

Academic-Practice Partnership 2007-present
University of South Alabama College of Nursing and USA Medical Center

The Academic-Practice Partnership between the University of South Alabama College of Nursing (CON) and Medical Center (USAMC) offers clinical and professional development opportunities for staff, students, and faculty alike, strengthening practice, scholarship, and leadership skills. A CON-USAMC partnership has existed since the establishment of the CON in 1973 through traditional activities such as student clinical experience, tuition reimbursement for educational progression, and joint participation on committees. In 2007, the partnership was taken to a new level in response to the national initiative, Transforming Care at the Bedside (TCAB). The CON and USAMC partners participated in the Robert Wood Johnson and Institute of Healthcare Improvement funded national TCAB study. The CON-USAMC partnership was further strengthened in 2010 with the establishment of a HRSA funded nurse-led clinic, "Our Neighborhood Clinic (ONHC), operated by the CON and located in the USAMC. In 2011, the CON and USAMC participated in the Improvement Science Research Network (ISRN) landmark study, "Small Troubles, Adaptive Responses-2" where frontline nurses identified operational failures interrupting patient care. These three initiatives, made possible through the CON-USAMC partnership, have contributed to transformative changes, strengthening evidence based practice and building the leadership capacity of staff, students, and faculty.

From 2007-2010, during the TCAB study, frontline staff were empowered to implement innovative workplace solutions to enhance nursing time at the bedside. Participation in the study promoted relationships, mutual trust, and respect amongst academic-practice partners and eventually resulted in two peer-reviewed publications. The establishment of ONHC demonstrates the strategic planning and the strong communication between partners. The nurse-led clinic is open to patients and staff with urgent medical needs and serves to reduce USAMC's overcrowded emergency room. The location of ONHC symbolizes the recognition and support for advanced practice nurses as competent health providers. Since the opening, ONHC has expanded to include a senior citizen center and a day shelter for the homeless providing clinical, cultural, and diversity experiences for interprofessional teams of undergraduate and graduate students.

In 2011-2013, following participation in the STAR-2 study where frontline nurses identified operational failures, partners created a Frontline Innovations (FI) group to resolve operational glitches. The FI, sponsored by a Dean's grant and supported by an IRB approved study, was a unique opportunity for frontline staff, faculty facilitators, and the chief nursing officer to "sit at the table" and mutually address nursing concerns, employ research methodologies, and translate evidence into practice. Interdisciplinary teams were formed as subgroups of the process and issues were resolved. Staff were coached to find their voice and lead improvement processes. A qualitative study reporting leadership development of frontline staff resulted from mentoring processes. Frontline Innovations produced over 10 solutions to identified operational failures. Nursing honors students, and other students engaged in the nurse-led meetings contributing to the inter-disciplinary solutions.

USAMC-CON collaboration has become a *way of business*, bringing forth the best in both partners. The partnership is guided by a shared vision for excellence in practice and professional development. A Shared Governance model has recently been adopted by USAMC, sponsored by a University Faculty Development Research Grant and championed by faculty and nursing administration. Faculty are highly engaged with staff and administration through Professional Action Teams (PACTs) chartered by the newly created Nursing Practice Congress (NPC). Staff nurses, students, and faculty have presented outcomes from quality innovations at international, national, state, and regional meetings (see attached list). In May 2013, the Academic-Partnership and Research was recognized as one of the 50 Outstanding Research and Creative Activities of the University of South Alabama at its 50th Anniversary Celebration. In 2014, the collaborative works are being presented at the University of Texas, Improvement Science Summit and Region 8 STTI Conference.

References

Extramural Grants/Participation:

Transforming Care at the Bedside (2007). American Organization of Nurse Executives Grant funded by Robert Wood Johnson and supported by the Institute of Healthcare Improvement. Principle Investigators: Linda Roussel, DSN, RN, NEA-BC, University of South Alabama College of Nursing/Beth Anderson, CEO/CNO University of South Alabama Medical Center.

Roussel, L. (2009). Health Resources and Services Administration. NPRA Grant, *Our Neighborhood Healthcare Clinic*. \$1.2 million.

Stevens, K. & Ferrer, R., (2011), Small Troubles, Adaptive Responses (STAR-2): Frontline Nurse Engagement in Quality Improvement. Network Study, Improvement Science Research Network, University of Texas Health Science Center San Antonio. Principle Investigators: Lisa Mestas, MSN, RN, Assistant Administrator Clinical Services/CNO University of South Alabama Medical Center, and Linda Roussel, DSN, RN, NEA-BC, University of South Alabama College of Nursing, additional coordinators Ellen Buckner, DSN, RN, CNE, and Valorie Dearmon, DNP, RN, NEA-BC.

Intramural Grants:

Roussel, L. (P.I.). (2009). Staff Engagement: Spreading TCAB, USA College of Nursing Dean's Grant, \$ 2,200. Additional collaborators Drs. Charlene Myers, Theresa Wright, Todd Harlan, Stephanie Brown, and Rebecca Pomrenke.

Dearmon, V., Buckner, Roussel, L. & Mestas, L. (2012) Frontline Engagement: Engaging an Interdisciplinary Team for Improvement Science, USA College of Nursing Dean's Grant, \$2000. Additional collaborators Pomrenke, B., Moore, B. Lawrence, S., Heintz, V., Mosley, A., Salas, S, Williams, C., & York, K.

Dearmon, V., & Buckner, E. (2013). Building Collaborative Capacity for Research and Quality Improvement through implementation of a Nursing Shared Governance Model. University of South Alabama Faculty Development Council. \$2000

Roussel, & Myers, C. [Co- Investigators] (2009) Dean's Grant: Staff Engagement: Spreading TCAB. Funded at \$3,100

Publications:

Roussel, L., Dearmon, V., Buckner, E. B., Pomrenke, B., Salas, S., Mosley, A., Brown, S. (2012). "Change can be good": Unit Perspectives on Transforming Care at the Bedside (TCAB). *Nursing Administration Quarterly*, 36 (3), 203-9.

Dearmon, V., Roussel, L. Buckner, E.B., Mulekar, M., Pomrenke, B, Salas, S., & Mosely, A. (2013). Transforming Care at the Bedside: Enhancing Direct and Value-added Care. *Journal of Nursing Management*. 21(4), 668-678. doi:10.1111/j.1365-2834.2012.01412.x

Submitted manuscripts:

Dearmon, V. Riley, B., Mestas, L. & Buckner, E. Building Leadership Capacity of Frontline Nurses through Mentoring. Manuscript under development.

Honors Students Theses:

Combs, C. (2013). Implementation of a Standardized Vancomycin Protocol: Quality Improvement through Interprofessional Collaboration, with Valorie Dearmon (CON, Faculty), Lisa Mestas (USAMC, CNO), and Rachael Weaver (USAMC, Pharm. D.).

Camurati, R. N. (2013). Interprofessional Communication, with Susan Hayden (CON Faculty) and Emily Sawyer (USAMC, staff nurse).

Ellard, J.R. (2013). Triage Decision Making for Rapid Response, with Dr. Todd Harlan (CON, faculty), Donna Donaldson (USAMC, Respiratory Therapy)

Dunbar, A. (2014). Moving Forward with Family Centered Care: One Step at a Time with Todd Harlan (CON Faculty), Anna Gilliam (USAMC, Nurse Educator)

Presentations:

Dearmon, V., Riley, B., Mestas, L., Heintz, V., & Kennel, K. Academia and Practice Partners: Building Leadership Capacity of Frontline Nurses. Accepted for podium presentation, Sigma Theta Tau International, Region VIII, Murfreesboro, TN, Oct 30-Nov 1, 2014.

Gillman, A., Lintner, A., Sawyer, E. & Davis, N. (2014). Nurse-driven protocol for CAUTI prevention. Alabama Academy of Science, 91st Annual Meeting and Scientific Sessions, March 13, 2014, Auburn University, Auburn, AL.

Dearmon, V., Kennel, K., Howard-Taylor, S., & Mestas, L. Resolve Operational Failures and Empower Nurses. Presented to the Alabama State Nurses Association, *Elizabeth A. Morris Clinical Education Sessions*, Montgomery, AL, April 22, 2014.

Dearmon, V. Academic and Practice Partnerships for Quality. 2013 Annual Meeting, Southern Excellence in Nursing Consortium. Woman's Hospital, Baton Rouge, LA., November, 2013. (Panelist Facilitator)

Heintz, V. Academic and Practice Partnerships for Quality. 2013 Annual Meeting, Southern Excellence in Nursing Consortium. Woman's Hospital, Baton Rouge, LA., November, 2013. (Panelist from USAMC FI group)

Roussel, L., Dearmon, V., Buckner, E., & Mestas, L. (2013). Engaging Frontline Staff in Research and Evidence-Based Practice. University of Texas Health Science, Consortium, San Antonio, Texas, 8-13 July 2013.

Buckner, E., Dearmon, V., Roussel, L., and Mestas, L. (2013). Engaging Frontline Staff to Create Interdisciplinary Solutions: A Formative Step toward Shared Governance. The Honor Society of Nursing, Sigma Theta Tau International, The 24th International Nursing Research Congress in Prague, Czech Republic. Academic-Practice Partnership 2007-2014 University of South Alabama College of Nursing and USA Medical Center, July 22-26, 2013.

Mestas, L. (2013). Studying Improvements: Importance of Academic-Practice Partnerships. Meeting the Challenges of Quality Improvement Research. Presented to the University of Texas Health Science, ISRN Summit, San Antonio, Texas, July 8-13, 2013.

Roussel, L., Mestas, L., Buckner, E., & Dearmon, V. (2013). Frontline Engagement as an improvement science research initiative and the CNL: Addressing operational failures on clinical microsystems (Oral presentation). Presented at 2013 American Association of College of Nursing (AACN) Clinical Nurse Leader (CNL) Summit, New Orleans, LA, January 17-19, 2013. [Presented by Dr. Roussel].

Dearmon, V., Mestas, L., Roussel, L., Buckner, E. Howard-Taylor, S., Snail, W., Bhadhamkar, S. Engaging Frontline Staff in Quality Improvement. Presented as keynote at Zeta Gamma Chapter Annual Conference, Sigma Theta Tau International Society, Mobile, AL. July, 2012.

Posters:

Dearmon, V., Riley, B., Mestas, L., & Buckner, E. (2014). Building Leadership Capacity of Frontline Nurses through Mentoring. Accepted for poster presentation, 2014 Improvement Science Summit, Building Evidence to Impact Practice. UT Health Center, San Antonio, Tx., Aug 5-6, 2014.

Roussel, L., Dearmon, V., Buckner, E., & Mestas, L. (2013). Engaging Frontline Staff in Research and Evidence-Based Practice. University of Texas Health Science Consortium, San Antonio, New Mexico. [Poster].

Dearmon, V. Mestas, L., Roussel, L., Buckner, E., Duffy, A., Heintz, A., Mosley, A., Salas, S., Williams, C., & York, K. (2012) Engaging Frontline Staff: An Academic Practice Collaborative. *Summer Institutes on Evidence-Based Quality Improvement*, Academic Center for Evidence-Based Practice (ACE), Improvement Science Research Network (ISRN), University of Texas Health Science Center San Antonio, July 17 -21, 2012, San Antonio, TX. [Poster]

Dearmon, V., Mestas, L., Buckner, E., & Roussel. (2013). Ignite and Inspire the Spirit of Improvement through Staff Empowerment and Self-Efficacy. Sigma Theta Tau International 42nd Biennial Convention, Indianapolis, IN. [Poster]

Awards:

Dearmon, V., Roussel, L., and Mestas, L. (2013) Frontline Innovations: Collaborative Research and Partnership with USAMC and CON. University of South Alabama, Research Office, "50 for 50," 50 Outstanding Research and Creative Activities of the University of South Alabama in its first 50 Years. Retrieved at <http://www.southalabama.edu/research/pdf/50for50VPRAnnouncement.pdf>

Current Nursing Practice Congress PACTS:

1. Lactation Support PACT (Completed) – Dr. Bridget Moore (faculty facilitator)
2. Lab Issues Between Soarian & Sunquest PACT – Drs. Todd Harlan and Sherry Lawrence (faculty facilitators)
3. Patient Welcome & Information Booklet PACT – Dr. Sarah Roberts (faculty facilitator)
4. PCU Admission Criteria PACT- Dr. Pam Johnson
5. Tobacco Free Policy PACT – Dr. Bettina Riley (faculty facilitator)
6. Isolation Patients' Rights PACT –Dr. Theresa Wright (faculty facilitator)
7. Missing Medications PACT – Dr. Val Dearmon (faculty facilitator)

8. Deescalating Techniques PACT (Currently on hold)

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

Partnership Goals	Activities	Outcomes
<p>Establish and maintain collaborative relationships between the USAMC and CON to promote excellence in practice.</p>	<p>1. Meetings are held 2-4 x's annually between USAMC Administration and College of Nursing leadership for strategic planning and discussion of new graduate performance.</p>	<p>Curriculum and policy revisions resulted from evaluative feedback. USAMC is the preferred clinical site for students when available. USAMC employees represent a large cohort of CON graduates.</p> <p>Summary: Practice and academic partners have seamless working relations. The partnership is characterized by open dialogue and discourse about new student performance, strategic initiatives, and joint efforts.</p>
	<p>2. Joint endeavors are discussed and implemented:</p> <ul style="list-style-type: none"> • Participation in a national TCAB study • Plans developed for a nurse-led clinic located in USAMC • Participation in Frontline Innovations group and the national STAR-2 study 	<p>CON faculty and USAMC staff jointly participated in TCAB National Study (2007-2010)</p> <p>CON nurse-led clinic (ONHC) was established and located within USAMC to provide relief to overcrowded emergency department and offer convenient urgent care to employees.</p> <p>CON faculty and USAMC staff jointly participated in Frontline Engagement and STAR-2 National Study (2011-2013)</p>

	<ul style="list-style-type: none"> • Adoption of Shared Governance for the hospital with a unique model of faculty involvement • Revision of Hospital Clinical Ladder 	<p>CON faculty and USAMC staff jointly Participated in development of Shared Governance (2013-2014).</p> <p>CON faculty and USAMC staff jointly participated in revision of clinical ladder; implementation is on hold</p>
	<p>3. Joint initiatives supported and funded by partners:</p> <ul style="list-style-type: none"> • Funding obtained for national and hospital initiatives • Simulation expertise and human resources shared 	<p>CON and USAMC supported participation in national studies (TCAB, Frontline STAR-2); CON Dean’s grants x2 and University grants x1 funded the local research.</p> <p>NIH grant funded creation of the nurse-led clinic.</p> <p>Joint simulation program is operated on both university campuses and hospital settings (Staff from CON provides simulation expertise to hospital).</p> <p>Summary: Nursing administration and CON has supported all processes by committing resources for TCAB, nurse-led clinic, STAR-2, Frontline Innovations’ group, and most recently Shared Governance.</p>
	<p>4. Faculty, staff, administrators, and students engage in advancing healthcare practices</p>	<p>Faculty Practices at USAMC has increased. Currently, 13 CON faculty practice as clinicians or engage as knowledge experts, system change agents, researchers, and organizational leaders, partnering with administrators and frontline nurses in research studies and quality improvement projects (TCAB,</p>

		<p>Frontline Engagement (STAR-2), Frontline Innovations group, and Shared Governance Initiatives).</p> <p>Students (undergraduate honors, RN-BSN, MSN, and DNP students) work with stakeholders leading and contributing to quality improvement projects in the hospital setting.</p> <p>ONHC served 1781 patients in 2013-2014; of these 323 were employees.</p> <p>ONHC employs CON Nurse Practitioner faculty; NPs are credentialed to practice through USAMC. Employees and patients report satisfaction with the care and convenience of the clinic.</p>
	<p>5. Employment of experienced clinicians from hospital as adjunct faculty. Expert clinicians are invited as speakers for didactic classes.</p>	<p>Experienced USAMC clinicians serve as part time faculty for the undergraduate and graduate clinical courses.</p> <p>Experts from the clinical setting are invited speakers each semester for topics such as burns, orthopedics, trauma, cardiovascular nursing. USAMC is a Regional Burn Center and Level I Trauma Center.</p>
<p>Promote engagement of faculty, administration, and staff in organizational affairs</p>	<p>1. Faculty and nurse leaders are members of committees in their colleagues' organization.</p>	<p>1. CON bylaws provide for participation of nurse leaders and former CON students from USAMC on CON Committees. Representatives inform faculty of improvement opportunities and participate in CON policymaking. Conversely, faculty are active members of the USAMC Evidence-based Practice</p>

		<p>Committee and the Nursing Practice Council. Administrative partners from academic and practice have an open door policy for staff, faculty, and each other.</p>
	<p>2. Processes developed for faculty, staff, and students engagement in USAMC research and quality improvement activities</p>	<p>Frontline Innovations forums conducted for over 18 months provided bi-weekly forums for shared participation in research and quality improvement. Faculty, staff, students, and administration attended meetings.</p> <p>USAMC staff, administration and faculty jointly traveled to two academic centers with magnet status to observe their shared governance (SG) models in practice.</p> <p>Nurses across all units (medical-surgical units ER, OR, PCU, ICUs, Specialty areas, and others) engaged in developing the shared governance structure at USAMC; CON faculty facilitated development of the SG model. SG model chartered January, 2014. Nursing Practice Congress (NPC) led by frontline staff and facilitated by faculty meet every 3 weeks.</p> <p>Professional Action Coordinating Teams (PACTs) formed by NPC to address nursing practice concerns meet every three weeks or more and report progress in resolving issues and outcomes to the NPC. PACTs are assigned at least one</p>

		<p>faculty mentor.</p> <p>Summary: CON Dean and Department Chairs encourage faculty to practice and promote faculty engagement in hospital practice concerns. Increasing trust and rapport is noted between faculty and practice partners.</p>
	<p>3. Promote leadership development and scholarly achievement of faculty and staff through collaboration in research, presentations, and practice change.</p>	<p>Staff and faculty have presented outcomes of joint endeavors multiple times in a variety of venues including panel discussions, posters and podium presentations (See references for a list).</p> <p>Administrators report that frontline nurses have become more effective in presenting processes and findings; Nurses continue to grow more comfortable in voicing opinions and ideas in meetings; nurses increasingly recognize complex system issues which can be addressed collaboratively. Faculty report observing advanced leadership capacity of staff.</p>
	<p>4. Processes developed to expand interprofessional collaboration.</p> <ul style="list-style-type: none"> • Expand membership in PACTS to include appropriate stakeholders/health professionals for issues/concerns crossing nursing boundaries. 	<p>Most PACTs are nurse-led interdisciplinary teams. PACT membership includes nurses, pharmacy, medicine, central supply, laboratory, information technology, and others as indicated. Currently there are 7 active</p>

	<ul style="list-style-type: none"> • Include faculty on PACTS for leadership development of members • Establish an Improvement Healthcare Institute (IHI) open School Chapter to advance interprofessional collaboration and teambuilding. 	<p>PACTS.</p> <p>Faculty facilitators volunteer for PACT of interest. Faculty coach staff nurses to lead effectively and negotiate inevitable conflict. Administration and faculty report frontline nurses more effective in addressing conflict between departments (lab, pharmacy, medicine, information management, etc).</p> <p>CON has recently received an intramural grant to establish an Improvement Healthcare Institute (IHI) Open School chapter. The chapter will be open to healthcare students, faculty, and hospital staff.</p>
<p>USAMC and CON partners commit to maximizing the potential of each nurse and promoting life-long learning.</p>	<p>1. USAMC and the CON support advanced education of nurses.</p> <ul style="list-style-type: none"> • Council and encourage staff to take advantage of University’s tuition reimbursement program. 	<p>Hospital has provided tuition reimbursement for nurses to pursue their BSN/MSN/DNP and pays tuition upfront to encourage employees to seek further education. Numerous nurses have taken advantage of the financial assistance.</p> <p>USAMC employs many USA CON students, including those with advanced nursing practice degrees. Managers are required to have a minimum of a BSN degree and encouraged to have an MSN. Nurses with MSN degrees practice at the bedside.</p>

	<ul style="list-style-type: none"> • CON and USAMC collaborate to offer advanced education opportunities to USAMC staff. • Continue USAMC pay differential for BSN graduates 	<p>USAMC has promoted several nurses to unit nurse educators or managers based on educational advancement and leadership skills developed through participation in Frontline Innovations and Nursing Practice Congress.</p> <p>CON has recently implemented a bridge program for Clinical Nurse Leaders (CNLs) to retool as Nursing Administrators within the DNP program at the request of several USAMC CNLs who desired to a Doctorate in Nursing Practice.</p> <p>A pay differential exists for RNs with BSN degrees.</p>
	<p>2. Faculty engage in hospital committees and nursing shared governance forums to advance clinical practice and promote professional development (personal and USAMC nurses).</p> <ul style="list-style-type: none"> • Participation in Nursing Practice Congress and PACTS to facilitate staff nurse leadership development, translate best evidence into practice and partner with staff to find solutions to practice issues. • Participation in USAMC EBP Committee with staff nurses, students, and mid-level administrators to share knowledge and partner on projects. • Collaboration with clinical practice partners when advising students on selection, development, and implementation of projects. 	<p>Faculty are attending all NPC meetings; minutes reflect faculty are actively engaged in problem solving.</p> <p>Faculty attend all EBP Committee meetings; minutes reflect faculty attendance and engagement in translating best evidence into practice.</p> <p>With participation of faculty, projects have been conducted related to infection</p>

		<p>control practices, core measures, quality indicators, and administrative issues.</p>
	<p>3. Faculty engage staff in scholarship opportunities mentoring leadership capacity and developing presentations skills through the Frontline Innovations and Shared Nursing Governance initiative.</p>	<p>Fifteen frontline nurses have been asked to represent nursing at conferences, and encouraged to present the processes and outcomes locally to academic and clinical practice audiences. Ten staff have presented to professional audiences (which is a new experience for most USAMC frontline nurses) since the creation of the Frontline Innovations group and Shared Nursing Governance:</p> <ul style="list-style-type: none"> • STTI Zeta Gamma Chapter, podium presentation • Nurses Day, poster presentation • Presentation to Administration on Lactation Support, oral presentation • Southern Excellence in Nursing panelist • Alabama State Nurses Association, podium presentation

		<p>Four additional presentations by staff have been accepted for presentation at the following conferences:</p> <ul style="list-style-type: none"> • University of Texas Health Science Center, Improvement Science Summit • STTI Region VIII Conference <p>University recognized contributions of the partnership with the 50 Outstanding Research and Creative Activities Award.</p>
<p>USA and the CON partners commit to work together to determine an evidence based transition program for students and new graduates that is both sustainable and cost effective</p>	<p>1. CON and hospital leadership collaborate to evaluate the new graduates' level of readiness to enter the workforce and to determine opportunities for curriculum improvement. The CON makes iterative changes in nursing curricula to accommodate nurses advancing their education.</p> <ul style="list-style-type: none"> • USAMC and CON work in tandem to identify appropriate clinical sites for undergraduate practicum students and develop a final practicum experience. 	<p>An undergraduate practicum experience of 200 hours is required. The experience provides a safe environment for practice in the <i>real world</i>. The practicum is provided under the supervision of a clinical preceptor and evaluated by a faculty member. Students are encouraged to do their practicum in a setting they hope to work to ease the transition to practice, but only after the student's performance in the CON is evaluated. Faculty and hospital representatives collaborate to find the best "fit" for the student. Feedback from hospital and students is positive about the practicum</p>

		<p>experience.</p> <p>Additionally, new graduates receive an additional 6-12 weeks of hospital orientation with one or more assigned preceptors, based on clinical unit, and practicum experience, new graduates' needs.</p>
	<p>2. CON to offer an RN to BSN program that better meets needs of working RN.</p>	<p>CON revised the RN-BSN/MSN curriculum to include practice integrated experience that better prepares the RN student for professional nursing practice.</p>
<p>USA and CON partners commit to develop, implement, and evaluate organizational processes and structures that support and recognize educational achievements.</p>	<p>1. USA and CON share the vision for advanced nursing, clinical, professional, and scholarly development of staff.</p> <ul style="list-style-type: none"> • Advanced education and experience are given priority when hiring nursing staff. • USAMC promotes USAMC nurses with advanced education. 	<p>USAMC uses tiered decision making when hiring for staff positions with BSN and practicum experience given priority.</p> <p>USAMC is continuing to increase its percentage of BSN-prepared nurses with current rate over 50%. The rate in Alabama is estimated to be less than 35%.</p> <p>Hospital administration fully supports advanced nursing education. New positions have been created for USAMC graduates with advanced degrees.</p> <ul style="list-style-type: none"> • Clinical Nurse Leader

		<ul style="list-style-type: none"> • Nurse Practitioners • Nursing Informatics
	<p>2. The USAMC and CON support a Clinical Ladder program to recognize leadership and advanced education.</p>	<p>The USAMC Clinical Ladder program was revised by frontline staff with the guidance of a faculty facilitator. The revised ladder is based on Benner’s Novice to Expert framework and the ANA Scope and Standards of Care. The revised ladder recognizes clinical competence, leadership, use of evidence, scholarship, and academic achievement.</p> <p>Implementation of the revised Clinical Ladder program has been delayed because of financial constraints and competing priorities; implementation is planned for the near future.</p>

<p>USA and CON partners support nurses' leadership of collaborative models that redesign practice environments to improve health outcomes.</p>	<p>USA and CON partner to develop opportunities for staff, administration, and faculty to share knowledge, experience, and engage in processes to improve health outcomes.</p>	<p>Forums such as the Frontline Innovations Group, EBP Committee, and Nursing Practice Congress were established to support leadership development and empower frontline nurses. Examples of practice issues include:</p> <ul style="list-style-type: none"> • Missed doses of medication • Missed doses of vancomycin • Catheter Associated Urinary Tract Infections • Out of ICU cardiopulmonary arrests • Patient falls • Readmission of patients with HF • Open heart outcomes • Handwashing • Visiting Restrictions for ICUs <p>Outcome examples from collaborative partnership include:</p> <ul style="list-style-type: none"> • Improved dosing and maintenance of vancomycin levels in patients, with corresponding improvement in effectiveness, and potential reduction in length of stay (see below). • Out-of-ICU (med-surg and ortho trauma unit) CPR codes in past 8 months significantly reduced to 3 and 0 respectively. Initiative led by USAMC CNL graduate.
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		<p>Open Heart Team Post-intervention data: Length of stay decreased from 15 to 10 days; Length of ICU days decrease from 5 to 3 days; extubation time reduced from 30 hours to 4 hours. Initiative led by USAMC DNP student.</p> <p>Detailed example of a Frontline Innovations project, also done with Nursing Honors student, involved pharmacy, laboratory, technology, medicine, and nursing to completely revise the standardization of orders for the drug vancomycin, monitoring of peak/trough levels, and coordinating among these departments. The Honors student used the PDSA framework and followed through development of a new protocol, its approval, and implementation. The changes were cross discipline and house-wide.</p>
	<p>2. Participation in national studies to transform healthcare and dissemination of findings.</p>	<p>USAMC and CON eagerly participated in the TCAB study. Participation by the facility was stellar earning the privilege to mentor participants of subsequent TCAB cohorts.</p> <p>USAMC and CON participated in the STAR-2 study. Investment in the initiative was high with a 99% survey response rate from staff. Due to engagement of USAMC and CON, academic and practice partners were</p>

		<p>invited by the Improvement Science Research Network to brainstorm solutions to operational failures. Furthermore, USAMC and CON partners were the first study participants to create a process for resolution of failures.</p> <p>The adoption of Nursing Shared Governance represents the organization’s commitment to nurses’ empowerment and ownership of practice environment.</p> <p>Two articles have been published in peer-reviewed journals reporting TCAB findings. One article is in development describing the Frontline Innovations group experience.</p> <p>Statistical findings (pre and post implementation) of staff perceptions’ of shared governance currently being analyzed through a collaborative partnership with USA CON/USAMC and the University of Texas, Improvement Science Research Network, San Antonio.</p>
<p>A commitment is shared by partners to establish infrastructures to collect and analyze data on the current and future needs of the RN workforce via:</p>	<p>Review state and national trends at frequent intervals to determine future needs of the RN workforce and appropriate action taken.</p> <ul style="list-style-type: none"> • Appoint faculty representatives to the Alabama 80/20 task force to encourage BSN preparation • Compare workforce data have been compared across the state, using data from enrollment in AACN member schools. • Complete community needs assessments are 	<p>CON has revised the RN-BSN curriculum to make transition seamless and relevant.</p> <p>CON has implemented a bridge program for ADN Nurses to move to MSN.</p>

	<p>completed to investigate support for the development of new nursing curricula.</p> <ul style="list-style-type: none"> • Support Alabama State Nurses Associations' (ASNA) initiative to develop an RN workforce data base. 	<p>Nursing programs within the CON are enlarged, added, or revised based on enrollment and community assessments.</p> <p>The CON faculty continues to look at trends in workforce data, especially enrollment in RN-to-BSN programs. This data will be reported as evidence of RN workforce development, particularly RN-BSN, in an article by faculty in The Alabama Nurse.</p> <p>The academic-practice partners support the ASNA's efforts to establish a state RN workforce data base.</p>
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