

**Academic-Practice Partnerships**  
**University of the Incarnate Word (UIW) and Methodist Specialty & Transplant Hospital (MSTH)**  
**Partnership Expectation and Outcome Metrics Worksheet**

Partnership Goals	Activities	Outcomes
<p>Build a collaborative UIW-MSTH partnership.</p>	<ol style="list-style-type: none"> <li>I. UIW Dean and MSTH CNO meet multiple times to discuss the need for an academic-practice partnership, explore potential models, and determine unique requirements.</li> <li>II. Partnership meetings with UIW faculty partners, Quality Improvement, Infection Prevention, Patient Safety, facility nurse leaders, unit nurse leaders, Education Director, Clinical Nurse Leaders, Hospital Librarian, and Informatics.</li> <li>III. Review pertinent data including AHRQ culture of safety survey results, infection control rates, safety and quality issues, CAUTI-related incidences, Root cause analyses for CAUTI-related incidences, admissions with urinary catheter in place, and nursing staff education programs for past 5 years.</li> <li>IV. Review current resources available to nursing staff.</li> <li>V. Create a synopsis report of findings to share with the Nurse Practice Council, CNO, CNLs, and UIW faculty partners.</li> <li>VI. Initiate a plan each year delineating the agreed-upon work in the area of EBP, research, redesign, and dissemination.</li> <li>VII. Initiate a contract each year formalizing the commitment of the partners.</li> <li>III. Provide a report and discuss progress monthly/bi-monthly at the Nurse Practice Council (NPC).</li> </ol>	<p>UIW Dean and MSTH CNO determine the model of partnership required and co-sign a contract to establish the partnership.</p> <p>UIW faculty partners gained increased familiarity with the MSTH environment.</p> <p>UIW faculty partners and MSTH department leaders and nurse leaders gained a greater understanding of the partnership and input was provided for the collaboration plans and expectations.</p> <p>Annual plan built on a timeline with planned activity/goals, expected results, and participants.</p> <p>Annual evaluation of goal completion and results.</p> <p>Annual contract solidifying roles and responsibilities and collaborative goals.</p> <p>Monthly/BiMonthly discussion held with NPC.</p> <p>Monthly/bi-monthly written and in-person communication with the Dean, CNO, nurse leaders, and nurse faculty.</p>

Partnership Goals	Activities	Outcomes
	<p>IX. Communicate in writing and in person with the CNO, Dean, nurse leaders, and nursing faculty regarding partnership at least monthly.</p>	
<p>Implement evidence-based practice using Catheter Acquired Urinary Tract Infection (CAUTI) reduction as the first initiative.</p>	<p>I. Nurse Practice Council (NPC), CNO, UIW faculty partners, and CNLs reviewed current state of EBP at MSTH, Safety culture as measured by AHRQ survey of RNs, data related to Catheter-Acquired Urinary Tract Infections (CAUTI), and collaborated to develop a plan to implement EBP using CAUTI reduction as the first initiative.</p> <p>II. Introductory Nursing Grand Rounds on EBP</p> <p>A. 1-hour class offered with contact hours for Unit Practice Council (UPC) Registered Nurses, NPC, nurse leaders, and staff nurses.</p> <p>B. Pre-lecture/Post-lecture assessment to measure current understanding of a patient safety culture and EBP.</p> <p>III. Education classes regarding EBP and the role of EBP at MSTH were presented to RN staff round-the-clock with attendance facilitated by UPC members.</p> <p>IV. CAUTI Reduction Team including staff RNs from multiple shifts, nurse leaders, nurse educator, CNL, quality, and infection control was formed.</p> <p>V. Provided in-depth EBP education with CAUTI Reduction Team at a 2-day education workshop.</p> <p>VI. CAUTI Reduction Team reviews the literature, evaluates the evidence, discusses the current unit processes for care of patients with urinary catheters, and builds an EBP protocol for Prevention of Catheter-Associated Urinary Tract Infection.</p> <p>VII. CAUTI Reduction Team discusses evidence with unit staff nurses and nurse leaders while reviewing the current processes related to urinary catheters and following</p>	<p>1<sup>st</sup> Year EBP/CAUTI Reduction Plan approved by NPC, CNO, Dean, &amp; UIW faculty partners. (6/2014)</p> <p>NPC selected units for initial CAUTI reduction project based on CAUTI data and discussion with UIW faculty partners.</p> <p>Introductory class attended by 40 unit practice council members, nurse practice council members, nurse leaders, and staff nurses. Pre-lecture/post-lecture assessment indicated greater understanding of a patient safety culture and EBP post-lecture.</p> <p>Sign-in sheets for the round-the-clock EBP education class indicate 88% RN staff and 95% nurse leader attendance.</p> <p>2-day EBP education workshop attended by 100% of CAUTI team. Team demonstrated understanding of EBP and EBP concepts by being able to define EBP, described the model used to evaluate the literature, demonstrated the ability to review articles using a matrix, reviewed 2 articles individually and placed the analysis appropriately in the matrix, and determined conclusions from the literature that impact practice.</p> <p>Prevention of Catheter-Associated Urinary Tract Infection Protocol built by CAUTI team and approved for implementation by Nursing Practice Council.</p>

Partnership Goals	Activities	Outcomes
	<p>unit-level discussions brings the unit staff and nurse leader input back to CAUTI Reduction Team meetings.</p> <p>VIII. CAUTI Reduction Team and unit nurse educators, following demonstration of competence in the CAUTI protocol and a practice session to assure efficient flow, educated the RN staff and nurse leaders of the two pilot units (ICU and Transplant) on the Prevention of Catheter-Associated Urinary Tract Infection Protocol in a peer-to-peer education fair composed of 4 stations (insertion, maintenance/removal, perineal care, and documentation).</p> <p>IX. Prevention of Catheter-Associated Urinary Tract Infection protocol implemented on two pilot units. CAUTIs were tracked monthly and reviewed by Infection Control at the CAUTI Reduction Team meeting.</p> <p>X. Following positive results in CAUTI reduction in the 2 pilot units, the CAUTI Reduction Team conducted education facility-wide on the Prevention of Catheter-Associated Urinary Tract Infection Protocol. All staff involved in any aspect of caring for patients with urinary catheters demonstrate competency in their role-specific responsibilities using an interdisciplinary peer-to-peer education fair approach including four stations built by members of the CAUTI Reduction Team.</p> <p>XI. Prevention of Catheter-Associated Urinary Tract Infection Protocol implemented hospital-wide. CAUTIs were tracked monthly and reviewed by Infection Control at the CAUTI Reduction Team meeting.</p> <p>XII. Quasi-experimental research studying EBP self-efficacy was conducted by UIW faculty and MSTH nurse leadership to measure the impact of educational interventions alone versus educational interventions and unit specific education/mentoring using the EBP Beliefs</p>	<p>100% of RN staff and nurse leaders of the 2 pilot units were oriented to the protocol in a safe non-threatening for learning. Participants, who had already had discussions with the CAUTI reduction team as they discovered evidence and validated processes, easily acquired the new information in the protocol.</p> <p>CAUTIs reduced on the two pilot units: Transplant Unit: 3.53 CAUTIs per 1000 device days (2014) to 0.77 CAUTIs per 1000 device days (2015) and ICU: 4.71 CAUTIs per 1000 device days (2014) to 2.01 CAUTIs per 1000 device days (2015).</p> <p>76 RNs, 13 PT/OT staff, 10 Radiology staff, 12 patient care assistants, and 1 transporter were introduced to the protocol and demonstrated proficiency in the components of Prevention of CAUTI Infection Protocol specific to their role using a role-specific checklist. Additional educational offerings were conducted over the next 2 months to reach 100% of the staff in these areas. <b>Innovative approach</b> to assure education and role-specific competence for all disciplines involved in urinary catheter care or management. Innovation shared through article published in peer-reviewed journal: Dols, J. D., White, S. K., Timmons, A. L., Bush, M., Tripp, J., Childers, A. K., Mathers, N., &amp; Tobias, M. M. (2015). A unique approach to dissemination of evidence-based protocols: A successful CAUTI reduction pilot. <i>Journal for Nurses in Professional Development, 32</i>(1), 53-54.</p> <p>CAUTIs reduced hospital-wide from 1.59 CAUTIs per 1000 device days (2014) to 1.08 CAUTIs per 1000</p>

Partnership Goals	Activities	Outcomes
	<p>Scale and EBP Implementation Scale of Fineout-Overholt &amp; Melnyk, (2008) prior to the initiation of the EBP project, post formal education, and post unit-specific education/mentoring.</p> <p>XIII. Adherence to the essential elements of the Prevention of Catheter-Associated Urinary Tract Infection Protocol was measured during daily rounding by nurse leaders or a member of the CAUTI team to continue efforts to reach zero CAUTIs in a vulnerable population.</p> <p>XIV. Rounding to assure adherence to essential elements of both the CAUTI and CLABSI protocol, as well as other essential activities was developed to be done in a specific hour of the day (Golden Hour) during which no other meetings/activities were to be planned. Rounding was to be completed daily by the nurse leader and/or unit nurse educator.</p>	<p>device days (2017). Consistent vigilance was required as occasional changes occurred in rates. Each CAUTI was evaluated with a root cause analysis and a drill down. Each month the CAUTI Team discusses the CAUTIs and shifts are made to processes as a result of the occurrences, e.g. reflex urinalysis on admission for patients with an indwelling urinary catheter.</p> <p>Quasi-experimental research results: Median scores on the EBP Beliefs Scale increased for the experimental group from a presurvey 57 to post formal education 67 and post unit-specific education/mentoring 67.5, while the control group decreased from a pre-survey 65 to a post formal education 63. Median scores on the EBP Implementation Scale increased for the experimental group from a pre-survey 10.5 to a post formal education 15 and post unit-specific education/mentoring 22, while the control group decreased from a pre-survey score 15 to post formal education 12. <b>Conclusions:</b> The results demonstrate that formal education followed by unit-specific education with mentoring improves beliefs related to EBP and the ability to implement EBP. Knowledge of effective methods to increase self-efficacy speeds the implementation of EBP enabling nurse leaders to facilitate improvement of healthcare quality.</p> <p>Rounding on elements for CAUTI prevention were initiated for the two pilot units immediately upon implementation. Rounding was done by the nurse leader or a member of the CAUTI team. Re-education of incorrect protocol implementation was provided, corrective actions if persistent failure to implement</p>

Partnership Goals	Activities	Outcomes
		<p>correct protocol. Rounding was done for all 5 nursing units following hospital-wide implementation following the same rounding methodology.</p> <p>CAUTI reduced hospital-wide from 1.59 (2014) to 1.08 (2017) per 1000 line days.</p> <p>Rounding changed to Golden Hour rounding with daily unit reports of adherence in 2018. Unit nurse educators or nurse leaders perform the daily rounding and the percentage of compliance is reported for each essential element of the protocol and the overall percentage of compliance for each nursing unit daily and aggregated for each month. Percentage adherence to the protocol elements have improved to 92%.</p>
<p>Implement evidence-based practice using Central Line Acquired Blood Stream Infection (CLABSI) reduction as the second initiative.</p>	<ol style="list-style-type: none"> <li>I. Nurse Practice Council (NPC), CNO, UIW faculty partners, and CNLs reviewed data related to Central Line Acquired Blood Stream Infection (CLABSI), and collaborated to develop a plan to implement EBP using CLABSI reduction as the second initiative.</li> <li>II. CLABSI Reduction Team including staff RNs from multiple shifts, nurse leaders, CNLs, quality, PICC line nurse, and infection control was formed.</li> <li>III. UIW provided in-depth EBP educational session with CLABSI Reduction Team at a 2-day workshop.</li> <li>IV. CLABSI Reduction Team reviewed the literature, evaluated the evidence, discussed current processes, located 17 policies (192 pages) addressing aspects of central line maintenance, and built an EBP protocol for Adult Central Venous Catheter Management.</li> </ol>	<p>Central Venous Catheter Management, Adult protocol developed and approved for implementation (11/2015).</p> <p>2-day EBP education workshop attended by 100% of team. CLABSI reduction team demonstrated understanding of EBP and EBP concepts by being able to define EBP, described the mode used to evaluate the literature, demonstrated the ability to review articles using a matrix, reviewed 2-3 articles individually and placed the analysis appropriately in the matrix, and determined conclusions from the literature that impact practice. <b>Innovation:</b> Missing element in literature regarding developing a policy/protocol containing EBP. Article published in peer-reviewed journal: Dols, J.D., Muñoz, L.R.,</p>

Partnership Goals	Activities	Outcomes
	<p>V. Change process workshop to outline change implementation because the complexity of the change and the number of elements that required hard-wiring was significant.</p> <p>VI. CLABSI reduction team conducts CLABSI protocol introduction and competency demonstration in unit classrooms with 1:1-2 CLABSI Reduction Team Member to staff nurse ratio.</p> <p>VII. CLABSIs were tracked monthly and reviewed by Infection Control at the CLABSI Reduction Team meeting.</p> <p>VIII. Adherence to the essential elements of the Adult Central Venous Catheter Management Protocol was measured during daily rounding by nurse leaders or a member of the CLABSI team to continue efforts to reach zero CLABSIs in a vulnerable population.</p> <p>XV. Rounding to assure adherence to essential elements of both the CAUTI and CLABSI protocol, as well as other essential activities was developed to be done in a specific hour of the day (Golden Hour) during which no other meetings/activities were to be planned. Rounding was to be completed daily by the nurse leader and/or unit nurse educator.</p>	<p>Martinez, S.S., Mathers, N., Miller, P.S., Pomerleau, T.A., Timmons, A. &amp; White, S. (2017). Developing policies and protocols in the age of evidence-based practice. <i>The Journal of Continuing Education in Nursing</i>, 48(2): 87-92.</p> <p>100% of the CLABSI Reduction Team attended the change process workshop. Specific strategies to educate staff, expedite change, and facilitate adherence were derived from the workshop.</p> <p>100% of RN staff and nurse leaders in the units with central venous lines were introduced to the protocol and demonstrated proficiency in the components of Adult Central Venous Catheter Management protocol using a competency checklist.</p> <p>Rounding on elements for CLABSI prevention were initiated for the two pilot units immediately upon implementation. Rounding was done by the nurse leader or a member of the CLABSI team. Re-education of incorrect protocol implementation was provided, corrective actions if persistent failure to implement correct protocol. Rounding was done for all 5 nursing units following hospital-wide implementation following the same rounding methodology.</p> <p>CLABSI reduced hospital-wide from 1.24 (2014) to 1.00 (2017) per 1000 line days.</p> <p>Rounding changed to Golden Hour rounding with daily unit reports of adherence in 2018. Unit nurse educators or nurse leaders perform the daily rounding</p>

Partnership Goals	Activities	Outcomes
		<p>and the percentage of compliance is reported for each essential element of the protocol and the overall percentage of compliance for each nursing unit daily and aggregated for each month. Percentage adherence to the protocol elements have improved from 93% to 98%.</p>
<p>Establish nursing research with a descriptive study as the first research initiative.</p>	<ol style="list-style-type: none"> <li>I. Introduce nursing research and its role in professional nursing practice through a Nursing Grand Rounds on Nursing Research.</li> <li>II. Establish a research team composed of BSN-prepared staff RNs, Quality Improvement RN, and a MSN-prepared unit nurse educator, facilitated by UIW faculty partners.</li> <li>III. UIW faculty partners provide contact-hour approved research education workshop.</li> <li>IV. Access to CITI training on Human Subjects Protection provided for each research team member by UIW faculty partner.</li> <li>V. UIW faculty partners conduct a course on literature search techniques, review, and analysis of literature for kidney transplant (KT) Research Team.</li> <li>VI. KT Research Team facilitated by the UIW faculty partners determines first research protocol to develop.</li> <li>VII. Research methodology class held for Research Team by the UIW faculty partners.</li> <li>VIII. UIW faculty partners educate the KT nurse researchers regarding IRB proposals and guide the team through the IRB proposal process for 2 different IRBs.</li> <li>IX. Nurse researchers guided through data collection, analysis of data, discussion, and conclusions.</li> </ol>	<p>Nursing Grand Rounds attended by 42 RNs.</p> <p>Kidney Transplant Research team formed 2016 and initiated biweekly meetings.</p> <p>Research education contact-hour workshop held with 8 RNs attending (3/2016).</p> <p>CITI training for Human Subjects Protection completed with scores of 95% or higher by 8 RNs.</p> <p>KT Research Team nurses complete an initial review of the literature.</p> <p>KT Research Team selects a descriptive study of causes and risk factors related to 30-day readmission of kidney transplant patients as 1<sup>st</sup> research project.</p> <p>KT Research Team designs the descriptive study.</p> <p>IRB approval obtained for the descriptive research study from UIW &amp; MSTH IRBs.</p> <p>Data collection and analysis completed (11/2016).</p>

Partnership Goals	Activities	Outcomes
	<p>X. Nurse researchers present research findings and next steps to nurse leaders, transplant and nephrology physicians, and senior leaders.</p> <p>XI. KT Research Team designs an intervention study to reduce kidney transplant readmissions.</p> <p>XII. KT Research Team applies for IRB approval from 2 different IRBs for the intervention study.</p> <p>XIII. KT Research Team educates the staff nurses and nurse leaders regarding the patient education intervention to reduce 30-day kidney transplant readmissions.</p> <p>XIV. KT Research Team implements the year-long intervention study including consenting each patient, assuring that staff nurses implement the education intervention in accordance with its design, and collection of data on each patient enrolled in the study.</p> <p>XV. Develop draft article to disseminate results.</p> <p>XVI. Add additional nurses to the KT research team. Provide education and CITI training.</p> <p>XVII. Share draft article written on 1<sup>st</sup> KT Research Team study with key stakeholders.</p> <p>XVIII. KT Research Team designs Kidney Transplant Outcome Research Study with Kidney Transplant surgeon and Nephrologist – becoming the KT Nursing-Medical Research Team.</p> <p>XIX. Kidney Transplant Nursing-Medical (KTNM) Research Team develops and submits IRB proposal to MSTH IRB.</p> <p>XX. KTNM Research Team begins data collection for the Kidney Transplant Outcome Research Study.</p>	<p>Presentation of research findings and next steps to 28 key stakeholders.</p> <p>Presentation of research findings to transplant nursing staff, including proposed intervention to reduce kidney transplant readmission.</p> <p>Intervention study designed and implemented redesigning the education of kidney transplant patients including a one-page (front &amp; back) post-transplant education sheet written at the 2.6 grade reading level available in both English and Spanish, an algorithm on the elements of the sheet for the nurse to educate the patient each day, and reinforcement of medication education each time the medication is given with use of a poster showing the medication, its purpose, dose, and time taken. While the data has been collected the final results of the study are currently pending for the 276 participants in the 12-month study (2/2017-2/2018).</p> <p>Two new nurses added to the KT research team. Education provided and CITI training completed.</p> <p>Following review of 1<sup>st</sup> research study article (pending publication in July/Aug 2018 Nursing Nephrology Journal), kidney transplant surgeons ask KT Research Team to collaborate in a kidney transplant outcomes study.</p> <p>Kidney Transplant Outcome Research Study developed collaboratively by Nurses and Surgeons acting as the Kidney Transplant Nursing-Medical Research Team.</p>

Partnership Goals	Activities	Outcomes
		<p>Outcome Research Protocol approved by the MSTH IRB.</p> <p>Data collection began in September 2017. Results are pending.</p>
<p>Establish a second research team.</p>	<ol style="list-style-type: none"> <li>I. Form a Liver Transplant Research Team of BSN-prepared staff RNs from both transplant nursing and intensive care, a quality improvement RN, and an MSN-prepared unit nurse educator.</li> <li>II. UIW faculty partners provide contact-hour approved research education workshop.</li> <li>III. Access to CITI training on Human Subjects Protection provided for each research team member by UIW faculty partner.</li> <li>IV. UIW faculty partners conduct a course on literature search techniques, review, and analysis of literature for LT Research Team.</li> <li>V. LT Research Team facilitated by the UIW faculty partners determines first research protocol to develop.</li> <li>VI. Research methodology class held for Research Team by the UIW faculty partners.</li> <li>VII. UIW faculty partners educate the LT nurse researchers regarding IRB proposals and guide the team through the IRB proposal process.</li> <li>VIII. Nurse researchers guided through data collection, analysis of data, discussion, and conclusions.</li> <li>IX. Nurse researchers present research findings and next steps to nurse leaders, liver transplant surgeon, and hepatology physician, and senior leaders.</li> <li>X. Add additional nurses to the LT research team. Provide education and CITI training.</li> </ol>	<p>Liver Transplant (LT) Research team formed (April 2017) and initiated meetings biweekly.</p> <p>Research education contact-hour workshop held with 8 RNs attending (4/5/2017).</p> <p>CITI training for Human Subjects Protection completed with scores of 97% or higher by 8 RNs.</p> <p>LT Research Team nurses complete an initial review of the literature and develop a review of the literature summary.</p> <p>LT Research Team selects a descriptive study of causes and risk factors related to 30-day readmission of liver transplant patients.</p> <p>LT Research Team designs the descriptive study.</p> <p>IRB approval obtained for the descriptive research study from MSTH IRB (UIW IRB now recognizes MSTH IRB's review).</p> <p>Data collection and analysis completed.</p> <p>Presentation of research findings and next steps to 12 key stakeholders in 2 separate presentations.</p>

Partnership Goals	Activities	Outcomes
	<ul style="list-style-type: none"> <li>XI. LT Research Team designs an intervention study to reduce liver transplant readmissions.</li> <li>XII. LT Research Team applies for IRB approval for the intervention study.</li> <li>XIII. LT Research Team educates the staff nurses and nurse leaders regarding the patient education intervention to reduce 30-day liver transplant readmissions.</li> <li>XIV. LT Research Team implements the year-long intervention study including consenting each patient, assuring that staff nurses implement the readiness for discharge algorithm in accordance with its design, and collects data on each patient enrolled in the study.</li> </ul>	<p>Three new nurses added to the LT research team. Education provided and CITI training completed.</p> <p>Presentation of research findings to transplant nursing staff, including proposed intervention to reduce liver transplant readmission.</p> <p>Intervention study designed and implemented redesigning the education of liver transplant patients including developed a one-page (front &amp; back) post-transplant education sheet written at the 2.6 grade reading level available in both English and Spanish specifically for liver transplant patients and an algorithm to prepare and evaluate the readiness for discharge of the liver transplant patient.</p> <p>The research protocol has currently completed its first 5 months of implementation (1/2018-5/2018).</p>
<p>Redesign a clinical nursing unit to increase nurse efficiency, patient safety, and overall satisfaction of nursing staff and patients and demonstrate opportunities for redesign as an exemplar for MSTH’s nursing units.</p>	<ul style="list-style-type: none"> <li>I. Establish a meeting between UIW faculty partners and MSTH nurse leaders to outline the indicators seen by the nurse leaders as indicative of a need for redesign.</li> <li>II. MSTH nurse leaders select one nursing unit for redesign.</li> <li>III. UIW faculty partners observe nursing staff in the performance of routine nursing activities on the day shift, at shift changes, and on the night shift. Include observations of shift report, interactions between nurse leaders (Nursing Director, Assistant Nurse Managers, and charge nurses), RNs, clerks, patient care assistants (PCAs), and ancillary staff, and interactions across professional roles.</li> <li>IV. UIW faculty partners review metrics related to the unit including current staffing, turnover/retention rates, patient engagement/satisfaction, employee</li> </ul>	<p>2016: Clarity related to the issues indicating need for redesign attained.</p> <p>Medical-Surgical unit selected for redesign.</p> <p>48 hours of observation completed with opportunities for redesign documented and strengths identified.</p> <p>Metrics reviewed and interpretation verified for the setting.</p> <p>2-Faculty interviews of 32 RNs, clerks, PCAs, charge nurse, managers, and director completed and notes transcribed.</p>

Partnership Goals	Activities	Outcomes
	<p>engagement/satisfaction, quality and infection control measures, risk metrics, etc.</p> <p>V. UIW faculty partners interview selected RNs, clerks, patient care assistants, charge nurses, manager, and directors. Brainstorm selected issues that promote/interfere with maximum performance, a great work environment, work and communication flow, and positive patient outcomes.</p> <p>VI. UIW faculty partners interview Ancillary Services Department Heads related to the work and communication flow, maximum performance, etc.</p> <p>VII. UIW faculty partners and MSTH nurse leaders review the literature on effective unit design and care delivery in addition to identified issues from interview and observation and generate a plan for redesign.</p> <p>VIII. UIW faculty partners in collaboration with a senior nursing leader educate the Unit Leadership (Nursing Director and Nurse manager) on redesign and approaches/benefits for achieving effective unit redesign.</p> <p>IX. UIW faculty partners review redesign needs with impacted departments beyond nursing and share solutions identified.</p> <p>X. UIW faculty partners and Unit leadership educate first the RNs on the unit regarding the redesign proposal, and then the PCAs and Ancillary Staff.</p> <p>XI. Initiate redesign.</p> <p>XII. Evaluate metrics bi-weekly/monthly.</p> <p>XIII. Share changes and impact across nursing units.</p>	<p>2-Faculty interviews of 6 ancillary department heads completed and notes transcribed.</p> <p>Interviews and observations analyzed and opportunities identified.</p> <p>Plan for redesign discussed and developed by UIW faculty partners and MSTH nurse leaders following review of the literature, interviews, observations, and metrics.</p> <p>Selected projects implemented 6/2016-9/2016 included ↑ medication delivery efficiency by obtaining another medication dispensing machine, achieve real-time responses to staff by managers regarding performance, ↑ effectiveness charge nurse role through coaching, ↑ availability of supplies through ↑ patient charge scanning, ↑ accessibility of IV pumps through effective use of the monitoring app, ↑ openness of patient rooms by decreasing clutter, ↑ ability to efficiently admit patients by adjusting clerk coverage, improve RN orientation/retention through preceptor education and incentive pay, improve PCA orientation by using standardized checklist, and improve housekeeping communication by including in section of daily huddle.</p> <p>RN satisfaction tracked bi-weekly through rapid response surveys indicated a negative trend for the 1<sup>st</sup> 2 surveys as staff adjusted to changes, this was followed by positive responses on the next 4 surveys with the final 2 surveys demonstrating RNs who felt empowered to make change. RN satisfaction</p>

Partnership Goals	Activities	Outcomes
		<p>increased from 4.31 (5=excellent) on 7/29/2016 to 4.57 on 8/10/2016. Greatest improvements identified as addition of medication dispensing machine, addition of EKG monitors in more patient rooms, increased availability of supplies (result of increased scanning), and clerk availability to assist with new patient admission.</p> <p>Selected metrics included after 12 weeks:</p> <ul style="list-style-type: none"> <li>• Scan rate ↑ed from 40-85% → Increased availability of supplies</li> <li>• Nurses no longer stood in line to obtain medication as measured by RN survey and leader verification.</li> <li>• IV Pump availability was no longer a problem as measured by RN survey</li> <li>• 100% PCAs completed skills checklist → Increased positive relationships RN-PCA</li> <li>• Housekeeping Department Head noted 90% improvement in communication between departments.</li> <li>• Patient satisfaction measured by Press Ganey increased from 49 to 76.</li> <li>• Preceptor education was scheduled and preceptor pay was clarified.</li> </ul> <p>Additional MSTH nursing units began making their own independent efforts to improve the functioning of their units.</p>
Investigate RNs' career intentions, desired leadership traits, and work environment factors that influence nurse	I. UIW Faculty Researchers and Graduate Research Assistant conduct a literature review on factors including nurse satisfaction and retention.	<p>Literature review complete.</p> <p>Two research studies designed and conducted (2017).</p>

Partnership Goals	Activities	Outcomes
retention by generation and culture as the current multi-generational workforce and rising population of culturally diverse nurses challenges the nurse leader's understanding of factors impacting satisfaction and turnover.	II. UIW Faculty Research Team designs and implements two research studies; quantitative survey study and qualitative focus group study to identify factors that may influence nurse retention. III. Complete an analysis of the survey study. IV. Complete an analysis of the focus group study.	Analysis of the survey data completed 3/2018. Retention survey study demonstrated that nurse leaders need to recognize the impact of their leadership traits, effective methods for nurse growth, and environmental barriers to improve the retention of a multi-cultural and multigenerational workforce. Article pending publication in a peer-reviewed journal.  Analysis of the focus group study is pending (6/2018).
Build professional nursing practice through dissemination of EBP and research findings locally, nationally, and globally.	I. Build clinical nursing skills in dissemination through publication. A. Discuss peer-reviewed journals, author guidelines, and topic-specific journal selection. B. Provide education in writing for publication. C. Mentor the nursing staff to gather and refine the elements needed to draft an article. D. Using a variety of modalities including small group, section writing, and peer-review, build a draft article. E. Mentor the nursing staff to finalize the article, tables, figures, and letter to the editor. Submit the article. F. Mentor the nursing staff to respond to reviews and make final corrections.  II. Build clinical nursing skills in dissemination through presentation. A. Provide contact hour approved education in abstract, poster, and presentation development and presentation. B. Mentor the nursing staff to find appropriate opportunities to present.	<b>3 Articles in Peer-Reviewed Publications with 17 different authors:</b> Dols, J.D., Chargualaf, K.A., Spence, A., Flagmeier, M., Morrison, M., & Timmons, A. (2018). Impact of population differences: Rehospitalizations post-kidney transplant in the southern United States. <i>Nephrology Nursing Journal</i> . Pending Publication July/Aug 2018.  Dols, J.D., Muñoz, L.R., Martinez, S.S., Mathers, N., Miller, P.S., Pomerleau, T.A., Timmons, A. & White, S. (2017). Developing policies and protocols in the age of evidence-based practice. <i>The Journal of Continuing Education in Nursing</i> , 48(2): 87-92. <b><u>This publication shared a missing element in the literature: how to develop a policy or protocol containing EBP.</u></b>  Dols, J. D., White, S. K., Timmons, A. L., Bush, M., Tripp, J., Childers, A. K., Mathers, N., & Tobias, M. M. (2015). A unique approach to dissemination of evidence-based protocols: A

Partnership Goals	Activities	Outcomes
	<p>C. Create abstracts as a team for appropriate seminars.</p> <p>D. Build posters and presentations as a team.</p> <p>E. Review and practice poster and podium presentation skills.</p> <p>F. Critique each other while presenting poster and podium presentations to the clinical nursing team.</p> <p>III. Share poster presentations locally at non-refereed venues to share information including the Methodist Healthcare CNO Conferences and UIW student and public events.</p>	<p>successful CAUTI reduction pilot. <i>Journal for Nurses in Professional Development</i>, 32(1), 53-54.</p> <p><b>10 Peer-Reviewed Podium Presentations with 20 different presenters:</b></p> <p>Dols, J.D., Purcell, C., Gonzalez, M., Pomerleau, T., Mendoza, A., &amp; Gordon, A. (2018-09). Causes and Risk Factors for 30-Day Readmission of Liver Transplant Recipients. International Transplant Nursing Symposium, Chicago, Illinois. (International Podium)</p> <p>Dols, J.D. &amp; Chargualaf, K.A. (2018-06). Reducing Kidney Transplant 30-Day Readmissions through a Multi-modal Educational Approach. <i>2018 International Transplant Nursing Symposium European Transplant Nursing Symposium</i>, Berlin, Germany. (International Podium)</p> <p>Hoke, M.M., Dols, J.D., &amp; Allen, D. (2018-05). Building Evidence-based Practice and Research Through an Academic-practice Partnership. <i>NETNEP 7th International Nurse Education Conference</i>, Banff, Canada. (International Podium)</p> <p>Dols, J.D., Chargualaf, K., Mendoza, A., Gordon, A., Gonzalez, M., and Pomerleau, T. (2018-04). Social Injustices Impacting Liver Transplant Outcomes in Hispanic Populations. University of Texas Health Science Center 5th</p>

Partnership Goals	Activities	Outcomes
		<p>Annual Cultural Inclusion Institute, San Antonio, Texas. (National Podium)</p> <p>Dols, J.D., Chargualaf, K., Flagmeier, M., Spence, A., &amp; Timmons, A. (2017-07). Causation and confounding factors for 30-day readmission of kidney transplant patients: A descriptive study. <i>2017 Sigma Theta Tau International's 28th International Nursing Research Congress</i>, Dublin, Ireland. (International Podium)</p> <p>Dols, J.D., Chargualaf, K.A., Spence, A., &amp; Flagmeier, M. (2017-06). Building a transplant research environment. <i>International Transplant Nursing Society 26<sup>th</sup> Annual Educational Meeting</i>, Orlando, FL. (International Podium)</p> <p>Chargualaf, K. A., Dols, J.D., Timmons, A., Flagmeier, M., Morrison, M., &amp; Spence, A. (2017-04) Challenges for the Hispanic female kidney transplant patient. <i>UTHSC-SA 4<sup>th</sup> Annual Cultural Inclusion Institute</i>, San Antonio, TX. (National Podium)</p> <p>Dols, J. &amp; Pomerleau, T. (2017-03). University-Hospital partnership: Nursing evidence-based practice program with multi-disciplinary implementation. <i>2017 American Nurses Association Putting Quality into Practice</i>, Tampa, FL. (National Podium)</p>

Partnership Goals	Activities	Outcomes
		<p>Dols, J.D. &amp; Bush, M. (2016-10). Implementing evidence-based practice to transform intensive care and acute care transplant nursing. <i>International Transplant Nursing Society 25<sup>th</sup> Annual Educational Meeting</i>, Pittsburg, PA. (International Podium)</p> <p>Dols, J., Kolb, S., &amp; DeStefano, M. (2015-02). Impact of Educational Interventions on Nurse Self-Efficacy in Evidence Based Practice Implementation. <i>University of the Incarnate Word Research Day</i>, San Antonio, Texas. (Local Podium)</p> <p><b>8 Peer-Reviewed Poster Presentations with 19 different builders/presenters:</b></p> <p>Dols, J.D., Chargualaf, K.A., Spence, A., Flagmeier, M., Morrison, M., Timmons, A., &amp; Villacorta, R. (2018-02). The Impact of Multi-Modal Linguistically Appropriate Education on 30-day Kidney Transplant Readmission Rates. <i>University of Incarnate Word Research Day</i>, San Antonio, Texas. (Local Poster)</p> <p>Dols, J.D., Chargualaf, K.A., &amp; Martinez, K.S. (2018-02). Registered Nurse Satisfaction and Intent to Stay at Current Hospital. <i>University of Incarnate Word Research Day</i>, San Antonio, Texas. (Local Poster)</p> <p>Miller, P., Dols, J.D., White, S., Pomerleau, T., Muñoz, L., &amp; Timmons, A. (2017-10). An</p>

Partnership Goals	Activities	Outcomes
		<p>Algorithm for Creating an Evidence-based CLABSI Policy. 26th Annual Academy of Medical-Surgical Nurses Convention, Palm Springs, California. (National Poster)</p> <p>Dols, J.D., Muñoz, L., Miller, P.S., Martinez, S., &amp; White, S. (2017-09). Creating Evidence-Based Practice Policies. 2017 Sister Charles Marie Frank Symposium, San Antonio, TX. (Local Poster)</p> <p>Morrison, M., Flagmeier, M., Spence, A., Timmons, A., Chargualaf, K., &amp; Dols, J.D. (2017-04). 30-Day readmissions of kidney transplant patients. <i>2017 Texas Kidney Foundation Spring Symposium</i>, San Antonio, TX. (Regional Poster)</p> <p>DeStefano, M.A., Dols, J.D., &amp; Hoke, M.M. (2016-04). Predicting &amp; resolving critical issues in academic-practice partnerships. <i>American Organization of Nurse Executives: Inspiring Leaders</i>, Fort Worth, TX. (National Poster)</p> <p>White, S., Mathers, N., Tobias, M., Tripp, J., Timmons, A., Bush, M., &amp; Dols, J.D. (2015-09). Peer to peer learning fair: Creative approach to CAUTI prevention. <i>Academy of Medical-Surgical Nurses 2015 Conference</i>, Las Vegas, NV. (National Poster)</p> <p>Dols, J., White, S., Mathers, N., Tobias, M., Tripp, J., Timmons, A., &amp; Bush, M. (2015-08). An innovative peer-to-peer education</p>

Partnership Goals	Activities	Outcomes
		<p>approach to CAUTI prevention. <i>2015 Summer Institute: Engaging Patients &amp; Professionals to Advance Clinical Excellence</i>, San Antonio, Texas. (National Poster)</p> <p><b>Numerous Local Non-Refereed Presentations at UIW, MSTH, and Local Conferences/Professional Organizations</b></p>
<p>Establish innovative nursing student clinical education methods that will facilitate hire and retention of BSN students as new hospital employees.</p>	<p>I. Fall 2015: Implement a Dedicated Education Unit (DEU) modified from the University of Portland School of Nursing DEU model for this partnership.</p> <p>A. Clinically expert staff are selected by the MSTH nurse manager, oriented by the UIW faculty, and serve as the primary clinical education support nurse (CESN) for the 1<sup>st</sup>, 2<sup>nd</sup>, and/or 3<sup>rd</sup> level nursing students.</p> <p>B. 1-2 students are paired with each MSTH CESN for the entire rotation providing continuity and increased accountability for clinical performance</p> <p>C. Patient assignments vary by student level, generally lighter in the beginning and heavier at the end of each rotation.</p> <p>D. MSTH CESN are mentored by the UIW nursing faculty in clinical teaching, shown connections between didactic and clinical learning, and guided to provide feedback on the attainment of student outcomes.</p>	<p>Fall 2015: Cooperative and collaborative partnership between UIW and MSTH in this nursing student learning program created an environment that nurtured novices.</p> <p>16 nurses were educated as DEU clinical education support nurses (CESN). 2 nurses performed this support role for 4 semesters, 3 nurses for 3 semesters, 4 nurses for 2 semesters, and 7 nurses for 1 semester. Change in the nurse’s clinical role, personal schedule or position change, and moving to another unit reduced the number of semesters in the role.</p> <p>4 faculty partners have participated in the DEU.</p> <p>39 students have participated in the DEU from Fall 2015-Spring 2018. 2 students participated for 3 semesters, 11 students for 2 semesters, and 26 students for 1 semester. Of the 14 students who have graduated, 6 (42.9%) are currently working in the Methodist Healthcare System (MHS). 6 of the 7 (85.7%) students who participated in their 1<sup>st</sup> level are still working at MHS.</p>

Partnership Goals	Activities	Outcomes
	<p>II. Spring 2015: Implement a Dedicated Education Transition to Practice Program (DETPP) in which Senior nursing students enroll in a nursing internship at the hospital where they are precepted by BSN staff nurses and participate in Leadership and Management Courses.</p> <p>A. Fall 2016: UIW/MSTH DETPP revised to provide paid internship.</p> <p>B. Spring 2017: UIW/MHS DETPP expanded from MSTH to all 6 MHS hospitals.</p>	<p>Dedicated Education Transition to Practice Program (DETPP) initiated for 5<sup>th</sup> semester nursing students in Spring 2015.</p> <p>Program supports BSN student’s transition from student to nurse in their final semester for nursing school and their entry into RN employment.</p> <p><b>Spring 2015:</b> 6 students participated in the UIW/MSTH DETPP. 6 of 6 (100%) will be hired at MHS. 100% are still employed at MHS 4 years later (May 2018).</p> <p><b>Fall 2015:</b> 2 students participated in the UIW/MSTH DETPP. Two of 2 (100%) were hired by MHS. One of 2 (50%) is still employed at MHS 3.5 years later (May 2018). The other moved to another state.</p> <p><b>Spring 2016:</b> Three students participated in the UIW/MSTH DETPP. Three of 3 (100%) were hired by MHS, but are no longer at MHS. <b>Fall 2016:</b> One student participated in the UIW/MSTH DETPP, two students participated in the DETPP with a paid internship at MSTH. Three of 3 (100%) students were hired and are still employed by MHS.</p> <p><b>Spring 2017:</b> Twelve students at the expanded MHS DETPP. Eleven of 12 (91.67%) hired by MHS with four of the 11 hired (36.4%) at MSTH. Eleven of 11 (100%) are still employed at MHS.</p> <p><b>Spring 2018:</b> Eighteen students participated in the expanded MHS DETPP with paid internship. Eighteen out of 18 (100%) have applied to MHS facilities (May 2018).</p> <p><b>Overall:</b> 96% of DETPP and paid intern students from Spring 2015 through Fall 2017 were hired by MHS.</p>

Partnership Goals	Activities	Outcomes
		Spring 2015 students continue to have a 100% retention rate. Overall retention rate Spring 2015 through Fall 2017 is 84%
<p>Increase the presence of graduate students in the clinical practice setting including the opportunity to assess, design, implement, and evaluate Clinical Nurse Leader (CNL), Clinical Nurse Specialist (CNS), and Doctor of Nursing Practice (DNP) Projects.</p>	<p>I. Graduate UIW Faculty meet with Nursing Leadership to discuss the MSN and DNP project structure. Discuss project steps and potential impact for the organization, as well as involvement needed by MSTH nursing leaders, nursing staff, and senior organizational leaders.</p> <p>II. Determine methods of smoothing processes to acquire and analyze data related to each specific project.</p> <p>III. UIW Graduate Faculty encourage MSN and DNP students to use MSTH for graduate projects, as appropriate.</p> <p>IV. Each graduate student planning to use the MSTH setting meets with MSTH nurse leaders of area of interest to propose project and discuss the potential impact on resources and outcomes.</p> <p>V. Graduate projects are implemented including an assessment, design, implementation, evaluation, and written and verbal report with opportunity for discussion.</p>	<p>Potential projects and project impact discussed with leaders and staff.</p> <p>Contacts provided to assist with data acquisition and analysis of data, as appropriate.</p> <p><b><u>CNL Projects Implemented:</u></b>  <b><u>2014:</u></b> Falls Prevention; Diabetes Amputation Prevention  <b><u>2015:</u></b> Hourly Rounding for Patient Safety and Satisfaction; Prevention of Staff Back Injuries  <b><u>2017:</u></b> Ventilator Associated Infection Prevention</p> <p><b><u>CNS Projects Implemented:</u></b>  <b><u>2017:</u></b> Nursing Compliance with Emergency Patient Education  <b><u>2018:</u></b> Chronic Kidney Disease Patient Education</p> <p><b><u>DNP Projects Implemented:</u></b>  <b><u>2017/2018:</u></b> PHQ-9 Depression Screening</p>