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Academic-Practice Partnership Summary Document**

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PLAYERS

Selecting Partners

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Preparing for Your First Meeting

Date/Time of Meeting: Fall, 2014

Place of Meeting: Emory University Nell Hodgson Woodruff School of Nurs

What do you and your partner need to know about you and your organization?

The Nell Hodgson Woodruff School of Nursing (NHWSN) has a 100+ year history of producing innovative nurse leaders and scholars. Currently ranked #4 in graduate nursing education by US News & World Report, NHWSN attracts expert faculty and top researchers from around the globe. In fact, it is consistently among the top three recipients of National Institute of Health research funding for nursing schools. NHWSN is also uniquely positioned as both a branch of Emory University and Emory Healthcare (EHC), an expansive medical network with hundreds of locations across Georgia. These are just some of the factors that make NHWSN and ECH ideal partners for initiatives aimed at solidifying the nursing workforce and solving health system issues.

PARTNERSHIPS

Initial Meeting

What is the right partnership activity for you and your partner?

The right partnership activity for NHWSN and EHC is the creation of a high-level, interprofessional task force that may collaborate on an ongoing basis regarding issues impacting both institutions. The Joint Leadership Council (JLC) arose from Emory's role at the forefront of the 2014 Ebola Crisis. When the first affected patients were airlifted to EHC, Linda McCauley, Dean of NHWSN, and Susan Grant, then Chief Nurse Executive for EHC, pooled resources and personnel. Their team responded rapidly and effectively, updating infection control procedures, triaging press inquiries, and more. Additionally, three of the RNs on the Ebola Team were NHWSN alumni—one of whom went on to enroll in NHWSN's doctoral program. The JLC remains active and committed to the goals outlined by the AACN-AONE Task Force. Its initiatives include the Integrated Memory Care Clinic (IMCC), the first US nurse-led primary care clinic dedicated to patients with dementia & InEmory, an integrated learning experience seamlessly transitioning NHWSN students to under-staffed EHC medical-surgical units.

What documents about your organization should you bring to the meeting?

Guiding documents provided by the NHWSN include:

- The annually updated Student Handbook: Preparing Visionary Nurse Leaders, which details NHWSN's mission, vision, and primary strategic initiatives
- The InEmory Team Charter, which includes the purpose statement, functions, and decision-making protocols for InEmory, the initiative (mentioned above) working to address the medical-surgical nursing shortage
- The school's budget, organizational chart, shared calendar, and contact information for key personnel

Advancing Healthcare Transformation: A New Era for Academic Nursing, prepared by Manatt Health in coordination with the AACN, is the central guiding document for this council, shaping priorities for every meeting.

What do you have to offer?

Along with its classroom spaces, simulation labs, faculty, and support staff, NHWSN offers an exceptional executive team. Its members include:

- Dean McCauley, thought leader on the intersection of environmental science & nursing, under whose leadership NHWSN rose to #4 in graduate nursing school rankings
- Associate Dean Carolyn Clevenger, who spearheaded the Integrated Memory Care Clinic (IMCC) in conjunction with EHC clinical nurse specialist Janet Cellar
- Amy Dorrill, Associate Dean of Development and Alumni Relations, who played an integral role in coordinating the residency program that InEmory graduates will complete upon entering the workforce

What is your vision for this partnership and does your partner share this vision?

The shared vision for this partnership is to create a clinically competent and intellectually curious workforce of nurse leaders—one which may directly alleviate the growing nursing shortage.

Furthermore, by strategically aligning the interests of academia and practice, the JLC may target pressing systemic issues with precision. InEmory and IMCC are both excellent examples of this. IMCC functions as a direct response to the widespread issue of fragmented, poorly communicated dementia care, while InEmory helps to funnel qualified ABSN graduates onto understaffed EHC medical-surgical units. This integrated learning experience offers students up to \$10K in tuition for a two-year post-grad commitment (non-binding) to a med-surg unit in need. InEmory helps students to seamlessly traverse from pre-licensure status to that of professional nurse leader.

Who else needs to be involved in both organizations? Is top leadership involved?

Top leadership from each partner organization is directly involved. However, involvement extends throughout both institutions and across disciplines, leveraging academic-professional connections at every level.

InEmory, for example, is being developed and led by Associate Professor Bethany Robertson, who is now the Program Director. She coordinates with stakeholders across NHWSN and EHC, by means of an advisory board, to ensure the program's success. On the academic side, these players include department heads for curriculum, the simulation center, and others; on the hospital side, these include unit nurse educators, nursing retention specialists, and CNS liaisons. Dr. Robertson also collaborated with an MPH student to produce internal research on the program and recently appointed a student representative to the InEmory Charter Team.

What is the business case for the partnership?

The JLC is optimizing financial performance across academia and practice. By sharing knowledge—including transparency regarding performance—the committee may pinpoint issues impacting the business of both organizations. Continuous dialogue allows potentially expensive problems to be identified promptly. Corresponding initiatives are then developed with clear budgets, set evaluation periods, and agreed upon performance indicators.

InEmory exemplifies the business appeal of this partnership. EHC, not immune to nursing shortage costs (e.g. turnover expenses up to \$60K for new nurse training alone), needed committed med-surg nurses. NHWSN, seeking job security for graduates, offered a mutually beneficial solution: NHWSN would pay up to \$10K in scholarship funds per student who agreed (non-binding) to two years of med-surg nursing; EHC would ensure employment pending licensure, along with substantial program support.

Subsequent Meetings

Do you have clarity on goals and vision?

Yes, the JLC is committed to initiatives that will:

- Empower nurses to practice to the full extent of their license
- Enable lifelong learning for nurses across academia and practice
- Promote knowledge exchange through shared informatics, interprofessional education, joint competency development, and ongoing continuing education opportunities
- Create a workforce of nurse leaders dedicated to affecting change, including a willingness to redesign systems and practice environments for the betterment of personal and community health outcomes

What are the details and time line of the initiative?

The JLC meets every other Thursday for at least two hours. These meetings date as far back as the joint NHWSN-EHC response to the 2014 Ebola Crisis.

Meetings regarding the numerous initiatives launched by the JLC take place on both an as-needed and scheduled basis.

Whom can we call for expert consultation if needed?

Jasmine Hoffman, MBA, APR, Associate Dean and Chief Operating Officer, office: (404) 727-6524

Carolyn Clevenger, DNP, RN, GNP-BC, AGPCNP-BC, FAANP, Associate Dean for Clinical and Community Partnerships, office: (404) 712-2394

Bethany Robertson, DNP, CNM, InEmory Program Director, office: (404) 727-5784

Rose Hayes, RN, BSN, MA, Manager of Executive Communications and Engagement, office: (404) 727-9762

What are the expected outcomes of the activity?

JLC initiatives have produced a broad spectrum of positive measurable outcomes. Some initiatives have entered or completed the evaluation phase with outcomes data available. Others are in the planning, development, or implementation phase. The Partnership Expectation and Outcome Metrics Worksheet details these measured and/or anticipated outcomes for a sampling of JLC initiatives, including InEmory (planning/implementation phase) and IMCC (ongoing evaluation phase).

Notable IMCC outcomes: 97% patient satisfaction rates, hospitalization rate less than 2% (national average = 13%), appointment wait time <24 hours, level 3 patient-centered medical home (highest rating from National Committee for Quality Assurance)

ENVIRONMENT

Time

Is this the right time for this partnership?

Yes, health policies, payment and delivery models, and technologies are rapidly evolving. This partnership enables NHWSN and EHC to update systems and best practices accordingly & in a streamlined manner.

As a Level 3 patient-centered medical home—the first nurse-led example of this delivery model at Emory—IMCC addresses a core aim of the Affordable Care Act: to improve access and quality of care across the lifespan by utilizing the patient-centered medical home model. InEmory is also timely. Forty percent of RNs are over age 50 with ~1 million projected to retire by 2030. BSN enrollment is not high enough to stem this flow—and BSN demand will only increase as Baby Boomers age. Furthermore, nursing shortages in the southern US—where Emory is located—are forecasted to be among the nation's worst. Georgia nursing demand is expected to rise 18.3% between 2016 and 2026 alone.

What are the issues that will facilitate or impede the development of the partnership?

The JLC is anticipatory of potential limiting factors for each initiative. For example, InEmory was developed with specific cross-institution challenges in mind:

- Student engagement: Community building activities, such as a formal reception with current Chief Nursing Officer Sharon Pappas and an orientation luncheon with unit leaders, help to build a sense of belonging among cohorts
- Med-surg exposure: A dedicated nurse extern program, the opportunity to work as a nursing assistant, and the Emory Nurse Residency Program (NRP) all serve to increase students' med-surg exposure, boost confidence, and reduce time to competence
- Turnover: InEmory produces resilient nurse leaders, empowered by leadership curriculum to change systems when problems arise, reducing burnout and turnover

What is the time commitment for the partners?

JLC meetings take place every other Thursday for at least two hours.

Additional planning meetings may take place as needed or on a scheduled basis for specific initiatives. The InEmory Charter Team, for example, dedicated 2 four-day conferences to coordinating the program's rollout (along with several individual meetings) during October 2018. This came ahead of the program's inaugural ABSN cohort, which entered their first semester in January 2019. Time commitments for this program remain extensive for both partners, from monthly advisory board meetings, to the internal evaluation completed by MPH student Liz Moreno, to the ongoing work of dedicated education unit (DEU) personnel, to the efforts of EHC nurse retention specialists and NRP coordinators.

Whose time will be required?

NHWSN executives (JLC members) may be found here: <http://bit.ly/SONleaders>

Bethany Robertson, DNP, CNM, leads an interdisciplinary cross-institution Charter Team as Program Director for InEmory.

Carolyn Clevenger, DNP, RN, GNP-BC, AGPCNP-BC, FAANP, helped to establish IMCC in coordination with EHC clinical nurse leader Janet Cellar. Their team includes nurse practitioners, NHWSN students, family caregivers, a patient services coordinator, a clinical social worker, neurologists, gerontologists, and 24/7 on-call nursing staff for after-hours questions.

Every JLC initiative is supported by an extensive list of faculty, staff, and support personnel from both institutions.

When will the meetings be scheduled?

The JLC maintains its standing meeting schedule—every other Thursday for at least two hours. Individual initiatives have varying meeting schedules, e.g. the monthly advisory board meeting for InEmory.

ENVIRONMENT

Space

What space is required for the activity?

-JLC meetings take place in the Dean's Suite of NHWSN.
-IMCC is located in Emory Clinic at Executive Park, which contains numerous practices and programs. This setting integrates care from Emory and community practitioners, clinical and academic researchers within one care management system. This helps to ensure consistency of goals & measured outcomes.
-InEmory classes occur within NHWSN. The school's primary campus contains 105,535 sq ft of learning space (classrooms, lecture halls, simulation labs); secondary locations (16,000+ sq ft) include research labs, library space, and more. Clinical placements happen at newly developed clinical sites specifically dedicated to InEmory. Thirteen locations—3 of which are DEUs—will have been secured by Fall 2019.

What equipment and supplies are needed?

JLC meetings require subscriptions for teleconferencing and project management software, along with basic AV equipment.

IMCC requires the beds, medical equipment, nursing supplies, information technology, and office supplies typical of a primary care practice. The clinic also treats minor infections, wounds, and injuries, and is stocked accordingly.

InEmory is budgeted for the laundry list of nursing supplies and equipment (simulation mannequins, infusion pumps, crash carts, etc.) necessary for effective hands-on learning.

What money is needed?

The JLC needs to consider budgeting and return on investment for a host of initiatives. It must then arrive at a mutual agreement on division of costs.

InEmory, for example, is funded by monies allocated by both EHC and NHWSN. EHC funds are dedicated to recruitment, admissions, academic advising and support, scholarships (up to \$10K per student), faculty and staff salaries, and NCLEX preparation help. EHC funds are used for marketing materials, admissions support, one full-time employee for the EHC Program director, salaries for clinical faculty, and salaries of ABSN RNs once hired.

Where are we meeting?

Meetings take place in the Executive Conference Room of the Dean's Suite in NHWSN and/or via Zoom remote conferencing software.

Where will we present outcomes?

Results from the JLC's various initiatives are slated for presentation across numerous conferences and publications. Most recently, the 2018 issue of Nursing Administration Quarterly (Vol. 42, No. 4) included findings from Bernard, N. and Martyn, K. on key outcomes from Emory's Nurse Residency Program, one of JLC's foundational projects. One outcome they point to is the 21% of NRP students who passed their dysrhythmia test without needing any review (following the implementation of a dysrhythmia elective in the NHWSN curriculum). An additional 4% of students passed after a one-day review course. This translates to four days of orientation time and funds saved for each nurse resident who passed the test with minimal or no preparation.

ENVIRONMENT

Regulation

What are the policies or regulatory issues that will impede or facilitate development of the partnership on both sides?

Issues to consider for the JLC: Policy and regulatory changes at the state and national level, such as federal tax statutes that could impact planned budgets/reimbursements, the defunding of the ACA, and the defunding of reproductive health services.

IMCC: Credentials for all faculty and staff (obtained), compliance with HIPAA and OSHA (current), Medicare/Medicaid billing protocols (compliant, ongoing)

InEmory: Program accreditation (obtained), state-mandated health screenings and vaccinations for students & faculty (completed), student licensure—passage of NCLEX-RN & authorization by GA State Board of Nursing (TBD as the program lasts 15 months/4 semesters and first cohort is graduating in Spring 2020)

Context

How will the partnership be funded?

The partnership will be funded by the NHWSN endowment and monies allocated by EHC for JLC activities.

What are the constraints of both partners?

While each partner has its own respective board of directors and is subject to financial considerations, no significant constraints are anticipated for its activities now or in the future. This partnership has demonstrated its solvency over the course of almost six years. The JLC is a sustainable, high-functioning team tackling nursing practice issues with an evidence-based & data-driven approach. Its initiatives start at the top and draw on institutional support from across each level of both organizations, delivering outcomes in a targeted and streamlined manner.

What history do the partners have with each other and each others' institutions?

NHWSN and EHC have long maintained a close working relationship, partnering with each other for specific projects over the course of the school's history. However, when Linda McCauley became Dean in 2009, an overt effort to forge academic-professional partnerships was undertaken. The Joint Leadership Council was solidified and officially named in the midst of the Ebola Crisis, during which the capacity of both institutions was tested. The JLC proved instrumental in ensuring the recovery of the affected patients, protecting the safety of students, faculty and staff, and establishing clear channels for outside communications.

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