Academic/Practice Partnerships: Creating Solutions for Workforce Challenges

Edna Cadmus PhD, RN, NEA-BC, FAAN
Objectives

- Describe an effective transition into practice (TPP) program for new graduates in post-acute settings.
- Identify how academic and practice partnerships strengthen new graduates transitioning into practice.
- Discuss challenges and lesson learned in the process of implementation of a TPP.
Objectives

- Evaluate satisfaction and financial outcomes of implementing a TPP.
- Describe how academic/practice partnerships influence geriatric education at the undergraduate level in nursing.
- Describe how nursing competency of the student and staff improved care of the elderly.
How it All Began

- Nursing students are encouraged to work in hospitals for at least 2 years after becoming an RN.
- Most Schools of Nursing do not offer a rotation in Geriatric care although majority of patients are geriatric.
- DONs reported frequently that they invested time and talent in onboarding new graduates, they left as soon as a hospital position became available.
Challenges

Nursing Centers were reluctant to hire based on past history.

Administration was not thrilled about replacing days out of building for preceptor and new RN.

Administration felt the program cost them too much money.

DONs believed new RNs would leave them once they had experience on their resume.
Academia Challenges

- Geriatrics not taught as a specialty
- Few rotations for clinical practice

= Nursing educators still advising students to go to hospitals
Nurses are the Number 1 trusted profession for 17 years

Nurses working together can facilitate change

Share your knowledge
Collaboration and Respect
NJ Environmental Scan

- NJ Population = 8,944,469
  - US Census Bureau
- 7% of RNs in state employed in nursing homes, assisted living, extended care
- Every county has had increase in elderly
Recommendation 3: Implement nurse residency programs

Health care organizations, HRSA, CMS, and philanthropic organizations should fund the development and implementation of nurse residency programs across all practice settings.

Health care organizations that offer nurse residency programs and foundations should evaluate the effectiveness of the residency programs in improving the retention of nurses, expanding competencies, and improving patient outcomes. (S-10)

Phases of Academic/Practice Partnership

1. LTC Nurse Residency Program * (2013-2016)
3. Out of hospital residency for School of Nursing* (2016-2022)
Partnership Model

NJAC
NJCCN
LTC Associations
Heldrich Center at Rutgers University
NJDOH/CMS
NJCCN
Funders
Rutgers University Nursing
Nursing Homes

HCANJ
NJHA
Leading Age
### Statistics on RNs

<table>
<thead>
<tr>
<th>Nursing Home</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnover of RNs</td>
<td>NJ=37.7%</td>
</tr>
<tr>
<td></td>
<td>US=41.0%</td>
</tr>
<tr>
<td>Retention Rates</td>
<td>NJ=53.8%</td>
</tr>
<tr>
<td></td>
<td>US=49.5%</td>
</tr>
<tr>
<td>Vacancy Rates</td>
<td>NJ 4.8%</td>
</tr>
<tr>
<td></td>
<td>US=7.0%</td>
</tr>
</tbody>
</table>

AHCA, 2010, Nursing Facility Staffing Survey
Costs

- High cost recruitment and replacement

- 1st year turnover rates of new nursing school graduates between 35%-61%. (Pine & Tart, 2007)

- Replacement of an RN =75-125% of an RNs annual salary. (Jones, 2007; Silvestre, J., 2017)
ROI

Financial impact of poor patient outcomes

Nursing staff impact:
- Resident satisfaction
- Staff responsiveness
- Nursing communication
- Pain management
Can you afford not to invest?
Phases of Academic/Practice Partnership

1. LTC Nurse Residency Program* (2013-2016)
3. Out of hospital residency for Rutgers School of Nursing* (2016-2020)
Goals

– Ensure evidence-based practices are employed to improve resident outcomes

– Reduce workforce instability
PIs & Faculty
Unique Aspects

- Focused on quality and safety
- Focused on the application for older adult
- Standardized curricula and practicum experiences
- Incorporated simulation technology
- Preceptor education
- Provided organizational data to help improve quality outcomes
- Contact hours awarded
3 Components

- Preceptor Education
- Nurse Residency
- Learning Collaboratives
<table>
<thead>
<tr>
<th>Cohort</th>
<th>Number of facilities</th>
<th>Number of nurse residents enrolled</th>
<th>Number of preceptors enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
</tbody>
</table>
## Preceptor Education

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to be a preceptor</td>
<td>GRN Competencies</td>
<td>GRN Competencies</td>
<td>Nurse of the Future Core Competencies ©</td>
<td>Nurse of the Future Core Competencies ©</td>
</tr>
</tbody>
</table>
# New Nurse Residency Education

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>19 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of Program and Reality Shock</td>
<td>1</td>
</tr>
<tr>
<td>Geriatric Resource Nurse Competencies</td>
<td>4</td>
</tr>
<tr>
<td>Dementia Certification Course</td>
<td>2</td>
</tr>
<tr>
<td>INTERACT Education with Simulation</td>
<td>2</td>
</tr>
<tr>
<td>NOFCC ©</td>
<td>10</td>
</tr>
</tbody>
</table>
COLLABORATIVES

- Advanced Care Planning
- Medication Pass
- New Models in Long Term Care
- Psychotropic Medication Management
- Reducing Hospital Readmissions through Disease Management
- Resolving Conflict
- Role of the Nurse in Survey
- Transitions in Care
EVALUATION

- Organizational Characteristics
- Job Satisfaction
- Nursing Home Survey on Patient Safety Culture
- Casey-Fink Survey
- Geriatric Institutional Assessment Profile – Nursing Home Version
- Qualitative Interviews
## Organizational Characteristics

<table>
<thead>
<tr>
<th>Type</th>
<th>16 for-profit</th>
<th>15 not-for-profit</th>
<th>1 government owned</th>
<th>5 facilities were in both cohorts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed size:</td>
<td>Mean=141 beds</td>
<td>Range (40-406)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## AHRQ Culture of Safety Survey

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall perceptions of resident safety</td>
<td>Overall perceptions of resident safety</td>
<td></td>
</tr>
<tr>
<td>Supervisors expectations and actions promoting resident safety</td>
<td>Supervisors expectations and actions promoting resident safety</td>
<td></td>
</tr>
<tr>
<td>Organizational learning</td>
<td>Feedback and communication about incidents</td>
<td></td>
</tr>
<tr>
<td><strong>Bottom 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-punitive responses to mistakes</td>
<td>Non-punitive responses to mistakes</td>
<td></td>
</tr>
<tr>
<td>Staffing</td>
<td></td>
<td>Staffing</td>
</tr>
<tr>
<td>Communication openness</td>
<td>Compliance to procedures</td>
<td></td>
</tr>
<tr>
<td>Survey Tools</td>
<td>Pre- (% Positive)</td>
<td>Post- (% Positive)</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>n=25</td>
<td></td>
<td>n=26</td>
</tr>
<tr>
<td>Support</td>
<td>93%</td>
<td>92%</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>73%</td>
<td>79%</td>
</tr>
<tr>
<td>Stress</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Communication/Leadership</td>
<td>91%</td>
<td>96%</td>
</tr>
<tr>
<td>Personal Satisfaction</td>
<td>88%</td>
<td>96%</td>
</tr>
</tbody>
</table>

# Job Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>n=41</th>
<th>n=36</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Satisfaction</td>
<td>65%</td>
<td>73%</td>
<td>9%</td>
</tr>
<tr>
<td>Satisfaction with Workload</td>
<td>50%</td>
<td>56%</td>
<td>6%</td>
</tr>
<tr>
<td>Satisfaction with Professional Support</td>
<td>71%</td>
<td>71%</td>
<td>0%</td>
</tr>
<tr>
<td>Satisfaction with Training</td>
<td>51%</td>
<td>56%</td>
<td>5%</td>
</tr>
<tr>
<td>Satisfaction with Pay</td>
<td>45%</td>
<td>40%</td>
<td>-5%</td>
</tr>
<tr>
<td>Satisfaction with Prospects</td>
<td>60%</td>
<td>61%</td>
<td>1%</td>
</tr>
<tr>
<td>Standards of Care</td>
<td>76%</td>
<td>75%</td>
<td>-1%</td>
</tr>
<tr>
<td>Overall Satisfaction</td>
<td>75%</td>
<td>66%</td>
<td>-9%</td>
</tr>
</tbody>
</table>

**Modified Preceptorship Tool**

<table>
<thead>
<tr>
<th>Modified Preceptorship Program evaluation tool</th>
<th>n=36</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact on Role Development</td>
<td>95%</td>
</tr>
<tr>
<td>Value and Sustainability</td>
<td>77%</td>
</tr>
<tr>
<td>Engagement with Preceptor</td>
<td>84%</td>
</tr>
<tr>
<td>Impact on Clinical Practice</td>
<td>95%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faculty support</th>
<th>Faculty had good presentation skills and the learning collaboratives were well laid out.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program materials and length</td>
<td>Dementia, delirium videos, MedPass training and the Alive Inside video were particularly helpful. The new nurses asked for more simulations and role playing to teach critical thinking skills along with more focus on documentation. New nurses felt the program could be shortened.</td>
</tr>
</tbody>
</table>
## Retention Rate

<table>
<thead>
<tr>
<th>NJ Retention Rate for 2010&lt;sub&gt;1&lt;/sub&gt;</th>
<th>Cohort</th>
<th>Nurse Residents Enrolled/Completed</th>
<th>% Retention Rate 1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>53.8%</td>
<td>1</td>
<td>14/12</td>
<td>86%</td>
</tr>
<tr>
<td>2</td>
<td>23/20</td>
<td></td>
<td>87%</td>
</tr>
</tbody>
</table>

<sup>1</sup> AHCA (2010) Nursing Facility Staffing Survey
Phases of Academic/Practice Partnership

1. LTC Nurse Residency Program * (2013-2016)
3. Out of hospital residency for Rutgers School of Nursing* (2016-2020)
## Cohort 3 and 4

### Completion Rates:

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Start</th>
<th>End</th>
<th>Percent Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities</td>
<td>15</td>
<td>11</td>
<td>73%</td>
</tr>
<tr>
<td>Preceptors</td>
<td>16</td>
<td>13</td>
<td>81%</td>
</tr>
<tr>
<td>Nurse Residents</td>
<td>19</td>
<td>15</td>
<td>79%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Start</th>
<th>End</th>
<th>Percent Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities</td>
<td>8</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>Preceptors</td>
<td>11</td>
<td>10</td>
<td>90%</td>
</tr>
<tr>
<td>Nurse Residents</td>
<td>13</td>
<td>9</td>
<td>69%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cohort 3 and 4</th>
<th>Start</th>
<th>End</th>
<th>Percent Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities</td>
<td>23</td>
<td>17</td>
<td>79%</td>
</tr>
<tr>
<td>Preceptors</td>
<td>27</td>
<td>23</td>
<td>85%</td>
</tr>
<tr>
<td>Nurse Residents</td>
<td>32</td>
<td>24</td>
<td>75%</td>
</tr>
</tbody>
</table>
Lessons Learned - Recruitment

Long Term Care facilities require long lead times to commit to a nurse residency program.

Return on Investment was important to the administrators.

Selection criteria using the 5 star quality ratings was not an important contributor.

Preceptor selection important.
Lessons Learned

Implementation

Offering the program face to face was more effective than using on-line modalities.

Offering the program in the summer created staffing challenges.

In long term care release time one day per week was the most that could be tolerated.
Implementation Continued

Integrate the collaboratives into the program

The QAPI projects were an important aspect

Preceptors would benefit from a longer educational program
Lessons Learned Evaluation

- Reducing the number of surveys
- Time for survey participation is not common place
- Mixed methods approach is much richer to understanding the data
- Focus on Leadership
Deliverables

- Curricula for nurse residents and preceptors developed
- 86% retention rate for the nurse residents that participated for 12 months
- Training and virtual dementia kits provided to facilities
- Video for INTERACT simulation produced and distributed
- Certification of nurse residents and preceptors as GRNs 83
- Certification of nurse residents, preceptors and other staff as certified dementia practitioners 107
Phases of Academic/Practice Partnership

1. LTC Nurse Residency Program * (2013-2016)
3. Out of hospital residency for Rutgers School of Nursing* (2016-2022)
In Progress

Helene Fuld grant-Academic/Practice Partnership in progress
- 2017 1st cohort
- BSN prepared

Expansion beyond LTC, Psych, Home Care, Insurance Agency
Progression

- Externship
- Winter Course
- Elective Course
- Nurse Residency
- Two Graduate Courses
Phases of Academic/Practice Partnership

1. LTC Nurse Residency Program *(2013-2016)*


3. Out of hospital residency for Rutgers School of Nursing* (2016-2022)

Goals

01
Advance behavioral changes in self management of chronic illnesses

02
Facilitate transitions in care across settings
Undergraduate Curricula

Unfolding Case Studies
- Adult I
- Adult II
- Community
- Pediatrics
- Emergency Dept
- 24 Observation Unit
- Home
- Community Clinic
- Outpatient Cardiac Cath
- Home Care Visit
- Community Clinic
- Palliative Care Visit
- School Nursing

Learning Strategies
- Pre-Assignment
  - Patient Video Vignette
  - Student Guide
- In Class Debriefing
- On Site Clinical Simulation
  - Pre-Assignment
  - Pre-briefing
  - Simulation
  - Post Simulation
Graduate Leadership

- Practicums in Associations, Non-Hospital Sites
- Community Engagement Projects
- NJAC Match.com Projects
  - Age Friendly Communities
  - MHFA
  - Conversations of Your Life
Why Academic/Practice Partnerships Important

- Associations have pulse on industry issues
- Can identify gaps experienced
- Access to members/faculty
- Bring credibility
- Help navigate challenges
- Connect to content experts
Our Publications


Kutney-Lee, A., Sloane, D., Aiken, L. An increase in the number of nurses with baccalaureate degrees is linked to lower rates of post-surgery mortality. *Health Affairs*, 32, (3), 579-586.

References


