



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



The College of Nursing (CON) is referred to as academic partner (AP). Juvenile Justice Services (JJS) is referred to as the practice partner (PP). Please note, that within JJS their staff act as a parental guardian. This means JJS staff administer medication and provide direct care to youth in the facilities, just as a parent would in their home.

<b>Partnership Goals</b>	<b>Activities</b>	<b>Outcomes</b>
<ol style="list-style-type: none"> <li>1. The Juvenile Justice Services (JJS) partner desired to have appropriate health care for incarcerated youth.</li> <li>2. The College of Nursing (CON) partner desired to:               <ol style="list-style-type: none"> <li>a. provide a site for CON faculty to practice</li> <li>b. provide excellent health care services to incarcerated youth</li> <li>c. provide exceptional clinical experiences for nursing students (both undergraduate and graduate) and pediatric and adolescent medicine residents.</li> <li>d. provide a site for the provision of inter professional education (IPE) and inter professional collaborative practice (IPCP).</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Youth are evaluated in facility within 48 hours of arrival. If a youth has a medical issue or an injury, the nurse will evaluate them as soon as possible.</li> <li>2. Undergraduate students participate together with their RN mentors in the initial intake exam of youth when they enter the facility; identifying issues or problems that youth express. They determine if a youth needs an appointment with the CON Nurse Practitioner (NP) for further workup and schedule youth with a dental exam and a visit with the Psychiatric NP as needed.</li> <li>3. Nurse practitioner students and medical residents work with CON faculty directly to perform a history and physical exam (PE) and to arrive at differential diagnoses and a plan of care.</li> <li>4. Under CON NP supervision, student nurse practitioners and medical residents perform well adolescent exams for adolescents' residents aged 12-19 and targeted physical assessments for acute issues or injuries.</li> </ol>	<ol style="list-style-type: none"> <li>1. JJS incarcerated youth are provided health care that meets correctional and community standards.</li> <li>2. Holistic and interprofessional health care is provided for youth.</li> <li>3. CON faculty are able to engage in clinical practice and interprofessional collaborative practice.</li> <li>4. CON Nurse Practitioner faculty maintain clinical competence and expertise in adolescent and correctional health care.</li> <li>5. IPE experience for students.</li> <li>6. Students interact with minority and underserved populations.</li> <li>7. Students have an opportunity to interact with adolescents, the population least likely to seek health care.</li> <li>8. Students learn to take a complete history including learning to discuss "difficult topics" such as drug use, sexual identity, sexual risk factors and other high-risk behaviors.</li> <li>9. Students have the opportunity to serve as health educators for the youth. Overall, students learn</li> </ol>

	<ol style="list-style-type: none"> <li>5. Undergraduate students often provide an educational topic of interest to the youth and will create education material on care for things such as acne, psoriasis rash or healthy eating.</li> <li>6. All student types receiving IPE and participating in IPCP. Interacting with other health care and correctional professionals in JJS facilities.</li> </ol>	<p>empathy and see the humanity of an underserved population.</p> <ol style="list-style-type: none"> <li>10. The CON estimates students participated in care with the juvenile population for the following number of hours in fiscal year (FY) 2017. <ol style="list-style-type: none"> <li>a. 1080 undergraduate student nurse clinical hours</li> <li>b. 540 graduate student hours</li> <li>c. 135 medical resident hours</li> </ol> </li> </ol>
<ol style="list-style-type: none"> <li>3. To ensure the right care is provided at the right time in the right place and to decrease the number of youth who are referred to outside facilities for care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Implement Nursing services in facilities at appropriate staffing levels. RN hours fluctuate between 32 – 96 in differing facilities. RN hour needed are dependent on the number of youth admitted daily, the overall census and the nature of the youth being housed.</li> <li>2. Initiate a 24 hour, seven days a week call service staffed by nurse practitioners. This enables both nursing and JJS staff to call anytime 24 x 7 ensuring appropriate care for youth. The NP provides advice and reassurance that a youth will be fine to care for in the facility and the NP can provide an onsite evaluation the next day.</li> <li>3. The CON registered nurse staff also have access to an on-call Nurse Practitioner to secure advice in-between times Nurse Practitioners are in clinic.</li> </ol>	<ol style="list-style-type: none"> <li>1. RNs are available at every facility a minimum of 5 days per week. Some facilities have nursing care available 7 days per week and for longer hours. There are no nurses in the facilities overnight.</li> <li>2. A 24/7 call service allows for appropriate care in the facility and results in less youth being transferred for what may feel like urgent or emergent health care needs.</li> <li>3. JJS staff and CON registered nurse staff may page the on call NP provider as needed. The on-call Nurse Practitioner was paged over 2000 times in FY 2017 - averaging about 200 calls per month.</li> </ol>
<ol style="list-style-type: none"> <li>4. CON to provider Appropriate Medication Administration Training to JJS staff. And to ensure ongoing compliance with medication administration.</li> </ol>	<ol style="list-style-type: none"> <li>1. JJS staff to view the Medication Administration Training voice over PP and take and pass the post test. (See in Appendix A)</li> <li>2. JJS staff are to call the on call NP regarding medication management of any youth admitted to the facility after hours.</li> <li>3. CON nurses produce the medication administration records (MAR), review them once they are in circulation and provide education to</li> </ol>	<ol style="list-style-type: none"> <li>1. Medication management training ensures that staff understand the six rights of medication administration and documentation.</li> <li>2. Medication management calls ensure that youth do not miss a dose of an important medication upon admission and prior to being evaluated by the CON health care team.</li> <li>3. MARs are produced by nurses which allows PP staff to pass medication with fewer errors.</li> </ol>

	<p>PP staff on medication distribution and proper documentation.</p> <p>4. CON has protocols for over the counter medication administration. An RN or staff member may treat a youth with an OTC medication per the protocol.</p>	<p>a. PP staff have access to a registered nurse to answer questions regarding proper medication administration and documentation. And Access to the NP after hours.</p> <p>4. CON oversees the medication cart and MAR for both prescription and OTC meds on a daily basis.</p>
<p>5. CON partner to provide care to JJS youth utilizing current community and correctional standards of health care.</p>	<p>1. CON will provide JJS with multiple care protocols for example: communicable disease, diabetic management, drug withdrawal management, acne management, guidance for cough, cold and flu like symptoms and use of orthopedic medical equipment.</p>	<p>Protocols provided include:</p> <ol style="list-style-type: none"> <li>1. Yearly Flu Guidelines are written by AP Medical Doctor and supplied to PP facilities and staff. Who needs isolation and how to do this.</li> <li>2. Diabetic care guidelines are provided for PP staff. This guides staff through a safe process of monitoring diabetic patients.</li> <li>3. The Clinical Opiate Withdrawal Scale (COWS) is easily retrievable and used per clinician order.</li> <li>4. The Arm Sling and Crutches Proper Use Protocol was written by AP staff and supplied to PP facilities.</li> </ol>
<p>6. To provide JJS staff with education regarding overarching medical topics and medical care for special youth - thus ensuring appropriate medical care for youth in the facility.</p>	<p>1. CON will educate JJS staff on medical topics pertinent to Juvenile health care using both guidelines and presentations.</p> <ol style="list-style-type: none"> <li>a. JJS staff identified six health education topics they wanted education on and a CON student provided this as part of her DNP program.</li> <li>b. Many educational materials and activities are implement system wide. Including in JJS's rural facilities where the CON is not the health care provider.</li> </ol>	<p>1. CON has created clear guidelines so that JJS staff are aware of when to call CON NP for professional health care advice when the nursing office is not open.</p> <ol style="list-style-type: none"> <li>a. JJS Non-Medical Staff Health Education Training is a learning module covering the following: 1) vital signs – what are they and how to take them, 2) common medications, 3) recognizing and responding to urgent situations, 4) mental illness and serious symptoms to watch for, 5) when and why to refer to medical staff, and 6) precautions to keep you safe.</li> </ol>

	<p>2. Provide patient education presentations for both youth and JJS staff.</p>	<p>2. The following link is an educational video made by a DNP student, which focuses on sexuality education: <a href="https://youtu.be/ZgwfOiQ-Oak">https://youtu.be/ZgwfOiQ-Oak</a></p> <p>a. This project has been accepted for national presentation in October 2018.</p>
<p>7. Data Collection regarding health activities and accreditation metrics for use by both partners.</p> <p>8. Metrics are used by JJS to show appropriate care for youth in both accreditation and audits.</p>	<p>1. CON to track the following data points for JJS for their internal metrics and to ensure compliance with the state laws regarding care of justice youth:</p> <ul style="list-style-type: none"> <li>a. Nursing intake within 48 hours of admission</li> <li>b. Medication reconciliation and management <ul style="list-style-type: none"> <li>▪ Psychiatric medication use and management</li> </ul> </li> <li>c. Referral to the CON Psychiatric Mental Health Nurse Practitioner (PMHNP) if on psychotropic medications.</li> <li>d. Physical exam within 30 days of admission if healthy youth</li> <li>e. Nurse Practitioner visit with physical exam upon acute illness or injury</li> <li>f. Dental visits</li> <li>g. Vision visits</li> <li>h. Specialty care visits</li> <li>i. X-rays</li> <li>j. TB screenings on youth who enter into JJS facilities</li> <li>k. daily sick call logs</li> </ul> <p>2. CON provides screening for high-risk behaviors, trafficking and sexually transmitted infections. Urine screening for Chlamydia and Gonorrhea is offered to eligible youth.</p>	<p>Below data points and numbers are for FY17</p> <ul style="list-style-type: none"> <li>1. The total nursing encounters in FY 17 were 20,970</li> <li>2. The CON clinical nurse staff performed 6,290 sick calls from youth in JJS facilities, and the nurse practitioners conducted 1,198 sick calls and 530 physical exams for youth in JJS facilities.</li> <li>3. The CON conducted 873 visits with a Psychiatric Mental Health Nurse Practitioner (PMHNP).</li> <li>4. 320 youth were admitted to JJS facilities on psychiatric medications.</li> <li>5. The CON has conducted 385 TB screenings, and found 19 youth tested positive for TB.</li> </ul> <p>6. The CON tested 1,420 youth in FY 17 for Chlamydia and Gonorrhea; of those tested, 146 youth had a positive STI result.</p> <ul style="list-style-type: none"> <li>a. Year to date for FY 18 1921 youth have been survey for high risk behaviors with 1161 STI testing specimens being collected. Of these 8.33% of the youth are positive for one or more STI, with 72% receiving treatment in the facility.</li> </ul>

	<p>3. CON and JJS work jointly with law enforcement and social justice for the betterment of at risk youth.</p>	<p>7. High risk youth and trafficking task force include members of JJS and CON. Both parties are able to contribute and inform health policy or initiatives as close partners.</p>
<p>9. Data collection for specific studies, which have Institutional Review Board (IRB) approval.</p>	<p>1. Faculty and students conducting research consult both the University of Utah IRB and Department of Human Services (DHS) IRB.</p>	<p>1. IRB approved studies, which are eligible for publication.</p>
<p>10. Partnership with JJS promotes professional growth of faculty by affording opportunities for publication, presentation and attainment of advanced correctional certification.</p> <p>11. Allows for both local and national service opportunities.</p>	<p>1. The National Commission on Correctional Health Care (NCCHC) offers health professionals certification to recognize leadership commitment and expertise as well as the mastery of national standards and the knowledge expected of leaders in the complex and specialized field.</p> <p>2. CON faculty present at professional conferences and publish in peer-reviewed journals.</p> <p>3. CON faculty able to provide expert advice opinions that have the ability to affect the delivery of health care to incarcerated youth.</p> <p>4. CON faculty to provide service on local and national committees.</p>	<p>1. The CON Clinical Director has obtained Certification as a Correctional Health Professional.</p> <p>2. Links to presentations given by CON faculty members at the 2017 NCCHC conference:  <a href="#">Dr. Clifton presentation</a>  <a href="#">Dr. Vincent presentation</a></p> <p>3. CON Clinical Director is the first Nurse Practitioner to be appointed to the NCCHC board. To obtain a board position the NP must represent a national organization – the CON Clinical Director represents the American Association of Nurse Practitioner (AANP).</p>