH faculty, undergraduate/graduate students, and interprofessional partners.

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Questions:

Please Contact

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