BUSINESS CASE FOR

SOUTHEASTERN WISCONSIN NURSING ALLIANCE

October 20, 2011

Executive Summary

Purpose

This is a plan to create a standard set of expectations for nursing students across the six Southeastern Wisconsin health care systems. These expectations would include student identifying information required for clinical placement, health requirements, and orientation expectations. This standard approach would be created and managed by two newly formed groups. One is a group of nursing leaders from education and practice, with collaboration from human resources leadership, forming the Southeastern Wisconsin Nursing Alliance. The second is a group of Academic or Clinical Liaison Coordinators representing the six health care systems and the schools of nursing. The involvement of Human Resources leadership and expertise is critical to the support of these groups.

The key to this collaborative approach is not just to create the recommendations for standardization and simplification, but to execute and support these findings in all regional health systems.

Rising complexity, frustration, and opportunity brought the deans of the schools of nursing and the chief nursing officers of the health care systems together in a focused effort to improve our work in southeastern Wisconsin. At a time when a serious nursing shortage is looming in Wisconsin and nationally, southeastern Wisconsin has yet to create collaborative, efficient, and standardized approaches to supporting nursing student clinical experiences in local health care systems. Current approaches are increasingly changing, diverging from one system to another, and rising in their complexity and costs.

This plan is optimistic and essential in creating a new approach to nursing education/practice collaboration in southeastern Wisconsin. It creates an opportunity to improve the efficiency and effectiveness of current and future expectations and processes.

The future of nursing and the rapid transformation of health care delivery drives us all to create new ways of assuring a vital workforce to meet the needs of the public. This initiative an important step in this process.

This business case recommends approaches to the issue, and seeks endorsement from schools of nursing and health care systems in Southeastern Wisconsin.

It is critical that health care systems substantially agree to endorsing the results of this work in creating a single student standard, assuring that all regulatory requirements are met. It would be pointless to proceed with this challenging work unless we were aligned as a region to pursue a more standardized and simplified approach.

1. Establish the Southeastern Wisconsin Nursing Alliance, a group of nurse executives from education and practice with the collaboration of human resources leaders, to drive this standardizing work, and to explore other essential issues to foster an increasingly effective environment for educating the nursing workforce. Clarify structure, leadership, calendar, expected outcomes, resource requirements, communications.
2. Establish the Southeastern Wisconsin Nursing Alliance Subgroup of Academic Liaisons/Clinical Liaisons from education and practice settings, to foster greater standardization and simplification of nursing educational supports. Clarify structure, leadership, calendar, expected outcomes, resource requirements, communications.
3. Create a plan, with outcomes and phases by year, to simplify and standardize student requirements across all schools of nursing and health care systems. (Future expectations to expand this beyond health care systems to other settings for nursing student experiences.)
4. Phase I, with work to be completed by March 30, 2012 would include:
    A. Establish a consistent date by which schools of nursing would apply for clinical settings in acute care facilities, and a consistent date by which health care systems would inform the schools of their availability.
    B. Create a consistent list (with required timeframes) of health and other information of each student and clinical faculty member to be shared with the health care systems in which they will study. This includes student identifiers, immunizations and TB tests, CPR certification, and drug tests.
    C. Create a consistent approach to the requirement of an annual flu vaccination and a consistent declination process across health care systems for students and clinical faculty.
    D. Create a standardized expectation for drug testing of students and clinical faculty, and a consistent policy for future clinical access for those with positive results.
    E. Create an annual process to assess student volumes and capacity in potential clinical sites, beginning with the health care system sites.
    F. Assure that all schools of nursing in southeastern Wisconsin complete the annual educational dataset sponsored by the Wisconsin Center for Nursing
    G. Recommendations for guidelines would be returned to the Southeastern Wisconsin Nursing Alliance for ratification prior to implementation.
5. Phase II, with work to be completed by March 2013, would include:
    A. Create a consistent student orientation "passport" which would meet the Joint Commission (TJC) requirements (other regulators?) and must be completed and documented at least annually by any nursing students and faculty in clinical settings. This would meet the requirements of all local health care systems.
    B. Examine HER consistency in design and the potential for standardization of orientation approaches. Pursue the goal of an enhanced orientation process for electronic health records for nursing students

C. Health care systems to establish guidelines for interpretation of positive criminal background checks. Clarify what is accepted for clinical placement of students, and what is accepted for nursing staff employment. Students would then know earlier in their educational pursuit whether a future position in nursing is possible.

D. Identify improved processes for requesting and approving clinical unit availability for groups of students from all schools of nursing. Establish a timeline for implementing such a change.

E. Recommendations for guidelines would be returned to the Southeastern Wisconsin Nursing Alliance for ratification prior to implementation.

6. Communicate the plans for these groups, activities, and outcomes to others through an organized and accountable approach.

7. Phase III with work and deliverables to follow:

A. Explore the applicability of standardization of these requirements to students in other health care related disciplines

B. Assure that all health and reporting requirements are met for any clinical faculty.

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Background

There is a critical and growing need to improve the processes between nursing education (schools of nursing) and nursing practice, specifically hospitals, to more effectively and efficiently prepare nursing students in southeastern Wisconsin for practice.   A key process for both nursing education and nursing practice, is the coordination and utilization of clinical practices for nursing student learning. This proposal describes the current state of processes, articulates the benefits to both nursing education and practice of improved processes and outlines an approach for leaders in southeastern Wisconsin.

Collaboration between nursing education and nursing practice is not a new thought. In fact several states have successfully established statewide standardization of student processes. These states include Massachusetts, Tennessee, Washington, Oregon, Nebraska and Utah. Other regions in Wisconsin, including the LaCrosse area and more recently the Madison area, have worked to standardize student requirements across health care systems.   Despite good relationships between individuals in education and practice in Southeastern Wisconsin, the community has not yet been successful in standardizing and simplifying communications, planning and decision making between schools and practice sites (health care systems). Increasing regulation and security have driven practice sites to address student issues as employees, creating greater differences in expectations between health care systems and great demands on all schools of nursing to meet the site specific requirements, varying one from another.

We have confounding issues that continue to grow regarding nursing education.

- Health care systems have expanded data requirements and mandates about each nursing student seeking a clinical experience at the site. These data grow in volume and detail, and must be submitted each semester. Details on immunizations, health histories, CPR certification, physical assessments such as TB tests, criminal background checks, and now drug screens continue to increase over time, and are commonly done at student expense. The requirements vary from health system to system. Schools of Nursing seek to balance compliance with health system requirements with maintaining a social responsibility to students to limit their added costs.
- Criminal background checks of students are a necessary part of health care settings and meeting safety and regulatory standards. While Schools of Nursing admit students with positive CBCs, it is the health care systems that determine if they will accept students into clinical experiences at their sites. At times, SONs may move a student clinical experience from one system to another because of different standards across systems. Further, health care systems have set added expectations about employing individuals with a positive CBC. In a spirit of transparency, it would help to clarify criteria for when a student with a positive CBC would be accepted for clinical and when they would not. With such information, students could understand earlier in their curriculum if they should continue pursuit of a nursing degree with the ability to be placed in clinical, or to get a job after graduation.

- Mandatory orientation in each health care system is growing. It varies site by site, despite reflecting the same accrediting agencies and requirements. It is not an exaggeration to have students spend several weeks of each semester meeting orientation requirements rather than focusing on learning to be a nurse. Additional orientation is required for use of electronic health records. With citywide alignment of vendors, could this orientation to EPIC or other systems be facilitated or streamlined?
- Clinical sites for nursing student experiences are more challenging to secure. Confirmation of the availability of those sites varies site by site and does not align with the processes to register students. And the complexity and variation of HOW to secure those sites each semester is significant.
- As nursing practice grows more complex, and as the need to orient and support new graduate nurse employees (post graduation) expands, schools have missed opportunities to assure we are all integrating content that fosters success in new grads.

The Future of Nursing report from the Institute of Medicine, 2010, calls us all to find ways to streamline and enhance collaboration between education and practice. It also suggests that to respond to the demands of an evolving health care system and the changing health care needs of the public, higher education must also transform nursing education, its processes, outcomes, and its structures.

There is widespread agreement that a serious shortage of nurses is inevitable for the future. Collaboration between education and practice is necessary to assure effective preparation of the nursing workforce of the future.

Nursing Practice and nursing education is ready to address these opportunities. The future quality of nursing care that is provided in Southeastern Wisconsin is contingent upon maximizing the time that student are learning in the clinical environment. We must find ways to simplify the complexities that confound the intersections between nursing education and nursing practice. As we continuously improve these processes, we can be ready and available to address the many other issues which can only be successfully tackled together.

Recommendations

This business case calls for the creation of two groups reflecting southeastern Wisconsin, and dedicated actions to drive a new body of work supporting the standardization and simplification of support of nursing students in clinical settings.

This business case recommends approaches to the issue, and seeks endorsement from schools of nursing and health care systems in Southeastern Wisconsin.

It is essential to clarify how to foster agreement by all health care systems. The work to create a plan will be useless if there is not an agreement to endorse a single student model across all systems. We are asking for a commitment to agree to reasonable, standard guidelines across Southeastern Wisconsin, as long as they meet regulatory requirements.

Note: This list of actions is the same as those reflected in the Executive Summary at the beginning of this document.

1. Establish the Southeastern Wisconsin Nursing Alliance, a group of nurse executives from education and practice with collaboration of human resources leaders, to drive this standardizing work, and to explore other essential issues to foster an increasingly effective environment for educating the nursing workforce. Clarify structure, leadership, calendar, expected outcomes, resource requirements, communications.
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   C. Create a consistent approach to the requirement of an annual flu vaccination and a consistent declination process across health care systems for students and clinical faculty.
   D. Create a standardized expectation for drug testing of students and faculty, and a consistent policy for future clinical access for those with positive results.

E. Create an annual process to assess student volumes and capacity in potential clinical sites, beginning with the health care system sites.

F. Assure that all schools of nursing in Southeastern Wisconsin complete the annual educational dataset sponsored by the Wisconsin Center for Nursing.

G. Recommended guidelines would be returned to the Southeastern Wisconsin Nursing Alliance for ratification prior to implementation.

Phase II, with work to be completed by March 2013, would include:

A. Create a consistent student orientation "passport" which would meet the Joint Commission (TJC) requirements (other regulators?) and must be completed and documented at least annually by any nursing students and faculty in clinical settings. This would meet the requirements of all local health care systems.

B. Create an enhanced orientation process for electronic health records for nursing students

C. Establish guidelines for interpretation of positive criminal background checks. Clarify what is accepted for clinical placement of students, and what is accepted for nursing staff employment.

D. Identify improved processes for requesting and approving clinical unit availability for groups of students from all schools of nursing.

E. Recommended guidelines would be returned to the Southeastern Wisconsin Nursing Alliance for ratification prior to implementation.

6. Communicate the plans for these groups, activities, and outcomes to others through an organized and accountable approach.

7. Phase III with work and deliverables to follow:

A. Explore the applicability of standardization of these requirements to students in other health care related disciplines.

B. Assure that all health and reporting requirements are met for any clinical faculty.

A Call to Action

Now is the time to create new structures to foster critical collaboration between nursing education and practice in southeastern Wisconsin. This also requires support, flexibility and endorsement of other key stakeholders in health care systems, including human resources, administration, and information technology.

Successful standardization and simplification can only be achieved through a shared commitment.

Addendum A.

Overview of Health Care Systems and Colleges/Universities in Southeastern Wisconsin

Review of Colleges, Universities and Hospitals in SE WI

The Southeast Wisconsin Healthcare Alliance is a collective of nurse educator and executive nurse leaders representing colleges, universities and health care providers encompassing an area of Southeast Wisconsin. The geographical area includes Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington and Waukesha Counties. Within this area there are fifteen brick and mortar colleges and universities and twenty-two hospitals or major medical centers. Many of the hospitals are affiliated within networks and central administrations. There are also a multitude of health care service providers including long term care, clinics, specialty hospitals, psychiatric services, home health and visiting nurse services, schools, day care centers, shelters and housing developments which nursing care is provided.

Understanding the scope and breadth of nursing education programs, the volume of nursing students and health provider access points for clinical provides impetus to develop and implement a partnership model between education and practice. Two informal surveys were completed. One survey was sent to nursing education administrators requesting information on the clinical sites that are accessed and the number of nursing students that are in LPN, Diploma, ADN, BSN, MSN, PhD (nursing) and DNP programs. A list of clinical sites was compiled. A second survey was sent to several select health educational liaisons to identify the number of schools and students that access the clinical facilities in 2011. Spreadsheets with specific information are attached.

Nursing education in Southeast Wisconsin is huge. The table below summarizes the estimated total of students by level of education.

Educational Level and Number of Students in SE WI Healthcare facilities in 2011

Educational Level	Number of students
LPN	>96
Diploma	0None in Wisconsin
ADN	>998
BSN	>2529
MSN	>600
PhD Nursing	Unknown
DNP	Unknown
Total	**>5979**

From an online survey by D. Skewes, 2011

Several educational programs provide alternatives to traditional clinical offerings by incorporating evening and weekend clinical sections and weekend college options. The estimated number of clinical access points are as many as 120 health and community care locations.

Healthcare facilities interact with a multitude of schools of nursing ranging from one thirteen schools located within Southeast Wisconsin. Depending on location the health care facilities may also host other schools outside the Southeast Wisconsin geographical area. The numbers from the survey are in the table below:

SE WI Hospitals and number of schools of nursing hosted.

Note: These data are incomplete, but reflect an important issue to be further explored.

Health care facility	Number of schools of nursing
Aurora	13
Children's Hospital of Wisconsin	6
Columbia St. Mary's	7
Community Memorial	1
East Castle	1
Froedtert	8
Granville Neighborhood Center	1
Horizon Homecare and Hospice	1
Kindred	2
MCFI	1
Medical College	1
NewCastle	1
Penfield	1
Prohealth	9
Repairers of the Breach	1
Saint Camillus	1
United Health Services, Inc. Kenosha	1
VAMC & VA of WI Union Grove	5
Various LTC Facilities	
Waukesha County Mental Health	2
Wheaton	7
Wisconsin Lutheran Care Center	1

From an online survey by D. Skewes, 2011

In summary, the number of students enrolled in nursing in Southeast Wisconsin is profound. Schools of nursing can have a significant impact on the healthcare facility by nature of the differing levels of education and sheer numbers alone. Healthcare facilities remain significant partners in nursing education. It is essential to note that the number of schools, volume of students and number of clinical access points for education can result in complexities in student placement, orientation and management in clinical settings.

Addendum B.

Current regulations to be met by practice and education related to student clinical experiences

The Joint Commission E-dition
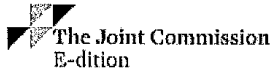
Program: Hospital

Chapter: Human Resources

Standard: HR.01.04.01: The hospital provides orientation to staff.

Rationale for HR.01.04.01:

N/A

Introduction to HR.01.04.01:

N/A

Elements of Performance

Description	MOS	CR	PFA	DOC	SC	ESP
1. The hospital determines the key safety content of orientation provided to staff. (See also EC.03.01.01, EPs 1-3) Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, and services; the environment of care; and infection control.			OS, OT		A	ESP-1
2. The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented. (See also EC.02.03.01, EP 10 and IC.01.05.01, EP 6)	Ⓜ		Comm, OT	Ⓓ	C	
3. The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures. Completion of this orientation is documented.	Ⓜ		Comm, IM, OT	Ⓓ	C	
4. The hospital orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7; IC.02.04.01, EP 2; RI.01.01.01, EP 8)	Ⓜ		Comm, IM, OT	Ⓓ	C	
5. The hospital orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.	Ⓜ		Comm, IM, OT	Ⓓ	C	
6. The hospital orients staff on the following: Patient rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented.	Ⓜ		Comm, IM, OT	Ⓓ	C	

| 7. The hospital orients external law enforcement and security personnel on the following:
- How to interact with patients
- Procedures for responding to unusual clinical events and incidents
- The hospital's channels of clinical, security, and administrative communication
- Distinctions between administrative and clinical seclusion and restraint | Ⓜ | Comm, OT | C |

Addendum C.

A Profile of differences between six health care system's expectations

Clinical Placement Certification Requirements
Standard Student Requirements

Agency	Full Student Name	Caregiver Background Check*	Exact Semester Dates	Physical Exam**	Immunization Compliance***	Flu Shot/ Declination	TB Skin Test	Chest X-Ray for Pos. TB	CPR/BCLS
Aurora Metro	each semester	2 years	each semester	prior to the start of the clinical	yearly	Required, or declination from PCP	1 year	clinical start	2 years
Froedtert Health	each semester	prior to the start of the clinical and every 4 years	each semester	prior to the start of the clinical	prior to the start of the clinical	Strongly recommended/ Declination recommended	1 year	if + TB skin test – symptom survey & CXR within 12 preceding months	2 years
Wheaton Franciscan Healthcare	each semester	Verify electronically annually	each semester	Verify electronically annually	Verify electronically annually		1 year	dated after skin test conversion	2 years
ProHealth	each semester	2 years	each semester	under review	prior to the start of the clinical		1 year	under review	2 years
Columbia St. Mary's	each semester	2 years	each semester	prior to the start of the clinical	prior to the start of the clinical		1 year	if + TB skin test – neg CXR, and annual symptom survey	2 years
Children's Hospital of Wisconsin	each semester	2 years	each semester	health history prior to the start of the clinical	prior to the start of the clinical		1 year	if + TB skin test – neg CXR, and annual symptom survey	2 years
Summary	**6/6 every semester**	**4 every 2 years 1 annually 1 every 4 years**	**6/6 every semester**	**4 prior start clinical 1 annually 1 under review**	**4 prior start clinical 2 annually**	**Information being collected**	**6/6 annually**	**3 with + skin test 1 after skin test conversion 1 under review**	**6/6 every 2 years**

*Health care systems have varying interpretations of acceptable positive CBCs
**Documentation of physical exam may vary based on self reports vs. PCP signed documents
***Types of immunizations required may vary by health care system
Note: Student identifying information varies by site, and security questions for information systems are different and not included in this listing.

Standard Orientation Requirements (Different classes for each health care system)

Agency	BB Pathogen Training	Emergency Preparedness	Patient Confidentiality Form	HIPAA	Material Data Safety Sheets	Patient Safety	Risk Management Policies	
Aurora Metro	1 year	1 year	1 year	1 year	1 year	1 year	1 year	
Froedtert Health	1 year	1 year	1 year	1 year	1 year	1 year	1 year	
Wheaton Franciscan Healthcare	1 year	Annually=Jan. 1st	Annually=Jan. 1st	Annually=Jan. 1st	Annually=Jan. 1st	Annually=Jan. 1st	Annually=Jan. 1st	
ProHealth	1 year	This is covered in ProHealth Care's online student course.						
Columbia St. Mary's	1 year	1 year	1 year	1 year	1 year	1 year	1 year	
*Children's Hospital of Wisconsin	1 year	each semester	2 yrs	each semester	each semester	each semester	each semester	
Summary	**6/6 - 1 year**	**4 - 1 year 1 every semester 1 - Online**	**4 - 1 year 1 – 2 years 1 - Online**	**4 - 1 year 1 – every semester 1 - Online**	**4 - 1 year 1 – every semester 1 - Online**	**4 - 1 year 1 – every semester 1 - Online**	**4 - 1 year 1 – every semester 1 - Online**	

*Students can only come to CHW during senior year (or last semester A.D.N. so at the most they are here is twice if they come back for preceptorship./ It is usually within the same year.

Clinical Placement Certification Requirements

Unique Student Requirements

Agency	OIG/GSA background checks	Drug Screen*	Student e-mail	Student Birthdate	Student ID and/or Social Security #		
Aurora Metro	each semester	n/a	n/a	each semester	each semester		
Froedtert Health	n/a	10 screen drug panel prior to the start of the clinical*	each semester	n/a	n/a		
Wheaton Franciscan Healthcare	n/a	n/a	Each semester	n/a	n/a		
ProHealth	n/a	n/a	each semester	each semester	n/a		
Columbia St. Mary's	n/a	n/a	each semester	each semester	each semester		
Children's Hospital of Wisconsin	n/a	n/a	n/a	n/a	n/a		
Summary	**5 – na 1 every semester**	**5 – na 1 prior start clinical**	**4 each semester 2 na**	**3 each semester 3 na**	**4 each semester 2 na**		

*Unclear expectations if positive drug screen

Unique Orientation Requirements

Agency	Unit Specific Information	Philosophy of Care	Religious vs Secular			
Aurora Metro	each semester	each semester	n/a			
Froedtert Health	each semester	each semester	n/a			
Wheaton Franciscan Healthcare	each semester	Annually=Jan. 1st (on website)	Annually=Jan. 1st (on website)			
ProHealth	each semester	each semester	n/a			
Columbia St. Mary's	each semester	each semester	each semester			
Children's Hospital of Wisconsin	each semester	each semester	n/a			
Summary	**6/6 each semester**	**5 each semester 1 annually**	**1 annually 1 each semester 4 n/a**			

10/11

Addendum D.

Review of Barriers and Resources

Key Success Factors	**Strategy**
1. Organizational commitments	November meeting will clarify agencies in support of initiatives. HR support and leadership will be essential.
2. HR Expertise	Required to process CBC's, support overall decision making, and facilitate organizational communication and city wide support.
3. Staff accountable to design program details	Staff currently are identified to process students at all sites and they are most appropriate to recommend and design a regional program. It is recognized there would be a period of duplicative work but alignment to a new system could begin quickly.
4. Prioritization of initial work	Recommendations from other states clearly recommend one area should be pursued to assure quick success and move a group forward.
5. Varied interpretations of Regulatory Requirements	It is recognized that at times, varied opinions exist as to the interpretation of TJC criteria. This in turn results in variations in content of educational materials; however, various state wide programs are available as a reference and should assist in clarifying content.
6. Timelines aligned to student processing	Clear timelines will be identified to provide adequate time for student communications and processing. It is apparent; program implementation must be projected one year in advance. Shared mutual timeframes will be developed.

7. IT expertise

It is recognized that automated solutions are a critical component of the product at some point. A consultant representing software utilized for scheduling clinical placements and the Tennessee initiative is available. Various sites currently have limited IT resources due to prioritization of E.H.R. applications.

8. Funding

It is recognized currently there is no fiscal support or need identified. However, either in kind donations or other forms of support will be required. A nominal student fee has been implemented in other states to fund software. Federal grants may be available in the future.

IT infrastructure will need to assure appropriate security measures are in place

9. Security of Students/Faculty Personal Information

Addendum E.

Resources

The following are resources that will facilitate the conduct of the work.

1. Advice from other state initiatives-Massachusetts, Tennessee, Washington, Oregon and Nebraska are up and running. The Michigan Hospital Association will also be contacted regarding their electronic technology for clinical unit requests. Fox Valley history and processes are accessible. Likewise, the Madison area experience is accessible.

2. Consultant, Pam Taylor, Total Clinical Placement Services, is available and would be willing to do a demonstration of scheduling software for clinical placements. She is also versed in several state initiatives.

3. Current academic liaison staff in health care systems, and clinical liaison staff in educational settings are informed of the current issues, and willing to collaborate.

4. Limited Hospital based IT applications and expertise may be accessible. Select sites do have WEB applications which support some student processing activities. Some expertise regarding the technical issues, limitations and implications of IT are found at various sites.

5. Financial Support - The potential for limited financial support is available through in kind contributions of the involved organizations, both education and practice. This work may fit with future grant opportunities through funding agencies.

6. Various state associations may support or assist in the project's evolution for ex. ANEW (Administrators of Nursing Education in Wisconsin), WONE (Wisconsin Organization of Nurse Executives), WHA (Wisconsin Health and Hospital Association), WCN (Wisconsin Center for Nursing), MAHA (Milwaukee Area Healthcare Alliance), WSHRA (Wisconsin Society for Human Resources .