Academic-Practice Partnerships: Workforce Planning

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Objectives

- Provide the history and ongoing activities of an academic-practice partnership between a large regional health care delivery system and a private university.
- Provide focus on nursing workforce planning, and highlight an exemplar academic program partnership to enhance the care delivery system.
- Describe the work of regional action coalitions at the state level in increasing the healthcare workforce of the future

Our Story: Background Information



Healing Hands. Caring Hearts.™



- 27 acute-care and short-stay hospitals that are owned, operated, joint-ventured or affiliated with the system.
- 100 Outpatient access points
- ► 350 Community access points
- 3,800 licensed hospital beds
- 23,300 employees
- 7000+ Registered Nurses
- 5500 physicians
- 290 advanced practice providers

Texas Health Van Alstvne SYSTEM MAP Pilot Point Celina Acute Care Hospitals Behavioral Health Hospitals & Centers Short-Stay Hospitals Collin Transitional Care & Rehabilitation Hospitals Outpatient Facilities and Surgery Centers Affiliated Imaging Centers Sports Medicine & Fitness Centers Texas Health Emergency Rooms Springtown Rockwall Forney (175) 287 Ferris Red Oak Midlothian Alvarado axahachie (67) Enni



- 19 years as a system
 - Settings are urban, rural, and suburban
 - ▶ Entity sizes are small, medium, and large (50-866 beds)
- Established system CNE role in 2008 to standardize and align nursing practice across the wholly owned enterprise
- Partnerships with academia were entity based with clinical affiliation agreements held by the Texas Health Center for Learning (now know as Texas Health Resources University)



- As first system CNE, established new strategic plan and began work of standardization
- A new care delivery model was established in 2009 utilizing the role of the Clinical Nurse Leader for small microsystems of 12-16 beds in the acute care setting
- Began pilot model in a few THR hospitals with a BSN prepared candidate for CNL programming called a Patient Care Facilitator
- Approached local colleges and universities to establish the CNL curriculum

Academic-Practice Partnership

Harris College

Nursing

- Partnered locally with Texas Christian University
 - ▶ First cohort of CNL students began in fall of 2009.
 - ► Two tracks:
 - Advanced Practice nurses post masters' certificate course
 - ► Generic CNL degree
 - TCU provides CNL certification preparation and host testing
 - TCU provides philanthropic financial assistance to discount tuition and THR covers remaining tuition with funding through THR's Nursing Excellence Fund

TCU Texas Christian University

- Founded in 1873
- Enrollment of 10,000+
- 110 undergraduate areas of study
- ▶ 53 Master's level programs
- 28 Doctoral level programs
- Freshman to sophomore retention rate of 91%
- Student/faculty ratio of 13:1



TCU Harris College of Nursing & Health Sciences

- ► 5 academic units
 - Communications Sciences & Disorders
 - Kinesiology
 - Social Work
 - Nurse Anesthesia
 - Nursing
- Health Innovation Institute at TCU with 4 component Centers of Excellence
- Health Professions Learning Center
- 400+ affiliation agreements



TCU Nursing

- ► 2 undergraduate tracks
- MSN
 - CNS (Adult-Gerontology & Pediatrics)
 - CNL
 - Nursing Administration
 - Nursing Education
- DNP
 - BSN to DNP
 - ► Family Nurse Practitioner
 - Clinical Nurse Specialist
 - Post-Master's DNP
- ▶ PhD (Fall of 2018)



Partnership first steps



Memorandum of understanding

Practice/academic tasks

THR	TCU
 Securing administrative commitment Recruiting CNLs Onboarding key players to vision and role of CNL Internal support for inquiries, role development and tracking 	 Approval of new track Faculty resistance Curriculum development & approval Faculty recruitment & orientation
 Lining up funding for scholarships 	 Financial assistance/scholarships

Select partnership challenges

THR	TCU
 Educating potential CNLs, Managers, Directors, and Administrators about role and vision for the organization 	 Unknown nursing role Marketing Recruitment
 Placement of CNL student in a PCF role 	 Communication with partner Who does what? Who solves problems?
 Role confusion 	 Role confusion between partner educators and academic faculty
Employee or student?	

Partnership challenges

THR	TCU
Adapting typical work schedule to accommodate students' "on the job" learning experience	 Development of a new interdisciplinary team preceptor model Faculty oversight & development of preceptors
 Pressure of fulltime program and fulltime work role 	 Scholarship of applicants
 Differences in entity interpretation of roles and responsibilities 	 Use of "real" data in academic learning HIPAA IRB

Mechanisms to overcome challenges

- Frequent team meetings to identify challenges and develop solutions
- Relationship building between key players
- Flexibility and adaptability
- Ongoing education in partner facilities regarding CNL role and collaborative relationship
- Open and frequent communication
- Joint events, travel, publications, and presentations

Successes

- Additional CNL positions funded across THR system (approximately 130 total) as part of care management redesign for system hospitals to full deployment
 - Continued student applicants and admissions
- Publications
- Presentations
- Publicity (Dallas Business Journal, Nursing Spectrum, Press-Ganey, AMN Healthcare, Nursing Advisory Board)
- High CNL job satisfaction
- Enhanced patient outcomes

Clinical outcome improvements

Sample CNL outcomes:

- Implementation of system-wide interdisciplinary daily care briefings to impact length of stay
- Decreased CAUTI rates by determining medical necessity for catheters
- Decreased readmission rates by utilizing clinical rounding and proper post-acute placement
- Improved discharge information HCAHPS results
- Increased compliance to core measures
- Increase compliance to vaccine utilization
- Decreased C-Diff infection rates
- Implemented system-wide Mobility Project
- Decreased PICC line utilization/CLABSI rates by creating a decision tree focusing on proper mid-line usage
- Decreased LOS and complications of Hip/Knee patients by leading boot camp education

Partnership successes

- Enhanced CNL professionalism, confidence, and self esteem post graduation
- Increased participation in leadership and mentoring activities
- Increased sense of "systemness" because of CNL relationships and now because of centralized relationships.
- Role modeling to peers the benefits of higher education

Questions??

Texas Workforce Initiatives and Partnerships

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Texas Center for Nursing Workforce Studies projections on workforce

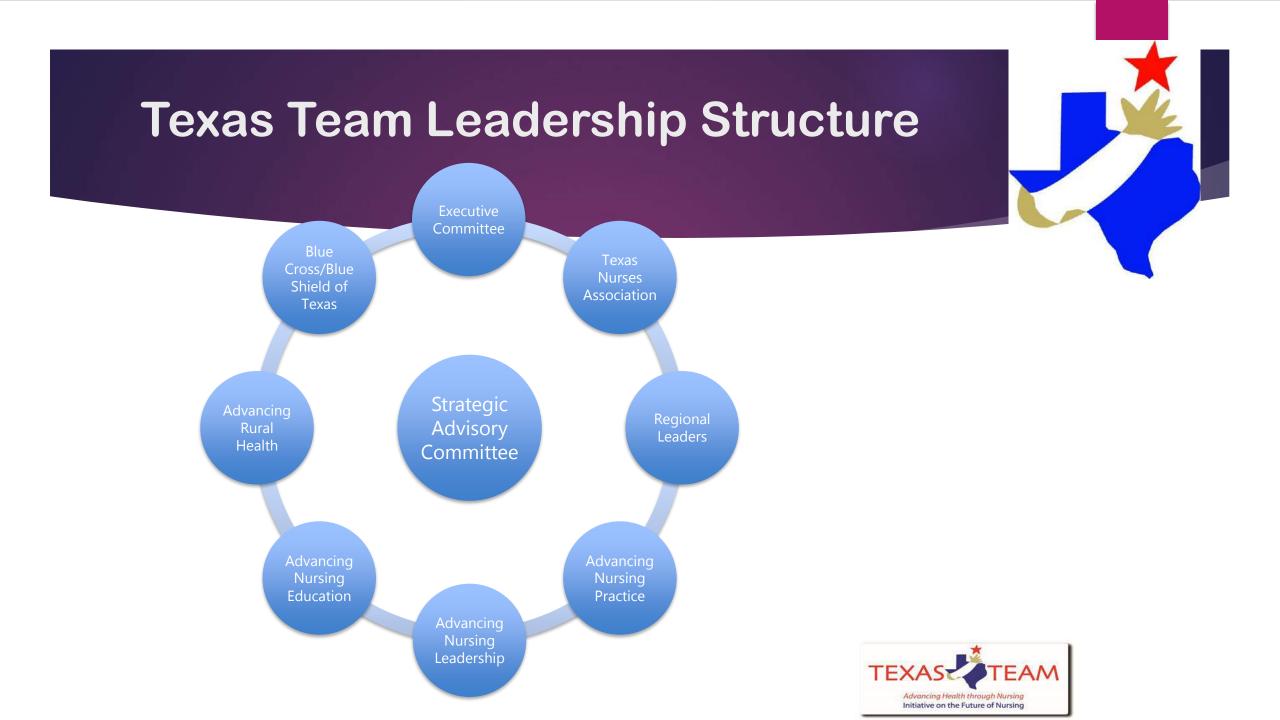
► RN Deficits

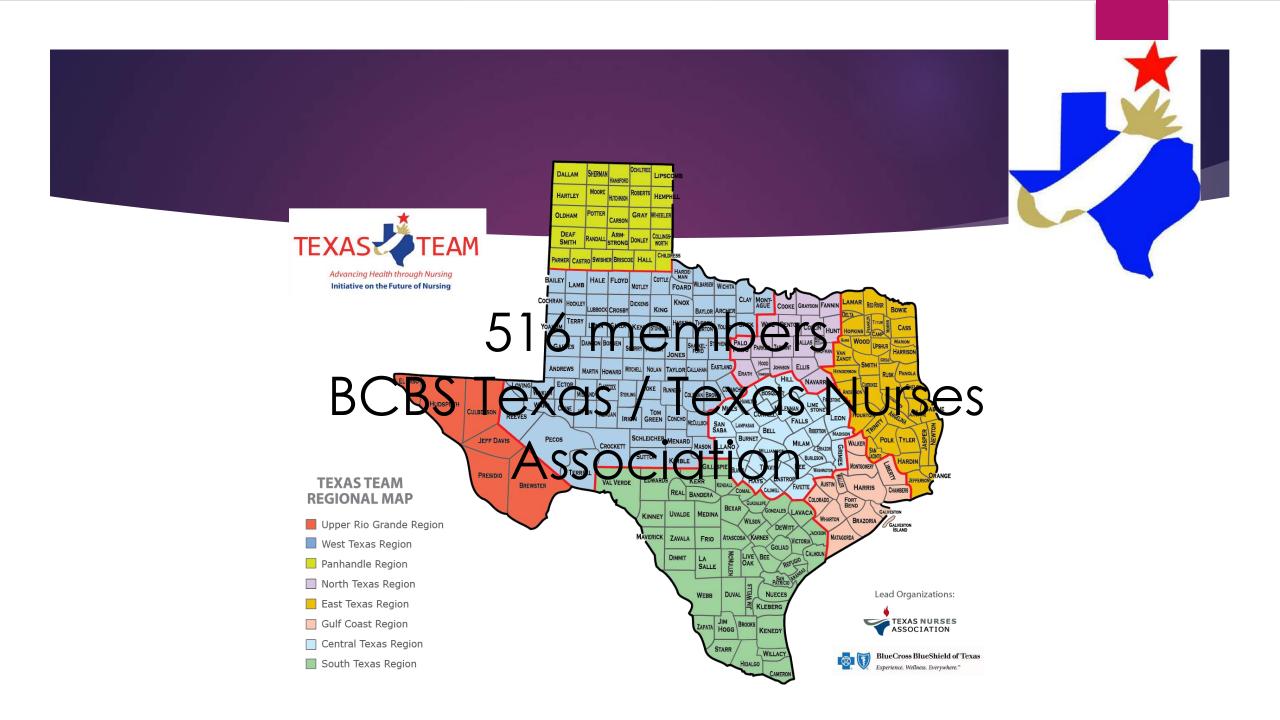
- ▶ By 2030, 20% of the demand for RNs will be unmet
- Nurse Practitioner Deficits
 - ▶ By 2030, 25% of the demand for NPs will be unmet
- Certified Registered Nurse Anesthetist Deficits
 - ▶ By 2030, 17.7% of the demand for CRNAs will be unmet
- Certified Nurse Midwife Deficits
 - ▶ By 2030, 80% of the demand for CNMs will be unmet

http://www.dshs.texas.gov/chs/cnws/Nursing-Workforce-Reports/

Regional Action Coalition work – TEXAS TEAM

- Founded in 2012
- Part of the Future of Nursing: Campaign for Action, a joint initiative of AARP and the Robert Wood Johnson Foundation
 - Awarded one of 10 national APIN (Academic Progression in Nursing) grants by RWJF (2011-2013).
- Focused on achieving the IOM Future of Nursing recommendations
- ▶ 343 member organizations
- ► Works to:
 - capture best practices
 - determine research needs
 - ► track lessons learned
 - ▶ identify replicable models that can accelerate improvements nationally.



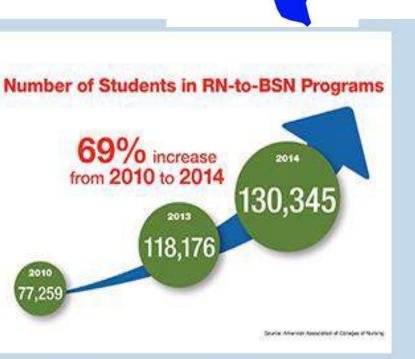


Workforce Accomplishments

- Texas schools of nursing launched new DNP Programs. 2013 AY data indicates number of doctorates rose significantly – with increases in production of both DNP and PhD graduates.
- Texas Center for Nursing Workforce Studies (TCNWS) and Texas Board of Nursing worked collaboratively with Texas Team to build dashboard indicators and to continue to track and report nursing workforce data

Increased Education

- ▶ 57.4 % BSN in Texas.
- Texas DNP graduates up 39% / PhD up 4% in Texas
- 10% more Texas Nurses transition in a residency
- 2 APIN grants from RWJF/AONE completed
- Overall Texas graduates in academic progression programs have increased 88% in 2 years and enrollment is up 95% from 2011 to 2013



Fundraising

- Johnson & Johnson Gala Funds
 - Raised 500 K to date
 - Dallas 2014, Houston, 2015, Austin 2016
- Funding student and faculty scholarships: 35%
- Funding Grants
- Funding projects and programs
 - ▶ NOB training across state
 - Rural Health Summit
 - American Assembly of Men in Nursing (Dallas chapter)



Regional Grants

Gulf Coast Region – one year grant \$28,875.

- 45 faculty trained in distance education technologies to support RN to BSN progression
- 44 faculty provided hardware (i-pads) to support distance education delivery

Regional Grants

North Texas Region – Two Year Grant \$32,455.

- Developed an educational program to enhance BSN-prepared nurses' readiness to practice outside the traditional walls of an acute care hospital.
- Educating BSN nurses.

Regional Grants

Expedition Rio Grande – Two Year Grant \$25,000

- Provided 28 nurses with Nurses on Board Training.
 - one nurse appointed to a local board
 - one nurse appointed to a national board
- Provided education on the IOM FON Report to 250 ADN students and nursing faculty at the local community college
 - Over 130 nurses in our community completed their BSN
 - One publication in regional magazine regarding progress toward achieving IOM FON goals.
- Two facilities joined the Texas Team Upper Rio Grande Region action coalition

Questions??

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