



Future of Nursing: State Implementation Program Proposal Narrative

Future of Nursing: State Implementation Program (SIP) 3

Full Proposal Narrative Identifying Information

Project Title: Utah Residency Expansion and Breakthrough to Baccalaureate Initiative

Proposal I.D.: 30639

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Legal Name of Applicant Organization: HealthInsight

Introduction and Utah Background

The Utah Action Coalition for Health (UACH) was launched in 2011, out of a partnership between HealthInsight, a long standing expert in quality improvement and convener of the health care community in Utah and the Utah Organization of Nurse Leaders (UONL). The UONL is comprised of many nurse managers and clinical nurse leaders around the state and also includes the Academic Leadership Committee (ALC) which has representatives (deans or directors) from all the nursing programs in Utah.

After careful deliberations with key stakeholders from around the state, the UACH, Coordinating Council decided to pursue a combination of options 1 & 2 for this SIP 3 grant application. First, we will continue our work to expand and enhance the Nurse Residency Network in Utah which is IOM Recommendation #3: Implement nurse residency programs. We will also be addressing IOM Recommendation #4: Increase the proportion of nurses with a baccalaureate degree as the second area of focus (option 2) in this SIP3 grant application.

Utah is the 11th largest state in the U.S. (84,900 square miles) comprised of urban population clusters and large rural regions. In 2013, Utah's total population count was 2,900,872. This represents a population increase of 46,001 (1.6 percent), more than double the national growth rate of 0.72 percent. Utah is the second fastest growing state in the nation, due to its first place ranking in birth rate and net in-migration of about 10,000 people during the past year, (University of Utah senior research economist, Pam Perlich).

Presently, 18.4 percent of Utah's population is ethnically diverse with people of Hispanic/Latino origin as the largest group at 13.8 percent statewide and 22.3 percent in Salt Lake City. New census estimates show that in 2012, specific racial and ethnic groups grew at the following rates: Black/African American (5.2 percent), Pacific Islanders (3.5 percent), Asians (2.9 percent), Latino/Hispanics (2.5 percent), American Indian (1.3 percent) and White/Caucasian (1.2 percent).

According to the Utah Medical Education Council (UMEC)/Nurse Data Center, Utah's nursing workforce consists of 24,370 Registered Nurses (RN) and 1,692 Advanced Practice Registered Nurses (APRN). Of these, 81 percent of RNs (19,753) work in health care in Utah. The RN/population ratio in Utah is 598/100,000 (lowest in the

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United States) compared to the national average of 854/100,000. The largest percentage of RNs (26 percent), receive their RN license and enter the profession between the ages of 25-29 years, and 20 percent of Utah's RNs working in health care are over 55 years of age. Sixty percent of Utah's RNs work in the hospital setting. Five large health care delivery systems employ the majority of Utah RNs: Intermountain Healthcare, MountainStar, IASIS, VA Medical Center and University of Utah Healthcare.

Nursing education in Utah is comprised of seven long-standing, state-supported schools, three private schools and nine newer proprietary nursing programs. A recent survey of nursing programs indicated that 398 new baccalaureate prepared nurses graduated in 2012 from a traditional Bachelor of Science (BS) or accelerated BS program. The same year 700 nurses (64 percent) graduated with an associate degree (AD) in nursing. An additional 362 AD prepared nurses returned to school to complete their BS degree in nursing.

1: Priority IOM Recommendations and Selection Process

IOM Recommendation 3 - Goal #1: To increase the number of formalized, evidence-based, yearlong, RN residency programs (from 7 to 14) in Utah supporting registered nurses in the transition into practice.

The UACH selected implementation of nurse residency programs as the primary focus of the SIP 1 grant. Key stakeholders including academic and clinical partners throughout Utah have been working together to form a statewide, coordinated effort to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed their pre-licensure RN degree program or when they were transitioning into new clinical practice areas as RNs. During the implementation phase of the SIP 1 grant, the multi-stakeholder UACH and the UONL were integrally involved in monitoring and evaluating the program's progress. Because of the resounding success of the first 18 months, the UACH and UONL members unanimously recommended continuing to work on IOM Recommendation #3, by developing an expansion plan for nurse residency programs throughout all hospitals. Deans and educators throughout Utah will continue to work with the Chief Nurse Executive to expand and enhance the RN residency network throughout Utah.

As stated, the present SIP 1 Utah grant to implement nurse residency programs exceeded expectations and was well received by our community hospital and academic partners. The most notable accomplishment was exceeding the number of hospitals and academic partners originally projected in the SIP 1 grant. For the 18 month deliverables, the goal was to have five participating nurse residency programs. Due to the success and popularity of the first five nurse residency programs that began during the first year of the SIP 1 grant, two additional hospital sites approached the UACH to participate in

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the program. With these additional sites, all five major health care delivery systems in the state have implemented a RN residency program in at least one hospital.

The following list highlights some of the significant accomplishments achieved through the work of the statewide RN Residency Coordinators Council, which was created for the SIP 1 grant implementation in Utah:

1. Nurse residency SharePoint@ site – This cloud based site allows all nurse residency coordinators from various hospital corporations to post and share best practices from their individual programs. Innovative curriculum, teaching methods, processes for selection of residents, leadership development and career planning are examples of the type of content that have been posted on the SharePoint site.
2. REDCap data collection – REDCap is a very sophisticated yet user-friendly program for data collection. The system was easy for the nurse residency coordinators and the individual nurse residents to use to enter and access the required data sets. Feedback was immediate to the individual programs as REDCap creates charts and graphs displaying individual program metrics. Our nurse residency coordinators have used their individual REDCap data to demonstrate impact and outcomes to their hospital administration.
3. Compilation of a tool kit, best practices and lessons learned from the first 18 months of nurse residency program operations – The collaboration and communication among the RN residency coordinators around the state has been most impressive. They have worked together to create shared resources, identifying tools, best practices and lessons learned from Utah’s nurse residency programs. These resources and the lessons learned will be used as part of the overall tool kit given to each new nurse residency program to get them off to a successful start.

While we are still early in data collection, the feedback from approximately 60 RN residency participants statewide has been very positive. Data from the 18 month SIP 1 grant deliverables show all but one nurse residency program had no turnover of new RN hires. We are continuing to see high retention of RN nurse residents and REDCap job satisfaction data is also high.

IOM Recommendation 3 - Goal #2: To design and develop a yearlong, APRN residency/fellowship program for new APRN graduates with pilot testing in at least one selected health care delivery system in Utah.

Adding to our work on IOM Recommendation #3, we plan to also design and pilot an APRN residency/fellowship Program in Utah. Due to the success of the RN residency program and the lack of APRN residency programs in the state, the UACH and UONL

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members recommended designing and piloting an APRN residency program based on a similar model to the SIP 1 residency programs. This initiative was selected due to the large rural areas in Utah with health professional shortages. APRNs play an essential role in providing primary care in these rural, frontier areas of Utah. This plan will allow us to explore and design a yearlong, APRN residency/fellowship program to support new APRN graduates practicing in new settings and in new roles.

In addition, we will be addressing IOM Recommendation #4: Increase the proportion of nurses with a baccalaureate degree as the second area of focus (Option 2) for this SIP 3 grant application. We have developed two major goals for this work.

IOM Recommendation 4 - Goal #1: Increase the proportion of BS prepared RNs in the Utah by developing the AD early assurance option for nurses entering the profession.

IOM Recommendation 4 – Goal #2: Increase the proportion of BS prepared RNs in Utah by launching the “Breakthrough to Baccalaureate” (BTB) campaign for nurses already out in the workforce.

The UACH has been monitoring the progress of the percentage of Utah’s RN workforce with baccalaureate degrees. In 2011, compacts were signed between the UACH and the following hospitals: Intermountain Health Care, the University Hospital and Clinics, Shriners’s Hospital for Children and the Salt Lake Veteran’s Administration Hospital. In 2011, baseline data collected showed the percentages of the RN workforce with baccalaureate degrees were between 40-45 percent. The majority of Utah’s RN workforce in 2011 was AD prepared nurses. In June 2014, the UACH updated the RN data set in the hospitals with signed compacts and found that the percentage of baccalaureate prepared nurses in these institutions was approximately 50-52 percent. This percentage increase reflects progress toward the goal of having 80 percent of Utah’s RN workforce baccalaureate prepared by year 2020; however there is still much work to do in this area. Utah’s RN workforce continues to rely heavily on AD nurses so initiatives must be targeted to this group to make educational progression accessible and attainable for these nurses. In addition, there are many barriers, actual and perceived, that are preventing the AD nurses from pursuing their education that must be addressed.

Recent conversations and discussions among clinical nurse leaders (UONL) and academic nurse leaders (ALC) indicate a readiness and interest in developing a more systematic strategy to increase the education level of nurses in the state. Specific signs of progress in this area include: preferential hiring for baccalaureate prepared nurses, expansion of RN to BS programs, new AD and BS partnerships, and discussion of innovative ways to get new and existing AD prepared nurses inspired and incentivized to continue their education. Key stakeholders, in both the education and practice arena,

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from around the state have discussed this IOM Recommendation #4 and potential approaches over several months and unanimously came to the agreement that the two goals identified above would help to accelerate our efforts to meet the IOM goal of having 80 percent of Utah's RN workforce baccalaureate prepared by year 2020.

In conclusion, the two IOM Recommendations (#3 & #4) addressed in this SIP 3 grant application have been part of our strategic planning work over the past year and have been reviewed and supported by consensus of the nurse leaders, key stakeholders and nurse champions in Utah. These specific action plans were thoroughly discussed and vetted by the UACH, HealthInsight and UONL board members during the past six months and were a main topic of discussion at the organizations' strategic planning and respective monthly meetings held between March and August 2014.

2: Description of Plans

IOM RECOMMENDATION #3: IMPLEMENT NURSE RESIDENCY PROGRAMS.

Goal #1- To increase the number of formalized, evidence-based, yearlong, residency programs (from 7 to 14) in Utah supporting registered nurses in their transition into practice.

Six education/practice partner teams were identified for the Utah statewide RN Residency Network implementation. These teams are dispersed throughout the state and represent diverse education program types and health care delivery models. The education practice partnerships supported by the first grant have provided an opportunity for academically-based nurse faculty to work closely with clinically-based nurse educators and administrators to facilitate optimal learning and better coordination. The RN residency programs across the state build upon pre-licensure/certification learning experiences (capstone or practicum) and incorporate existing entry to practice orientation experiences. This innovative education-practice partnership model will be continued in the RN residency expansion and applied to the design and development of an APRN residency/fellowship.

All major health care delivery systems in Utah have at least one hospital participating in the RN Residency Network. Two hospital corporations, IASIS Hospital Corporation and Intermountain Healthcare, have two hospitals participating in the RN Residency Network. A goal of our SIP 3 grant is to expand/double the number of hospitals participating from the seven hospital programs developed in the SIP1 grant to a total of 14 RN residency programs throughout the state.

The table below lists the existing hospitals participating in the RN residency statewide network and identifies possible hospitals for network expansion.

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Table 1: Future RN Residency Program Sites

Hospital Corporation	Hospitals with RN Residency Programs	Potential Hospitals for RN Residency Programs
IASIS Healthcare	<ol style="list-style-type: none"> 1. Davis Medical Center, Ogden (n=12 completed & 12 starting January 2015) 2. Salt Lake Regional, Salt Lake City (first cohort starting October 2014) 	<ol style="list-style-type: none"> 1. Jordan Valley Medical Center, West Jordan 2. Pioneer Valley Hospital, West Valley
University of Utah Healthcare	<ol style="list-style-type: none"> 1. Huntsman Cancer Hospital, Salt Lake City (n=6 completed & 6 started September 2014) 	<ol style="list-style-type: none"> 1. University Orthopedic Hospital, Salt Lake City 2. University Neuropsychiatric Institute, Salt Lake City 3. University of Utah, Salt Lake City
Intermountain Healthcare	<ol style="list-style-type: none"> 1. Utah Valley Medical Center, Provo (n=14 completed & second cohort Fall 2014) 2. Dixie Medical Center, St. George (n=16 completed & second cohort Fall 2014) 	<ol style="list-style-type: none"> 1. Alta View Hospital, Sandy 2. American Fork Hospital, American Fork 3. Intermountain Medical Center, Murray 4. LDS Hospital, Salt Lake City 5. Logan Regional Medical Center, Logan 6. McKay-Dee Hospital, Ogden 7. Orem Community Hospital, Orem 8. Primary Children’s Hospital, Salt Lake City 9. Riverton Hospital, Riverton 10. The Orthopedic Specialty Hospital, Murray
MountainStar Healthcare	<ol style="list-style-type: none"> 1. St. Marks Hospital (first cohort starting September 2014) 	<ol style="list-style-type: none"> 1. Lakeview Hospital, Bountiful 2. Lone Peak Hospital, Draper 3. Brigham City Community, Hospital Brigham City 4. Ogden Regional Medical Center, Ogden 5. Timpanogos Regional Hospital, Orem 6. Mountain View Hospital, Payson
VA Medical Center	<ol style="list-style-type: none"> 1. VAMC Salt Lake City RN Residency (n=6/year starting each August) 	<ol style="list-style-type: none"> 1. Transition to Practice Program (all new RN hires)

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Utah's health care delivery systems will be approached for expansion of their existing SIP 1 nurse residency programs into the sites identified above. The model used for the new hospitals will be based on SIP1 grant experience, incorporating best practices and lessons learned. Educational partners will be selected for the range of nursing programs in the state. New educational partners, such as Utah Valley University, Utah State University and Salt Lake Community College, will be approached to become education partners for the new hospital sites.

A minimum of seven new nurse residency program sites are projected to be developed and operational, significantly expanding our network over the next two years. Accordingly, the number of RN residents that will have completed a 12-month long residency program will be significantly increased from 60 to over 120. In tandem with this network expansion, we will be focusing on increasing the diversity of the RN residents and the applicant pool.

The RN residency curriculum will continue to be strengthened based on participant feedback and formative program evaluations. Additional leadership content will be developed and an increased emphasis on diversity and cultural inclusion will be incorporated. In addition, inter-professional learning opportunities and evidence-based practice improvement projects will be reviewed and strengthened in all RN residency programs. Leadership opportunities will be identified with the work of the University of Utah, College of Nursing, Jonas Scholars and developed in conjunction with UACH and UONL members.

The measures and data collection will be the same as those in the SIP 1 grant, utilizing the REDCap data system and the retention/vacancy definition. Benefits to the RN resident, such as reduced stress, increased job satisfaction, improved skill performance and aptitude, and confidence and autonomy will also continue to be measured. Data will be shared from the following Core Data set and comparisons made for program improvement purposes.

CORE DATA SET	BASELINE	6 MONTHS	12 MONTHS
Demographics	X		
Casey-Fink Scale	X	X	X
Resident Competency Assessment		X	X
Preceptor/Mentor Evaluation Form		X	X

All of the findings from the expanded RN residency programs in the network will be distributed widely to ensure sustainability of nurse residency programs in Utah.

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Goal #2- To design and develop a yearlong, APRN residency/fellowship program for new APRN graduates with pilot testing in at least one selected health care delivery system in Utah.

An APRN residency or fellowship program will also be developed for pilot testing in the next grant cycle. New APRN graduates will be selected for participation in the fellowship program based on individual interest and recommendations from both academic and practice partners. A Steering Committee overseeing the APRN residency/fellowship programs will be formed, consisting of members from the University of Utah Hospital and Clinics, the Federally Qualified Health Centers (FQHC) and Intermountain Healthcare agencies that have been identified the largest employers of APRNs in the state. Other key members of the Steering Committee will include representatives from graduate nursing programs offering a degree leading to APRN certification (U of U, BYU and Westminster) and UACH board members.

An environmental scan of the existing APRN fellowship programs from across the nation will be reviewed and compiled. This information will be shared with the APRN residency/fellowship Steering Committee and recommendations for program structure, curriculum content and process will be formulated according to group consensus. A tool kit will be developed that will guide the implementation of the APRN residency/fellowship program. The APRN fellowship will be 12 months in length and have required leadership and diversity/cultural sensitivity curriculum content and experiences. A mentorship model, using experienced APRNs, will be used for the newly graduated APRNs that are selected for entry into the APRN residency/fellowship program.

The goal is to have at least one APRN residency/fellowship pilot site initiated by 12 months into the grant cycle. Hospitals and outpatient clinics will be selected for APRN residency/fellowship pilot sites. An education-practice partnership, similar to the SIP 1 model, will also be implemented for the APRN residency/fellowship pilots.

Lessons learned and best practices from the RN residency in SIP 1 will be incorporated into the APRN fellowship program design. Specific measures and data collection will be recommended by the APRN Steering Committee and modeled after the REDCap core data set summarized above and used in SIP 1 RN residency programs. Both individual and organizational evaluations of the APRN residency/fellowship will occur. Oversight and coordination from the UACH will be ongoing and essential to the planning and implementation phase of the APRN residency/fellowship.

Based on the results of the first APRN residency/fellowship pilot, future sites will be recommended for implementation. Findings of the initial pilot will be compiled into a written report and widely distributed to policy/decision makers across the state.

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IOM RECOMMENDATION #4: INCREASE PROPORTION OF BACCALAUREATE PREPARED NURSES TO 80 PERCENT BY 2020.

Our overall aim is to increase the proportion of BS prepared nurses in the Utah workforce (from ~50 percent to ~80 percent) by working closely with the UONL, specifically the ALC to expand the pool of baccalaureate prepared RNs in Utah.

Goal #1- Increase the proportion of BS prepared RNs in the Utah workforce by developing the AD early assurance option.

The AD early assurance option is designed for all students enrolled in AD nursing programs and will ensure a seamless progression from the AD to BS in nursing in a timely manner. Prospective nursing students who begin their education with an AD in nursing will be offered an early assurance option—a seamless pathway of study—that includes beginning a BS completion (RN-BS) program within one year of graduation from the AD program. The goal is to identify these students as they enter their AD programs and educate them on the importance of the BS degree as part of educational and career advancement. A contract will be signed between the AD nursing student and the BS completion program, admitting them into that program as an early assurance student. Students must meet the established criteria, to be developed by the UONL-ALC, in order to be assured a spot in the RN-BS program. Emphasis will be placed on recruiting prospective students from diverse racial, ethnic and gender backgrounds.

Three to five AD programs will be selected to pilot this new option. The specific sites will be identified and recommended by the UONL-ALC. These AD pilot sites will be paired with one or more BS completion programs. More than one BS completion program option may be available allowing students to choose the program that best meets their needs.

Baseline and annual data will be collected from each AD nursing program identifying the numbers of nursing students that enter and complete the early assurance option. In addition, demographic information will be collected so that the age, gender, racial and ethnic diversity of these nursing students can be tracked.

Goal #2- Increase the proportion of BS prepared RNs in Utah's workforce by launching the BTB campaign.

The second goal for increasing the baccalaureate nurses in the workforce will be a campaign targeting AD prepared RNs already out in the workforce. The majority of Utah's AD RNs work in hospital settings so these major employers will be key stakeholders in accessing the primary target group for this campaign. A diverse BTB Advisory Committee, consisting of selected members from UACH, UONL-ALC and Utah's hospital corporations, will be formed to design and launch the campaign.

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In preparation for the BTB campaign, BS completion nursing education programs will be asked to examine their academic prerequisites, costs, accessibility and availability, with the goal of removing barriers to entering a BS completion program. UONL-ALC will conduct a survey of real and perceived barriers in order to inform strategies to mitigate/overcome these barriers. Survey results and recommendations will be collated and distributed to the BTB Campaign Advisory Committee.

The BTB Campaign will have two components: an information aspect and a motivational aspect. The first component will contain detailed information on all the BS completion programs available in the state including: program length, cost, delivery format, prerequisites and tuition support. This information, along with contact information, will be available in an easy and accessible format for cross program comparisons.

The second component will emphasize the value of obtaining the BS degree in nursing. Integral to this component is messaging from the practice settings such as: the value of the BS in nursing degree in hiring and promoting, the importance of education in career planning and employee development, and the value added to the organization and patient care. In addition to clear expectations for timely degree completion, it will be important to provide information on resources and support such as: tuition reimbursement and/or financial assistance programs and flexible work hours to accommodate academic course work.

Campaign messages will be developed and distributed through multiple media modalities such as web postings, PSAs, newsletters, brochures and information booths.

One or two health care delivery systems will be targeted to pilot this BTB campaign. Hospital nursing and human resources administrators will be key informants in helping to provide information to AD prepared nurses that can then use this information and resources to enter a BS completion program that best meets their needs. Prospective AD prepared RNs from diverse racial, gender and ethnic backgrounds will be specifically recruited to take advantage of BS completion opportunities.

Data will be collected annually from each hospital system identifying the percentage of their nursing workforce that are AD prepared, those enrolled in RN-BS programs and those completing their BS degrees in nursing. In addition, BS completion programs will report enrollment data annually that includes demographic information so that gender, racial and ethnic diversity trends of the nursing workforce can be better understood.

Upon graduation from the BS completion programs, special recognition to the new graduates will be given in the form of a UONL pin and certificate acknowledging this accomplishment. At this time, the new BS prepared nurse will be encouraged to join the UONL and engage in professional association sponsored leadership training and/or community leadership positions.

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Progress towards the 80 percent goal of Utah's workforce being BS prepared will be evaluated and monitored at each hospital and through the statewide biannual RN survey. Best practices will be identified from those hospital sites that were the most successful in significantly increasing the number of AD nurses returning to school for the BS in Nursing degree. Lessons learned will also be compiled in a written report for use with other hospitals as they begin this initiative.

3: Increasing the Diversity of Utah's Nursing Workforce

This goal which was established in the SIP1 grant cuts across all of the programs, projects and work of the UACH. In our efforts to increase the ethnic, racial and gender diversity of Utah's RN workforce we have developed an operational definition of diversity for use in data tracking that includes rural and first generation college students and data tracking systems have been implemented. We have increased diversity awareness and cultural sensitivity in our RN residency curriculum and worked with the ALC to develop recruitment and outreach materials to share with minority high school counselors and minority students on the benefits of pursuing a nursing career. We have just recently filed the application for a Utah Chapter of the Hispanic Nurses Association and will continue to work closely with them.

While we are exceeding expectations in gender diversity (the RN workforce in Utah is almost double the national average for males), ethnic diversity of the RN workforce is estimated to be 10-12 percent, less than the national average of 16.8 percent. Furthermore, nursing students are predominately White/Caucasian, with the largest minority group being Hispanic/Latino nursing students (2 percent) compared to 13.3 percent of the total Utah Hispanic/Latino population. Efforts must be directed to increase the pipeline of prospective minority nursing students in order to impact the RN workforce profile.

Our SIP 3 grant application has identified the following specific action steps to increase the number of minority nurses, nursing students and nursing faculty in Utah:

1. Work with ALC on targeted recruitment to increase number of minority students and nurse faculty in Utah nursing schools.
2. Support development and expansion of newly chartered Utah Hispanic Nurses (UHN) chapter.
3. Work with local chapter to recruit Hispanics/Latinos into nursing.
4. Develop a diverse mentors program for BS completion students using members of UONL and UHN as mentors.
5. Track increases in rural RNs and APRNs as well as first generation college students as a component of our expanded operational definition of diversity.

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4: Existing and Strengthened Infrastructure

The applicant organization is HealthInsight, a non-profit, community-based organization dedicated to improving health and health care. It is a locally governed organization in Nevada, New Mexico and Utah. HealthInsight is able to draw upon nearly 40 years of quality improvement expertise, as well as being recognized as a community engagement catalyst. The HealthInsight enterprise holds contracts and grants, and is certified, in key areas of health care improvement. The following list highlights major affiliations, contracts and grants:

- Network for Regional Healthcare Improvement (NRHI), Data Center Collaborative
- Regional Health Collaborative: Utah Partnership for Value-Driven Health Care (UPV)
- CMS, Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for the states of Nevada, New Mexico, Oregon and Utah
- Robert Wood Johnson Foundation, *Aligning Forces for Quality* in New Mexico
- Office of the National Coordinator for Health Information Technology (ONC), Regional Extension Center for Nevada and Utah
- Community-based Health Information Exchange for Nevada (HealthIE Nevada)
- ABIM Foundation: Utah *Choosing Wisely* Campaign

The UONL, the other lead partner for the UACH, is the state affiliate of the American Organization of Nurse Executives (AONE). The mission of UONL is to advance the health of all Utah residents through innovation and cultivation of excellence in nursing through four major foci: leadership cultivation, advocacy, health policy and workforce development. The UONL board has endorsed and adopted the IOM Recommendations and incorporated them into their new strategic plan.

UONL encourages membership of nurses in all types of nursing leadership roles throughout academia and the health care industry. The Executive Board consists of 14 individuals who are nurse leaders in practice and/or academia. A new board position was created for the UACH co-lead. The ALC of UONL is led by a dean and consists of the deans and directors of all the nursing programs throughout the state including AD, baccalaureate and graduate degree nursing programs. In addition, one representative from the technical colleges with Licensed Practical Nurse (LPN) programs is on the committee.

These two lead organizations are committed to continuing to work together along with an expanding array of other critical, health care and community stakeholders that comprise the UACH, Coordinating Council. The UACH, Coordinating Council consists of nursing and non-nursing leaders and organizations from across the state, who share the desire to ensure Utah residents have the best health and health care possible. The attached organizational charts illustrate the composition of the UACH, Coordinating Council.

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Focused and time-limited work groups are utilized to address specific issues and tasks as they are identified by the UACH, Coordinating Council. Recent work groups include: communication and health policy and advocacy. In addition, a separate RN Residency Coordinators Committee was created and meets monthly.

The future plans of the UACH are directed at strengthening and sustaining the work of the organization. Part of the strategy has been evolving the organizational structure to become a statewide consortium of existing professional organization and statewide entities. We ask each of the participating organizations to identify ways their strategic initiatives overlap or address one of the IOM recommendations. As we have engaged in our strategic planning we have tried to identify organizations that can work with UACH to adopt various aspects as part of their organizational goals and work.

Future infrastructure goals also include working more closely with the Utah Hospital Association (UHA), Utah State Board of Nursing, FQHCs in Utah and the Utah Medical Association (UMA) to identify common goals and strengthen organizational and working relationships.

5 & 6: Matching Funds and Sustainability

UACH has identified a strong funding and programmatic partner in the UHA that shares the vision and goals of the UACH. UHA currently provides a variety of member services to 55 acute and specialty hospitals, 10 health systems or management companies, and 27 affiliated professional societies involved in providing health care services to the citizens of Utah and neighboring states. The UHA's vision is to be the state's most influential, trusted and respected leader in health care policy and advocacy and a valued resource for information and knowledge. The UHA supports the work of the UONL and the UACH and have agreed to fund \$75,000 to this project over the next two years.

The funding requested in this SIP 3 application, along with the matching funds committed by UHA, will greatly strengthen this relationship within the infrastructure of the UACH as a whole and specifically support the expansion of the RN residency program and initiation of the BTB campaign.

As detailed in the budget narrative, the largest portion of the funds will be allocated to an UACH Coordinator and participation at national meetings. Significant in-kind support from Intermountain Healthcare, HealthInsight and the University of Utah will also lead to the success and sustainability of the UACH. Continued grant funding will allow us to seek additional matching funds from state-based foundations, state governmental agencies, and private donors. Our strategic plan includes further building and strengthening the UACH infrastructure in the areas of communications, grant writing,

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and fund raising. Specific marketing materials will be developed to highlight the successes from SIP1& 3 with the goal of diversifying and sustaining our financial base.

7: Specific Barriers and Challenges

Expansion of the RN residency program, developing an APRN residency/fellowship, implementing an AD early assurance option and launching the BTB campaign will require continued collaboration and innovation with nurse educators and nurse administrators from across the state of Utah. As key leadership positions turn over in these organizations and new individuals are selected for these leadership roles, renewed efforts are needed to inform and engage them.

The following specific issues and considerations were identified by key health care industry stakeholders from across the state related to expanding nurse residencies, piloting APRN fellowships and increasing BS prepared nurses in the workforce.

- Financial model and program cost:
 - Use of existing or new FTE for resident and fellow positions
 - Cost of tuition reimbursement
 - Track cost savings on orientation
 - Track vacancy and retention data
- Evaluation of organizational impact and sustainability of programs:
 - Outcomes measures (re: personnel)
 - Recruitment benefits
 - Orientation cost savings
 - Track performance
 - Capture patient outcome
- Expanding the pool of baccalaureate prepared nurses to meet demand:
 - Remove barriers to BS completion
 - Reduce or standardize prerequisites
 - Expand baccalaureate enrollments
 - Increase pool of diverse, baccalaureate prepared applicants

The rural nature and geographic population distribution of the state continues to be a challenge. Rural nurses and nurse champions will continue to be included on the UACH, Coordinating Council and work groups. FQHCs located in rural areas throughout the state will be included in the next set of grant activities. Increased use of conference calls and teleconferencing will help ensure participation of nurses in rural areas.

Our success in gender diversity in nursing in Utah is to be celebrated. We will continue to focus on increasing our racial and ethnic diversity in nursing. Given our population

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demographics, we will set realistic goals and target Hispanic/Latinos and Asian/Pacific Islanders, the two largest minority groups in our state. In addition, rural residents and first generation college students will be targeted and added to our recruitment efforts.

8: Capacity to Build and Evaluate a Plan Based on Existing State Level Data.

In the past two years, the UACH has worked with stakeholders to significantly expand the state level databases available to monitor progress towards our strategic goals.

In 2014, the Utah State Legislature approved the creation of the Utah Nurse Data Center as part of the UMEC. This state-funded entity was originally created to distribute Graduate Medical Education funds throughout the state, but its authority has been expanded to include the new Nurse Data Center. With the support of UACH, they have expanded their analytic capabilities and applied for designation as the nationally recognized Utah Nurse Data Center. We will continue to work closely with UMEC to develop data sets for the RN and APRN profiles in our state including supply (existing and pipeline), and demand (current and projected workforce needs). Nurses have been identified to serve on the UMEC board and advisory committees for each survey. This data will benefit the nurse residency programs and the work of UACH, due to the extensive RN and APRN data collected. Data on the diversity of the Utah nursing workforce has been added and is vitally important in measuring our progress to diversify the RN and APRN workforce.

In addition, we will be working more closely with Department of Professional Licensing (DOPL) – Utah Board of Nursing that has recently undergone some reorganization and leadership changes. UMEC is also working with the DOPL database for aggregation of databases to provide for robust analysis of nursing professionals across the state. Utah Department of Workforce services also has aggregate, census track level data that is contributed to UMEC's new state-wide nursing data pool for a centralized approach to analysis.

UMEC will now be working with the ALC to conduct the annual survey of student enrolled and graduation data from all the nursing schools in the state. The data collected through the UMEC/ALC survey encompasses a wide range of variables and is a valuable document in understanding the demographic profile of the state's nursing students and workforce pipeline.

The UACH will continue to monitor, evaluate, and recommend improvements to these state level databases and will use this data to track our progress in meeting our SIP grant goals.