

Welcome

Community Health Center, Inc.'s

**CLINICAL WORKFORCE
DEVELOPMENT**

NATIONAL COOPERATIVE AGREEMENT



A Program of the [Weitzman Institute](#)

We will begin shortly...

Give Primary Care a Chance!

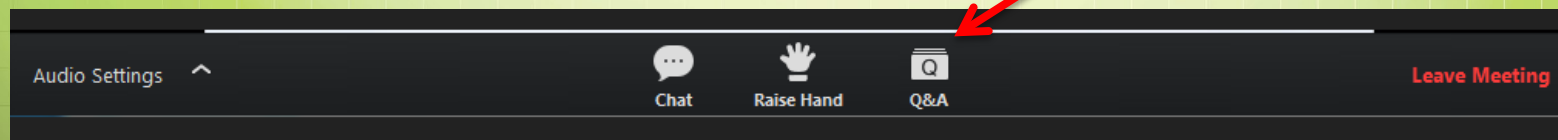
Creating an
Education
Experience in
Primary Care that
will Awaken BSN
Students to the
Professional Role of
RNs in Primary Care



November 29th, 2018

Get the Most Out of Your Zoom Experience

- Use the Q&A Button to submit questions!
- Live tweet us at @CHCworkforceNCA
- Recording and slides are available after the presentation on our website within one week
- View past webinars at www.chc1.com/nca



The Community Health Center, Inc. and its Weitzman Institute provides education, information, and training to interested health centers on:

Transforming Teams

- National Webinars on the team based care model
- Invited participation in Learning Collaboratives to launch team based care at your health center

Training the Next Generation

- National Webinar series on developing Nurse Practitioner and Clinical Psychology residency programs and successfully hosting health profession students in health centers
- Invited participation in Learning Collaborative to implement these programs at health center



Community Health Center, Inc.

CHC Profile:

- Founding year: 1972
- Locations: 14
- Patients/year: 100,000

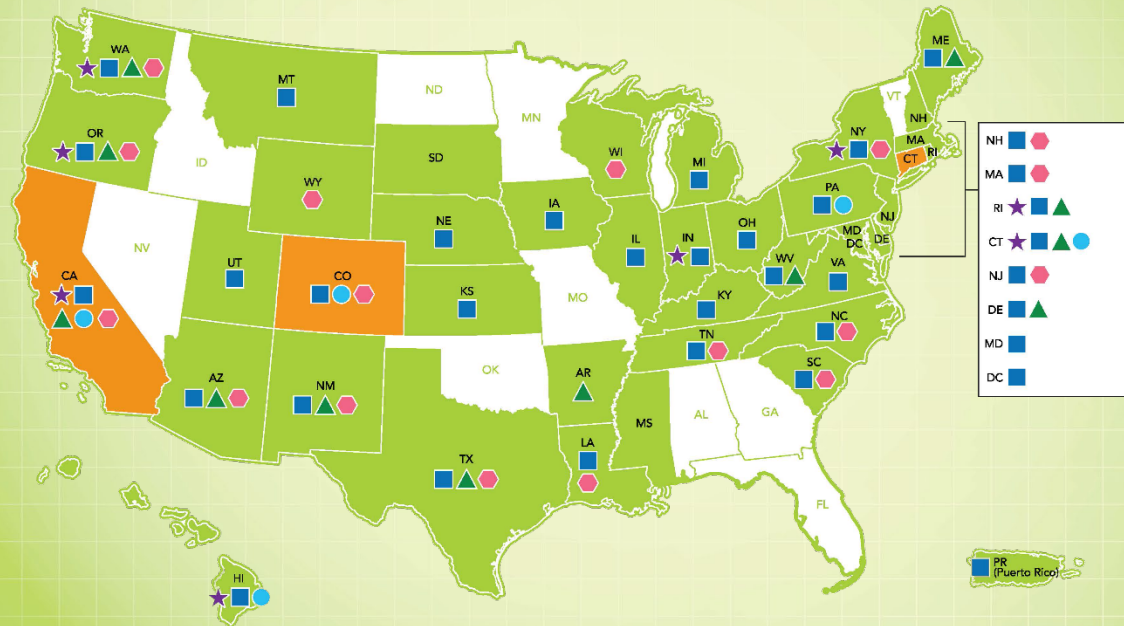


CHC Locations in Connecticut



Weitzman Institute

The Weitzman Institute works to improve primary care and its delivery to medically underserved and special populations through **research, innovation, and the education and training** of health professionals.





Today's Objectives

- Participants will better understand why training baccalaureate nurses in primary care and community health is important
- Experts will share an overview of the DEU model's translation to primary care
- Participants will understand the goal of the DEU, and learn how the model builds nursing student competencies in primary care and community health
- Experts will share their strategies for effectively supporting, and mentoring the nursing students to prepare them for the rigor of caring for patients in the primary care setting

Why is training at your health center important?

- Professional responsibility to contribute to workforce development
- Creates clinical workforce pipeline
- Provides clinical staff with the opportunity to teach
- Trains students to a high performing model of care
- Opportunity to increase confidence and competence
- Trains students to the needs of underserved populations



Why train baccalaureate nurses in primary care is important...

- Minimal focus on the role of the primary care nurse in academic curriculum
- Primary care clinical competencies are not well defined
- Growing workforce demand for primary care nurses, particularly roles in complex care management
- Need for additional education, and experience with frontline nurses in primary care settings

Table 5 - Staffing and Utilization

National Data

View Information by Criteria Reported:
Tables 3A through 9E

[View Full 2017 National Report](#)

1373 Grantees

Personnel by Major Service Category		FTEs (a)
1.	Family Physicians	5,933.44
2.	General Practitioners	457.50
3.	Internists	1,958.06
4.	Obstetrician/Gynecologists	1,266.40
5.	Pediatricians	2,831.71
7.	Other Specialty Physicians	454.72
8.	Total Physicians (Lines 1-7)	12,893.83
9a.	Nurse Practitioners	8,851.71
9b.	Physician Assistants	3,076.92
10.	Certified Nurse Midwives	691.87
10a.	Total NPs, PAs, and CNMs (Lines 9a-10)	12,620.50
11.	Nurses	17,663.41
12.	Other Medical Personnel	30,681.06
13.	Laboratory Personnel	2,444.10
14.	X-Ray Personnel	994.62
15.	Total Medical (Lines 8+10a through 14)	77,297.52

Personnel by Major Service Category	FTEs
Nurses	17,663.41
Total Medical	77,297.52

Table 5: Staffing and Utilization

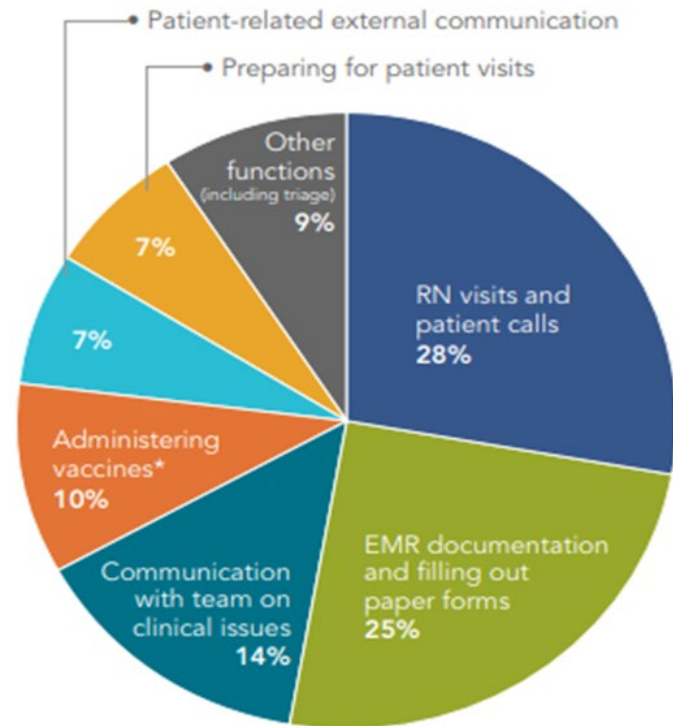
Personnel by Major Service Category		FTE
		% Group
1.	Family Physicians	7.68%
2.	General Practitioners	0.59%
3.	Internists	2.52%
4.	Obstetrician/Gynecologists	1.64%
5.	Pediatricians	3.66%
7.	Other Specialty Physicians	0.59%
8.	Total Physicians (Lines 1-7)	16.68%
9a.	Nurse Practitioners	11.45%
9b.	Physician Assistants	3.98%
10.	Certified Nurse Midwives	0.90%
10a.	Total NPs, PAs, CNMs(Lines 9a-10)	16.33%
11.	Nurses	22.85%
12.	Other Medical Personnel	39.69%
13.	Laboratory Personnel	3.16%
14.	X-Ray Personnel	1.29%
15.	Total Medical (Lines 8+10a through 14)	100.00%

22% of the
Total Medical
(FTE)
Workforce

Scope of Practice of RNs in Primary Care

- RN Visits and patient calls
- EMR documentation
- Communication with team on key issues
- Patient related external communication
- Preparing for patient visits

Figure 1. How RN Time Is Spent at CHCI



*May be completed by MAs in California, but not in Connecticut, where this falls only in the scope of practice of the nurse or the provider.
 Source: Anderson DR, St. Hilaire D, Flinter M. "Primary Care Nursing Role and Care Coordination: An Observational Study of Nursing Work in a Community Health Center." *Online J Issues Nurs.* 2012;17(2):3.

HRSA's Commitment

Nurse Education, Practice, Quality and Retention (NEPQR)

Purpose

Recruit and train nursing students and current registered nurses (RNs) to practice to the full scope of their license in community-based primary care teams

Program Aim

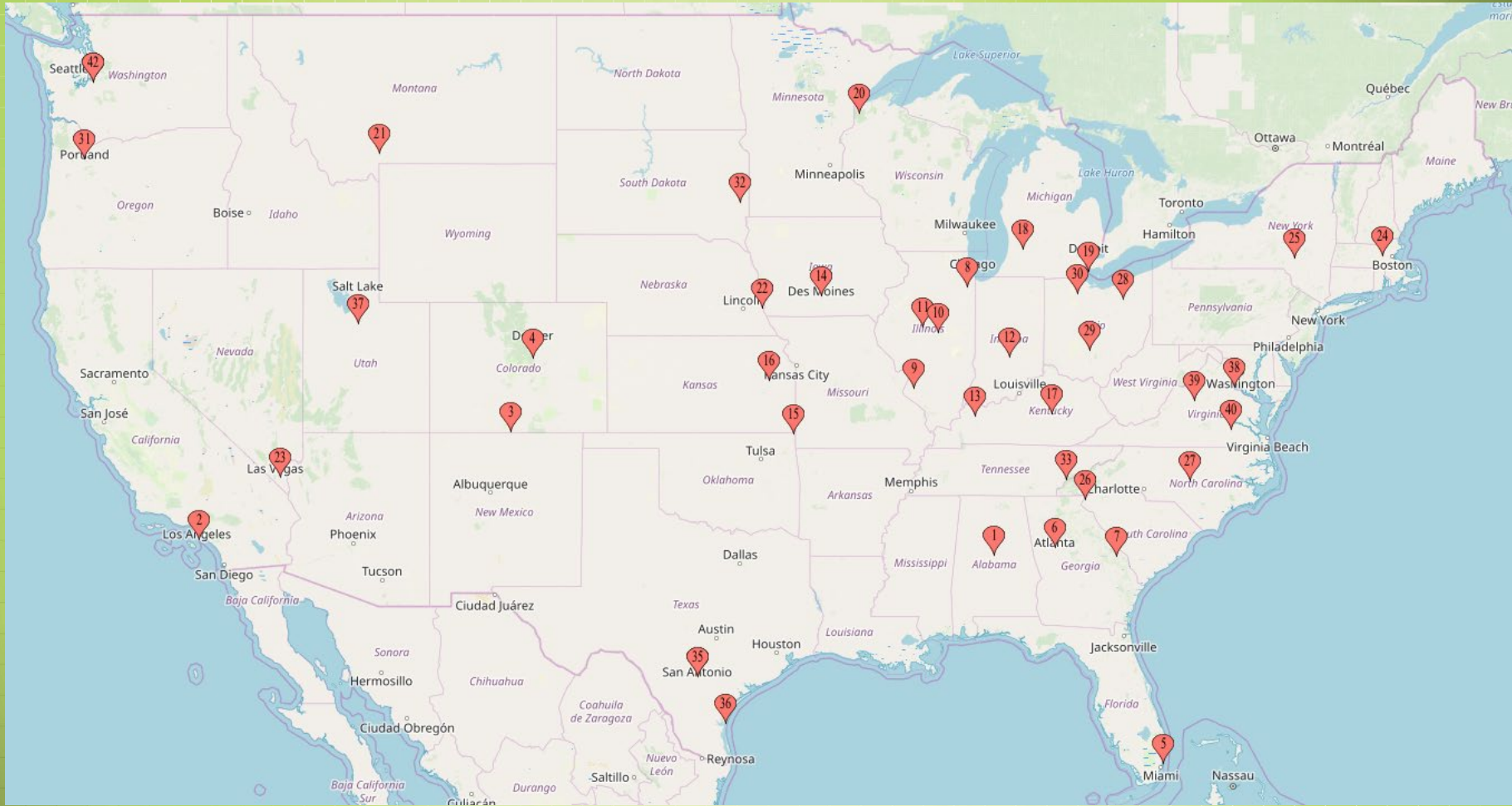
Achieve a sustainable primary care nursing workforce equipped with the competencies necessary to address pressing national public health issues

- Even the distribution of the nursing workforce
- Improve access to care
- Improve population health outcomes by strengthening the capacity for basic nurse education and practice and addressing national nursing needs under three priority areas: education, practice and retention



CLINICAL WORKFORCE DEVELOPMENT

Transforming Teams, Training the Next Generation



Reflections from the Front Line

Amanda Molina, RN
CHCI Staff Nurse

Sarahi Almonte, BSN-RN, MS
CHCI Nurse Manager

Natalie Bycenski, MSN, RN
CHCI Nurse Manager



Primary care RN placements can be challenging to identify

- Rotations generally focus on acute settings
- Partnerships with primary care settings are typically not well established
- Primary care RN role optimization is not uniformly implemented at all primary care organizations

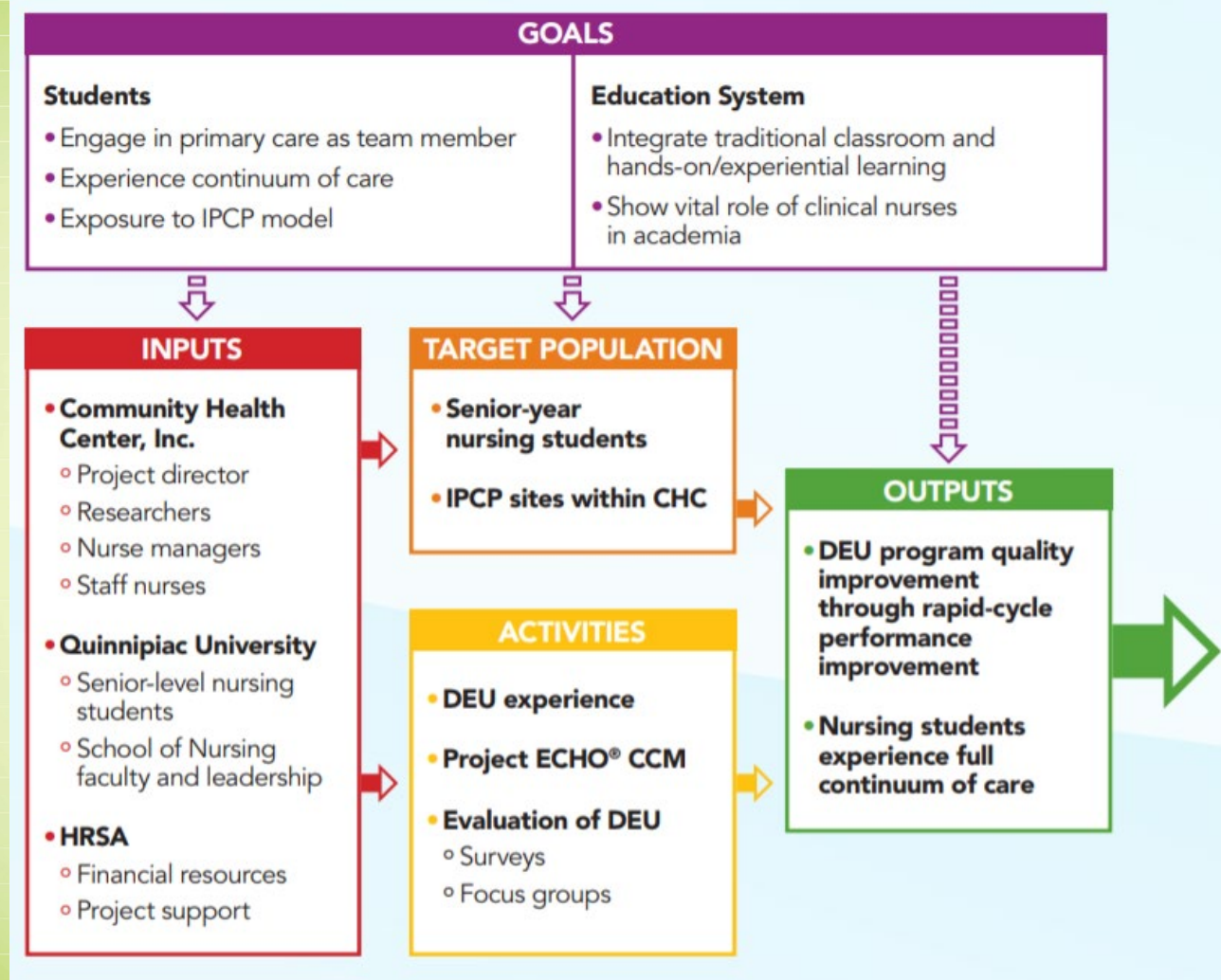
Dedicated Education Unit (DEU)

“The dedicated education unit (DEU) model of clinical education is an evidence-based alternative to the traditional model of clinical teaching designed to create an optimal educational environment for nursing student”

History of the DEU Concept

- Flinders University of South Australia School of Nursing, 1990s
- Due to the growing need for quality clinical placements for nursing students
- Improved strategic partnership between academia and clinical sites
- Ensured an excellent student experience, while factoring in the clinical challenges of placement sites

Logic Model: CHCI Implementation





Student Experience

- Reinforced academic programming concurrently with rotation at a primary care site
- Learned how to deliver care to underserved patients in the primary care setting
- Received didactic to support their understanding of the role of the primary care nurse
- Learned the need for critical thinking skills in the primary care setting
- Reinforced learning of the primary care competencies in the clinical setting

Core Competencies

The goal of the DEU at CHC is to build nursing student competencies in Interprofessional Collaborative Practice (IPCP) by providing training and experience in complex care management within an IPCP environment. These core competencies were developed based on those created by QSEN with translation to make them more appropriate for the primary care setting (Cronenwett et al, 2007). They still focused on the main domains of:

- Patient-Centered Care
- Teamwork and Collaboration
- Evidence-Based Practice
- Quality Improvement
- Safety
- Informatics

Overview of Typical DEU Schedule:

- 8:30 am – 4:00 pm
- Project ECHO Complex Care Management session (bi-weekly, 90 minutes)
- Clinical time with front line nurse preceptors
- Post-clinical conference (30 minutes)



Clinical time with front line nurse preceptor

- Provider Visit Support
- Independent Visits
- Clinical Tool review
- Triage
- CCM Process
- Population Management

Experience Innovative Healthcare Practices

- Team huddles
- Integrated care meetings
- Population management
- Trained on how to use dashboards, scorecards and other data sources to inform their practice throughout the day

Participate in innovative training delivered to CHCI's nurses such as Project ECHO®:

Complex Care Management, which is a telehealth model that creates a knowledge network for nurses

- Includes both didactic and case-based learning, where frontline nurses and student nurses can present complex cases and get feedback and support from a multi-disciplinary team of experts on next steps in their care planning





“I like how they kind of changed my view about where nursing can go...it’s not just, you see a patient and that’s it and you move on. You can stay with that patient and follow-up with them and make sure that everything in their life is not affecting their health.”



Logic Model: Outcomes

	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
Primary Care Health Center	Implementing one of CHC's foundational pillars: Training the next generation	Improved patient outcomes ↑ Patient satisfaction
Nurses	↑ Opportunity for leadership role Improved understanding of IPCP environment	↑ Satisfaction in team Improved RN leadership skill
Students	• Better knowledge of primary care <ul style="list-style-type: none">◦ Role of nurse in IPCP team◦ Patient-centered care◦ Importance of research and QI	↑ # of nurses in primary care workforce from DEU Improved overall care coordination ↑ IPCP in health care

Impact of the DEU

Focus Groups

Gained Real Life Knowledge: Students valued the knowledge they gained during the clinical rotation at CHCI.

- Recognized that the educational format was different from previous experiences
- Learning in this environment made them gain confidence, not only with provide education for patients but with themselves

Valued Holistic and Interdisciplinary Approach: The interdisciplinary approach to patient care was an eye opener for many of the students.

- Changed their view of inpatient nursing as well as they would be more inclined to look at their patients discharge plans beyond the inpatient walls

Impact of the DEU

Focus Groups

Bumps in the Path: The rotation at CHCI was not without challenges. When they first came on board, they did not know where to go and there was a lack of patient experiences to ensure a good experience for all students.

- Ensured ongoing quality improvement strategies





Focus Groups Themes

Understanding the role of the Primary Care Nurse

- “I’ve done ten-fold more patient education here than I ever had on a hospital floor.”
- The nurse was “not treating the diagnosis” but “treating the whole person”.

Interdisciplinary Care Team

- It amazed them to observe “each pod and seeing how they work together as a team” and communicated so well across disciplines

Exposure to diverse patient populations

- “There are a lot of vulnerable populations that attend the community health centers, and seeing that they are treated equally and given the same support and care as they should be is really awesome.”

Questions?

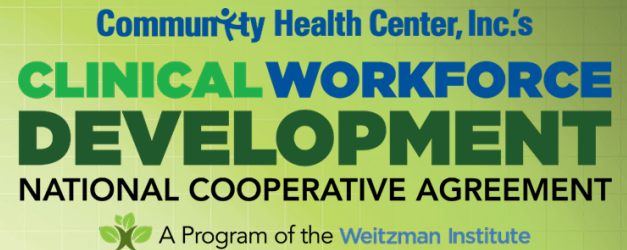
Mary Blankson, APRN, FNP-C, DNP
CHCI Chief Nursing Officer

Sarahi Almonte, BSN-RN, MS
CHCI Nurse Manager

Natalie Bycenski, MSN, RN
CHCI Nurse Manager

Amanda Molina, RN
CHCI Staff Nurse

Upcoming Webinar!



Behavioral Health Workforce Development Training Across the Various Behavioral Health Disciplines

November 13th, 2018

3-4pm EST

Visit www.chc1.com/nca

Contact us at nca@chc1.com

References

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