

# A Collaborative Academic-Service Partnership:

A Win-Win for Practice and Academia



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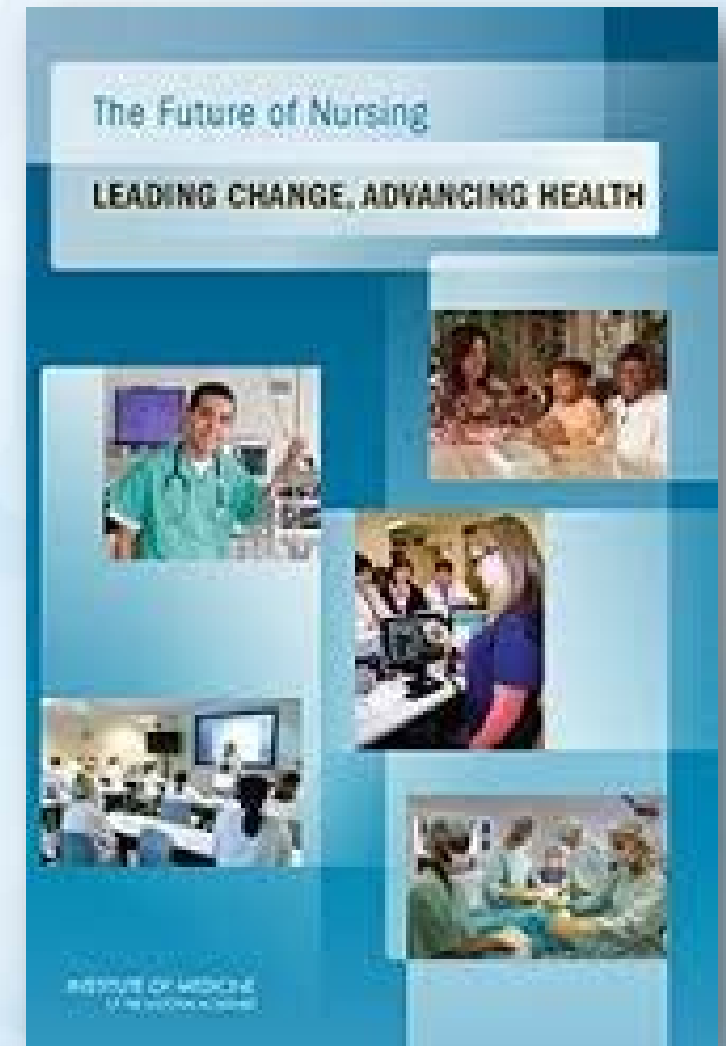
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# Disclosure & Objectives

- The authors have disclosed no potential conflicts of interest, financial or otherwise.
- Objectives:
  - Describe two features that contribute to the success of a Collaborative Academic-Service Partnership.
  - Detail three strategies to advance nursing research into clinical and operational processes.
  - Identify three outcomes of a Collaborative Academic-Service Partnership related to building capacity in research and clinical practice.

# Institute of Medicine (2010) *The Future of Nursing*

- Major initiatives to better prepare nurses to lead during healthcare reform and beyond
- Challenged academia and service to rethink relationships and align to produce a competent professional workforce
- Realignment was crucial
  - Recruitment and retention challenges
  - Changing nursing roles
  - Society's changing health care needs



## **Most IMPORTANTLY...**

- Neither academia nor practice can work at the desired level of excellence without the perspective and insights garnered from each.
  - Need to work together to lead and manage collaborative efforts to conduct research and to redesign and improve practice environments and health systems.

(IOM, 2010)

# Is an Academic-Service Partnership the Answer?

- Partnerships are being lauded as an important mechanism to meet this challenge (DeGeest et al., 2013).
- Collaborative partnerships are the foundation toward bridging education, research, and practice gaps within the nursing discipline (American Association of Colleges of Nursing, 1997).
- New approaches are needed, beyond classroom education and initiatives, that align nurse scientists with practicing nurses (DeBourgh, 2012; Duffy et al., 2015).

# Collaboration Between Practice and Academia is Essential!

- Describe the innovative and transformational efforts of a Collaborative Academic-Service Partnership (CASP) between two academic institutions and their Magnet<sup>®</sup> health system.
- CASP is unique:
  - Faculty from two separate and competing programs share a collaborative role
  - Healthcare system is a non-university setting
- Reasons for success:
  - Strong bonds from the past
  - Willingness to view future possibilities



# How did this all start?

- Fall of 2010
- LVHN Transformational Framework
- Very stimulating work but spending lots of time at LVHN
- Were there options?
- As always...off to the literature!!



# We Got to Work!

- Lit search – best practices in ASPs
- Proposed leadership
  - Community Health and Health Studies
  - Patient Care Services
- Funding
  - Dorothy Rider Pool Health Care Trust
    - Enhance the development of evidence-based methods to improve the health status of residents in the Lehigh Valley
    - Engage clinical leadership through the provision of systematic data so that informed program and clinical decisions can be formulated



# History of Academic-Service Partnerships

- Many different types of academic service/practice partnerships for the last 20 years
- Evidence for success is lacking in the professional literature
- Mostly anecdotal
- Limited in generalizability by small non-representative samples in single locations

# Types of Partnerships

- ASPs widely discussed in the literature
  - Agreed partnerships between an academic institution and a healthcare organization to place a faculty member in the practice setting
- Faculty Practice Models
  - 1950's – Innovative approach to care for vulnerable populations
  - Academic Nursing Center- housed in a university and staffed by faculty
  - Joint appointments
  - Centers for Research and Evidence-based Practice



# Benefits of Partnerships

- Strength and power in mutual goal setting
- Increased visibility and esteem for nursing's contribution to health care delivery
- Maximization of resources
- Enhanced opportunity for faculty to remain current to clinical practice
- Opportunities to educate students and staff
- Increased research capacity
- Facilitation of evidence-based practices

(Bleich et al., 2004)

# Challenges

- Time constraints
- Need to juggle multiple schedules, projects, bosses
- Lack of resources
- Lack of communication

(Bleich et al., 2004)



# Exemplary Models

- Duke Translational Nursing Model
- UNC- Chapel Hill
- University of Texas Health Sciences
- Albert Einstein and LaSalle University
- Cooper University Hospital and Rutgers University
- Crozier-Chester Hospital and Widener University

*We consider ourselves unique😊*



# LVHN Collaborative Academic-Service Partnership (CASP)

- Established in 2012
- Two academic institutions and their affiliated Magnet<sup>®</sup> hospital
  - Faculty from two separate and competing nursing programs share a collaborative role
  - Healthcare system is a non-university setting
- Mutually beneficial strategic plan and shared vision to strengthen and build capacity in nursing research, evidence-based practice (EBP), and education
- Synergistic benefits for all partners



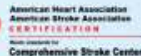
# Who We Are

- 8 Campuses
- 1 Children's Hospital
- 160+ Physician Practices
- 17 Community Clinics
- 22 Health Centers
- 15 ExpressCARE Locations
- 45 Rehab Locations
- 81 Testing and Imaging Locations
- 18,000+ Employees
- 2,005 Physicians
- 834 Advanced Practice Clinicians
- 4,208 Registered Nurses
- 69,346 Admissions
- 274,879 ED Visits
- 1,838 Acute Care Beds

# Quality Milestones

## 2012

- America's Best Hospitals for Gastroenterology, Orthopedics and Pulmonology-U.S. News & World Report
- Leapfrog "A" Grade for Patient Safety-The Leapfrog Group
- Accredited Chest Pain Centers-Society of Cardiovascular Patient Care
- 100 Most Wired Hospitals-Hospitals & Health Networks
- NCI Community Cancer Centers Program (NCCCP) redesignation-National Cancer Institute, U.S. National Institutes of Health
- 100 Best Places to Work in Healthcare-Becker's Hospital Review
- Computerworld Honors Laureate-Computerworld Magazine
- VHA Leadership Award for Supply Chain Management Excellence-VHA
- HealthGrades Emergency Medicine Excellence Awards (LVH and LVH-Muhlenberg)-HealthGrades
- Certified Comprehensive Stroke Center-Joint Commission



## 2013-2014

- America's Best Hospitals in 7 specialties-U.S. News & World Report - 2013
- America's Best Hospitals in 10 specialties-U.S. News & World Report - 2014
- Magnet Prize® - American Nursing Credentialing Center
- Leapfrog "A" Grade for Patient Safety-The Leapfrog Group 2013 & 2014
- America's Safest Hospitals-AARP
- Most Wired Hospitals-Hospitals & Health Networks
- Integrated Health System to Know-Becker's Hospital Review
- 100 Best Places to Work in IT-Computerworld Magazine



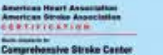
## 2015-2016

- America's Best Hospitals in 7 specialties-U.S. News & World Report - 2015
- America's Best Hospitals in 5 specialties-U.S. News & World Report - 2016
- Leapfrog "A" Grade for Patient Safety-The Leapfrog Group - 2015
- Circle of Life for Palliative Care-American Hospital Association
- Most Wired Hospitals-Hospitals & Health Networks Group - 2015
- Most Wired Advanced-Hospitals & Health Networks Group - 2016
- "Above Average" In Aortic Valve Replacement-Consumer Reports
- Re-certified Comprehensive Stroke Center-Joint Commission
- Magnet Hospital redesignation for nursing excellence-American Nursing Credentialing Center - 2016



## 2017

- America's Best Hospitals in Gastroenterology and GI Surgery. News & World Report - 2017
- HIMSS Electronic Medical Record Adoption Model, Stage 7-(EMRAM)<sup>SM</sup> - 2017
- Most Wired Advanced-Hospitals & Health Networks Group - 2017
- Most Wired Innovator-Hospitals & Health Networks Group - 2017
- Most Wired Most Improved-Technological advancement at LVH-Pocono - Hospitals & Health Networks Group - 2017
- Re-certified Comprehensive Stroke Center-LVH-Cedar Crest - Joint Commission - 2017
- Certified Primary Stroke Center-Joint Commission LVH-Pocono - 2017
- Re-certified Primary Stroke Center-Joint Commission LVH-Muhlenberg - 2017
- Neonatal Intensive Care Unit Level IV Reclassification-American Academy of Pediatrics - 2017
- 100 Great Hospitals in America-Becker's Hospital Review - 2017





- Private Catholic university for men and women, Center Valley, PA
- 1,681 full-time undergrad students
- 3,254 total full-time enrollment for traditional, graduate, and evening (ACCESS) students
- 20% minority; 25 states – 7 countries
- Nursing – BSN, RN to BSN, MSN, MSN/MBA, DNP

# DeSales University



# Cedar Crest College

- Private liberal arts college for women, Allentown, PA
- Co-educational School of Adult and Graduate Education (SAGE)
- More than 1,400 students from 27 states and 20 countries
- Nursing – BSN, RN to BSN, MSN, DNP, Nurse Anesthesia (2018)



# LVHN CASP Objectives

- Develop a sustainable model for a Collaborative Academic-Service Partnership between LVHN and two local nursing departments that will foster collaboration and mentorship for the conduction of research and EBP
- Create a local nursing culture that encourages and supports the conduct of nurse-driven research
- Advance nursing science through the improvement of patient care outcomes by the development and use of evidence in the delivery of care
- Enhance the translation of research/EBP findings to clinical practice and nursing education
- Build a future nursing workforce prepared to lead healthcare innovation

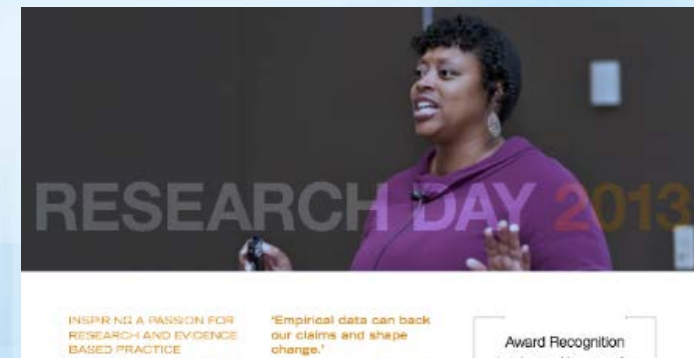
# Pragmatics and Process

- Proposal was approved in Fall 2011
- Funded for 2 years! – Pool Trust / FARR Fund
- Official start – January 2012
- Contractual Agreement:
  - Role description, responsibilities, and projected outcomes
  - Financial agreement
    - Buyout of faculty time (25%) including salary and benefits (3 credits fall and spring)
    - About 1 day per week plus meetings
    - Payments made to academic institutions – contract renewed every 2 years
- Initial oversight
  - Department of Community Health and Health Studies
  - Patient Care Services



# Outcomes

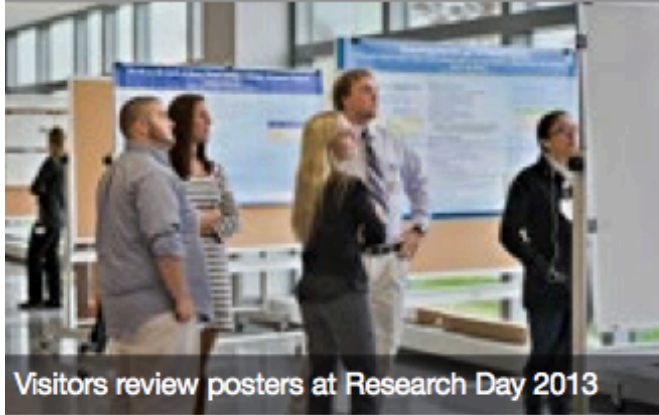
- Involvement in research/EBP/leadership councils
  - EBP/Nursing Research Council
  - Nursing Research Review Committee (NRRC)
  - LVHN Research Day Planning Committee
  - Graduate Nurse Residency Program Advisory Board
    - Perfect collaborative fit!
  - Future Search 2020
  - Innovations in Education Planning Committee



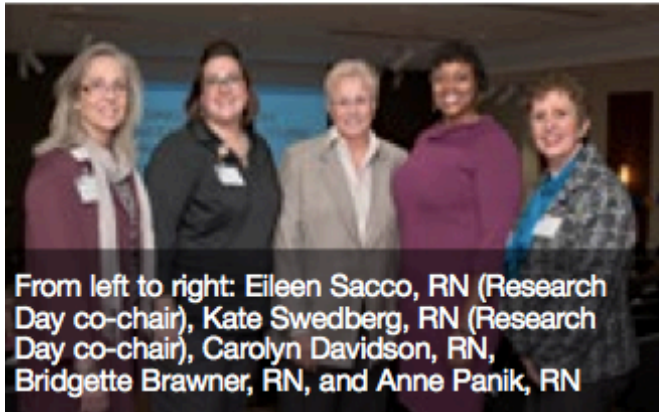
# Outcomes *(continued)*

- **Conduction of research/EBP**
  - **Predictors of Missed Nursing Care in a Multi-campus Regional Health Network**
    - Multiple presentations (ENRS, STTI), posters (AONE), publication (RINAH)
  - **Missed Nursing Care in Critical Care**
    - Instrument reliability/validity conducted
    - Grant to STTI
  - **Contamination of ID Badges**
  - **Family Presence during Trauma Resuscitation: An Eastern Association for the Surgery of Trauma Practice Management Guideline**





Visitors review posters at Research Day 2013



From left to right: Eileen Sacco, RN (Research Day co-chair), Kate Swedberg, RN (Research Day co-chair), Carolyn Davidson, RN, Bridgette Brawner, RN, and Anne Panik, RN



Mae Ann Pasquale, RN, and Tricia Bernecker, RN

### **BASELINE SURVEY EXPLORES 'MISSED CARE'**

**Missed nursing care – patient care that is omitted or significantly delayed – happens with regularity at hospitals across the U.S.** To find the root cause for missed nursing care at Lehigh Valley Health Network (LVHN), visiting nurse scientists Tricia Bernecker, PhD, RN, DeSales University, and Mae Ann Pasquale, PhD, RN, College of

units, two RN float pools and two TP float pools to participate in this Institutional Review Board-approved study.

“We went through rigorous steps to assure anonymity,” Pasquale says. “We wanted the RNs and TPs to be candid with their responses and not worry about repercussions.”

Data was collected from January to March 2013, and the researchers hoped

## **MOST FREQUENT MISSED CARE ITEMS:**

Ambulation three times per day or as ordered

**82%**

Attendance at interdisciplinary patient care conference

**69%**

Medications administered w/in 30 min. scheduled time

**66%**

Turning patient every two hours

**63%**

# Lessons Learned

- Successful partnerships are built on a shared vision, mutual goals, and open communication with all partners.
  - Ensure well-written agreement and role description.
  - Embed the academic partner in the culture and structure of the organization.
  - Measure outcomes.
  - Share successes.
  - Modify and reinvent as necessary!





# Questions?

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