



Complete This Template to Develop Your Academic-Practice Partnership Summary Document

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PLAYERS

Selecting Partners

Academic School:

Rush University College of Nursing

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Practice Setting:

CommunityHealth

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Preparing for Your First Meeting

Date/Time of Meeting January 2014

Place of Meeting:

CommunityHealth

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

First meeting was completed in 2014. Discussion of the establishment of an embedded faculty role at CommunityHealth through support of the Graduate Nursing Education grant. Initial needs were (1) willingness to host an embedded faculty member and (2) willingness to allow for NP student training. In addition, Rush University College of Nursing needed to identify a faculty member to embed. Both organizations needed to know about each other's mission and vision as well as understanding of each organizations goals for the project.

PARTNERSHIPS

Initial Meeting

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

Rush University College of Nursing (RUCON) and CommunityHealth (CH) established an Academic-Practice Partnership (APP) in 2014 to (1) increase access to comprehensive primary care of uninsured adults and to (2) increase Doctor of Nursing Practice/Nurse Practitioner (DNP/NP) student training in quality improvement, primary care, complex chronic disease management and population-based care. What began as a small project supported by a Graduate Nursing Education (GNE) Demonstration grant, has grown and expanded to become a robust and exemplar APP. Initially, due to concerns regarding clinic space and need for support staff, student training was limited to one student per semester. As the embedded faculty became better integrated into the clinic, this initial activity was expanded to include QI projects, additional students, additional training partners (Director of Clinical Services).

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

Shared documents included each organization's mission and vision statements. In addition, the AACN-AONE AAP guiding principles, 2006 DNP Essentials and the updated 2021 AACN Essentials were included in the planning. The design of the APP is in alignment with the AACN-AONE Taskforce on Academic Practice Partnerships 2012 guiding principles. Initially, the APP was based on the 2006 AACN DNP Essentials including Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking, Essential III: Clinical Scholarship and Analytic Methods for Evidence-Based Practice, Essential V: Health Care Policy for Advocacy in Health Care, Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes, Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health and Essential VIII: Advanced Nursing Practice. Since the announcement of the 2021 AACN Essentials, alignment was updated to reflect the new domains.

What do you have to offer?

Established in 1993, CH is the largest volunteer-based health center in the nation. CH provides primary and specialty care, medications, lab testing, mental health services and health education at no charge to low-income, uninsured adults in Chicagoland area. With over 1000 volunteers, CH serves as a Patient-Centered Medical Home to 4000 patients annually, providing services six days per week. The RUCON is consistently ranked as a top nursing program in the nation, the RUCON offers programs from the masters through the doctoral levels. In addition, the RUCON history of forward-thinking, including Luther Christman's Rush Model of Nursing, has supportive innovative partnerships.

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

We established the following shared vision for the partnership:

Rush CON-CH APP Mission: to ensure excellence and advanced health equity in (1) the provision of quality health care and (2) training of future health care providers.

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

We have involved the top leadership including:

Christine Kennedy, Dean, Rush University College of Nursing

Angela Moss, Associate Dean of Faculty Practice, Rush University College of Nursing Stephanie Wilding, Chief Executive Officer, CommunityHealth

Emily Hendel, Director of Clinical Services, CommunityHealth

Megan Doerr, Director of Planning and Special Projects, CommunityHealth

What is the business case for the partnership?

Since its inception, the RUCON-CH APP has met the 2016 Advancing Healthcare Transformation recommendations including the enhancement of the clinical practice of academic nursing, a partnership in the preparation of nurses of the future, an integration of academic nursing into population health initiatives and partnered for optimal patient care and healthcare delivery. Initially, the cost of the embedded faculty was part of the Graduate Nursing Education Demonstration grant. At the end of the GNE grant cycle, the APP was placed within the RUCON Office of Faculty Practice. The APP move to the RUCON Office of Faculty Practice established a further commitment to the APP. With this commitment, there has been further expansion of the APP to include additional RUCON programs as well as the establishment of a paid contract faculty practice RN role at CH.

Subsequent Meetings

Do you have clarity on goals and vision?

Yes, we have established a shared mission and values. We have shared goals and objectives. Please refer to Outcome Matrix.

What are the details and time line of the initiative?

The timeline is ongoing. The details include:

Embedded faculty to see patients and train NP students.

Director of Clinical Services trains NP students.

Director of Clinical Services facilitates DNP QI projects.

Embedded faculty increases training model from one student per semester to two students per semester.

Develop clinical training model to include shared learning amongst students working with both embedded faculty and Director of Clinical Services.

Embedded faculty identifies gaps in curriculum, develops simulation program to address student clinical needs.

Expand partnership to include pre-licensure program.

Whom can we call for expert consultation if needed?

Kathleen Delaney, PhD, APRN, PMH-NP, FAAN. Principle Investigator, GNE

Kathryn Swartwout, PhD, APN, FNP-BC, Department Chair-Community, Systems and Mental Health Nursing, Rush University College of Nursing

What are the expected outcomes of the activity?

Increase patient access to care

Increase NP student training

Increase quality metrics

Improve clinical curriculum

Present APP model and outcomes

ENVIRONMENT

Time

Is this the right time for this partnership?

Yes, in 2014 CommunityHealth had the ability to add a training program and Rush University College of Nursing had a designated faculty member to assume the role of embedded faculty. In 2018, the RUCON committed to continued support for the APP, placing the APP within the RUCON Office of Faculty Practice. In 2020, a new CEO at CH and in 2021, a new Dean at the RUCON provided further commitment and development of the APP.

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

We identified the following:

Issues that may facilitate partnership: leadership support, shared mission, shared commitment to equity in health care, success of training program and QI projects.

Issues that may impede partnership: funding concerns, lack of understanding of partner programs, lack of outcome metrics.

We have addressed impediments through:

moving the APP from the GNE to the Office of Faculty Practice, by having team meetings, site visits and outcome presentations, by establishing goals, objectives and activities and tracking outcomes.

What is the time commitment for the partners?

Embedded faculty commitment of 16 hours per week. Director of Clinical Services commitment of 8 hours per week for clinical supervision and 4 hours per week of QI project supervision. RUCON embedded faculty commitment of 4 hours per week curriculum development. Embedded faculty and Director of Planning and Special Projects commitment of two hours per month (one hour for monthly meeting, one hour to communicate with team and for data collection). Team commitment of quarterly meetings.

Whose time will be required?

As mentioned above, the embedded faculty, the Director of Clinical Services and the Director of Planning and Special Projects will provide the majority of required time. This includes direct patient care hours and student clinical supervision, monthly meetings, supervision of QI projects, and development and implementation of curricular changes.

When will the meetings be scheduled?

Monthly meetings are the first Thursday of the month 9a-10a.

Quarterly meetings with full team.

ENVIRONMENT

Space

What space is required for the activity?

Requires clinical space (two exam rooms).

What equipment and supplies are needed?

Examination room with equipment, EMR, clinical resources.

What money is needed?

Financial support to cover cost of embedded faculty.

Where are we meeting?

Monthly meetings are via zoom.

Where will we present outcomes?

We have presented our outcomes in articles and at national presentations (see outcomes matrix). We will continue to seek opportunities to share our work.

ENVIRONMENT

Regulation

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

Licensing and malpractice insurance must be considered. The Rush University Office of Faculty Practice provides contract and malpractice insurance.

Context

How will the partnership be funded?

Initially, the partnership was funded through the GNE Demonstration grant. Currently, it is funded through the Rush University College of Nursing and housed in the RUCON Office of Faculty Practice. In addition, we have in-kind support from CommunityHealth including supervision of clinical students and QI projects. Lastly, recently CH-RUCON of Faculty Practice entered into a contract for a RN role at CH.

What are the constraints of both partners?

We identified primary constraints to include financial as well as limitations on time. We have addressed this constraints through our shared goals and objectives, aligned by our shared mission and vision for the APP.

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

CommunityHealth and Rush University Medical Center have a long and established partnership between the College of Medicine and the medical clinical training programs. Medical student rotations and medical residency clinics are ongoing at CommunityHealth. This partnership with the College of Nursing is the first formal partnership between CommunityHealth and the College of Nursing training program.

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