American Association of Colleges of Nursing

CAUSE
CHANGE AGENTS FOR THE
UNDERSERVED: SERVICE EDUCATION
Illinois State University
Mennonite College of Nursing

CHCC
COMMUNITY
HEALTH CARE CLINIC

Academic-Practice Partnership Expectation and Outcome Metrics Worksheet

Goal 1: Hire, educate and retain two RNs to practice evidence based primary care at the full scope of their license and to serve as preceptors to RN students in Community Health Care Clinic.

Objective 1.1: Implement a process to ensure Rapid Cycle Quality Improvement.

Persons Responsible: Project Director/ Partnership Liaison; CAUSE Team: PI, Project Director/ Partnership Liaison; Simulation and IP Coordinator; Administrative Assistant; CAUSE CLINIC team: PI, Project Director/Partnership Liaison; Simulation and IP Coordinator; CCTM Liaison and Primary Care RNs at Clinic Partner site; CAUSE Advisory Board: Clinic Partners and others in the region interested in expansion of RN role in primary care settings.

Activities	Outcomes: How much did we do?	Outcomes: How well did we do it?	Outcomes: Is anyone better off?
1. Project Director conducts weekly meetings with the CAUSE Team, Clinic Director, and Primary Care RN at each clinic; monthly meetings with the CAUSE Clinical Team to identify challenges related to: recruitment; communication/ clinic barriers when working with partners; practice redesign; and/or measurement of impact of RN role in care coordination in primary care settings 2. Create an inter-professional CAUSE Advisory Board that meets quarterly to provide feedback and guidance.	• CAUSE Team meets weekly throughout project funding. • Project Director/Partner Liaison meets weekly with Clinic Director and Primary Care RN at community Health Care Clinic • CLINICAL Team meets monthly. • Advisory Board meets quarterly	• Tracking spreadsheet with timeline of activities and deadlines • Minutes from CAUSE Team, CLINICAL Team, and Advisory Board meetings show that project deadlines and target outcomes are being met or barriers are identified and strategies are recommended; educational materials are reviewed and approved or revised; and outcomes measures are feasible, valid, collected and reviewed with modifications made as recommended.	• The CAUSE Project is implemented as proposed and goals are achieved with the quantitative and qualitative measures to demonstrate its outcomes • CAUSE Advisory Boards are supportive and positive about the project and its goals. • Partner Clinic hires the Primary Care RNs and support hiring of RNs in this expanded role.

Objective 1.2: Hire and Educate practicing RNs to work at the full scope of their license in primary care settings and to serve as student preceptors in that role.

Persons Responsible: PI; Project Director/Partnership Liaison; CCTM Consultant; Evaluation Consultant; Clinic Partners; RN when hired (fall 2018); Simulation and IPE Coordinator; Primary Care Consultant

Activities	Outcomes: How much did we do?	Outcomes: How well did we do it?	Outcomes: Is anyone better off?
1. Working with Clinic Partners, hire two RNs to be placed in	1. Hired and retained 2 RNs who:	**Primary Care Education Program** • Reviews completed; program	**Primary Care Education Program**

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Community Health Care Clinic to serve as full time preceptors for nursing students, provide care coordination for clients, and assist with measurement of impact of RN care coordination role.
2. Create or modify existing RN performance assessments.
3. Create and implement a Primary Care Education Program based on the Primary Care certificate that prepares the two project RNs and eight (8) other RNs to implement the CCTM model and ACNHE competencies at the Community Health Care Clinic. This education program will include Primary Care simulation scenarios
4. Develop and implement a one-day preceptor training program for Primary Care/Care Coordinator RNs hired to work in the Clinic Partner site
5. Mentor Primary Care RNs in the CCTM model and as Preceptors
	• Complete the One-day Preceptor Training and pass the performance assessment
	• Complete the Primary Care Education Program that includes completion of assignments
	2. Modified or developed assessments which include CCTM Model/ACHNE competencies Self-assessment of CCTM
	3. Primary Care Education Program: created, reviewed and implemented in Spring 2019
	3. Developed evaluation tools
	  o Strategies to assess learning (i.e. assignments, simulations, scenarios)
	  o Program evaluation completed by participants
	  o Adapt the Perceptions and Realities of C/PHN Academic Preparation for population-focused Employment Instrument (P&R of C/PHN) to use as pre and post self-assessment of learning
	4. Created and implemented Primary Care Simulations for teaching and assessing participants. Developed and implemented Preceptor Training one-day workshop in Spring 2019
		modified based on feedback
		• Number of RNs enroll and complete program
		• RNs' performance on simulation scenario assessment
		• Pre-post self-assessment on CCTM/ACHNE competencies.
		• Participants' evaluation of each module, after completing the program, and after three months.
		Preceptor Training Workshop
		• Number of RNs participating in preceptor training, including self-assessment of increased knowledge/skills
		• Participants' evaluation of preceptor training.
		• Performance on a simulation scenario
		Assessment of Primary Care RN:
		a. Performance on simulation scenarios
		b. Preceptor evaluations
		c. Examine change in self-assessment of ACHNE competencies (pre-and post-practicum)
		d. Clinic activities tracking tool
		e. Number of clients followed by RN
		f. Clinic Partners' Annual RN Performance Reviews
			• At least 12 RNs in the region prepared to function as Primary Care/Care Coordinators and support population health in primary care settings; thereby improving patient outcomes via coordinated care.
			Preceptor Training Workshop
			• Primary Care Coordinator RNs prepared to be a preceptor and, therefore, created Primary Care clinical training sites for BSN nursing students.
			Primary Care RN will:
			o Serve as preceptor and model for BSN students in the CAUSE project.
			o Provide an added benefit to the clinic and their patients by providing care coordination services.
			o Serve as consultants to the practice on how to best utilize the RN to support value-based reimbursement
			o Work with Project Director/Partnership Liaison, CCTM Consultant, and Clinic Partner to determine metrics, and collect and analyze data to examine the impact of the role of RN care coordinator on patient outcomes and clinic efficiency.
			
			Mentoring will support Primary

5. Project Director or CCTM Consultant calls their assigned Primary Care RN once a week	**Primary Care RN Overall Assessment of CAUSE education and support** • CAUSE Program evaluation • Individual interviews by someone not associated with CAUSE		Care RNs to develop and execute their role in the clinic and as a preceptor for nursing students.

Objective 1.3: Develop and implement strategies for assessing the impact of RNs in primary care settings.			
Persons Responsible: Project Director/Partnership Liaison; Evaluation Consultant; CCTM Consultant; Primary Care RN; Clinic Partners			
Activities	*Outcomes: How much did we do?*	*Outcomes: How well did we do it?*	*Outcomes: Is anyone better off?*
1. Using evidence-based practice, CAUSE Project Team, CAUSE Clinical Team, and Advisory Board will assist the Clinic Partner and Primary Care RN to determine feasible metrics to assess impact of the RN in primary care settings. 2. Design the Impact Assessment Plan and instruments for obtaining the impact outcomes measures 3. Implement the Impact Assessment Plan in the Clinic Partner to obtain baseline, and every spring during the four years of funding.	• Metrics identified to assess impact on the clinic partner of having an RN specifically educated in the CCTM competencies • Qualitative data will include structured interviews with staff and leadership in each Partner Clinic • Select patient outcomes will be tracked for a cohort of patients. For example, A1C levels, retinal exams, foot exams; and tests for nephropathy may be monitored • Impact Assessment Plan implemented in PY-1 (Spring 2020) for baseline; barriers identified, and plan revised for implementation years 2, 3, and 4	• CAUSE Team, Clinical Team and Advisory Board review the proposed metrics and implementation strategy of the RN Impact Assessment to advise on feasibility and validity of the metrics, and assist in revising as needed. • Impact Assessment Plan implemented. • CAUSE Board, and clinic partner, reviews data and barriers annually, and makes recommendations as needed.	• Provides a system for assessing the impact of having an RN practicing in a primary care setting. • The metrics collected and reported yearly to each practice and the Advisory Board will inform changes in practice. • Impact assessment outcomes leads to the hiring of the Primary Care RN in the Partner Clinics. • Results of the Impact assessment will be presented at a minimum of one conference and submitted for publication to promote the increase in training and hiring primary care trained nurses.

Goal 2: Recruit and retain a minimum of 72 baccalaureate nursing students committed to practicing in non-institutional settings to improve access to primary care health care in medically underserved communities.			
Objective 2.1: Obtain faculty input on clinical and curriculum redesign.			
Persons Responsible: Project Director/Partnership Liaison; MCN Curriculum Committee			

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Activities	Outcomes: How much did we do?	Outcomes: How well did we do it?	Outcomes: Is anyone better off?
Objective 2.2: Develop curriculum enhancements that provide comprehensive primary care, population health, care coordination, inter-professional education, and simulation into the curriculum for the CAUSE student participants.			
Persons Responsible: Project Director/Partnership Liaison; MCN Curriculum Committee; Simulation and Inter-professional coordinator; Primary Care Expert Guest Speakers			
Activities	Outcomes: How much did we do?	Outcomes: How well did we do it?	Outcomes: Is anyone better off?
1. CAUSE Project Team will complete an evaluation of the curriculum and determine gaps related to primary care, population health, and care coordination. 2. Create four, eight-hour seminars that cover curriculum gap topics, including but not limited to: Motivational Interviewing/Stage for Change, Phlebotomy, Med Management, Administration, Procurement and Patient Assistance Enrollment from the Primary Care perspective	• Identified curricular gaps related to Primary Care, population health and care coordination. • Created and implemented four 8-hour seminars that provide primary care content covering the gaps in MCN curriculum related to primary care, population health and care coordination.	Curriculum enhancement will be evaluated by: • Review of seminar materials, including simulation scenarios, by CCTM consultant • Student evaluation of seminars directly after the seminars and after their rotations • Preceptor evaluation of students' clinical performance that includes items that reflect the CCTM and ACHNE competencies • Change in students' self-assessment of ACHNE competencies pre- and post-practicum Continue to develop seminars to address curricular gaps.	• BSN students prepared for CAUSE clinical rotations in primary care clinic. • BSN students receive positive evaluations of their clinical performance.
Objective 2.3: Establish recruitment strategies and application process for the Primary Care Clinical Experience			
Persons Responsible: Project Director/Partnership Liaison; MCN Curriculum Committee; Simulation and Inter-professional coordinator; Primary Care Expert Guest Speakers			
Activities	Outcomes: How much did we do?	Outcomes: How well did we do it?	Outcomes: Is anyone better off?
1. Establish recruitment and application process for interested students. Students will be vetted based upon their interest in working	• Develop, annually implement, and analyze survey on BSN student interest in practicing in community-based practice settings.	• Change in % of BSN students indicating potential interest in going directly into community based practice settings • Number and demographics of	• Change in % of BSN students indicating potential interest in going directly into community

in Primary Care post-graduation and to work with the underserved. 2. Develop interest among students in pursuing Primary Care and community-based employment following graduation.	• Introduce information about community-based practice opportunities early in the curriculum. • Project director and clinic partner meet with sophomore students to explain the program and present the literature on the future of nursing and health care. • Organize panel presentation of RNs in primary care settings	students who attend formal activities • Number of student applications to the CAUSE project per year. • Percentage of admitted students who enroll in CAUSE project • Number and demographics of students enrolled in CAUSE each year • Number of students retained in CAUSE each year • Number of students who graduate from the CAUSE project	

Objective 2.4: Implement processes to retain CAUSE nursing student participants.			
Persons Responsible: Project Director/Partnership Liaison; Primary Care RNs; nursing student participants			
Activities	*Outcomes: How much did we do?*	*Outcomes: How well did we do it?*	*Outcomes: Is anyone better off?*
1. Establish "community" within the CAUSE project through mentoring by Project Director/Partnership Liaison, the Primary Care RN preceptors and through select event programming, including peer mentoring.	• Number and type of extracurricular activities offered • Track types of mentoring issues shared at CAUSE Team and CLINICAL team meetings to improve CAUSE.	• Number and demographics of students participating in activities • Percentage of students retained each year • Student evaluations of the CAUSE project	• Students positively evaluate the CAUSE project and indicate that they feel connected to the CAUSE team, their clinic, and their Primary Care RN preceptor.

Objective 2.5: Develop and implement a Primary Care clinical experience in three primary care clinics to include a minimum of 150 contact hours.			
Persons Responsible: Project Director/Partnership Liaison; Clinic Partners; MCN Curriculum Committee; CCTM Consultant; Simulation and Inter-professional Coordinator			
Activities	*Outcomes: How much did we do?*	*Outcomes: How well did we do it?*	*Outcomes: Is anyone better off?*
1.Develop and implement specific primary care clinical experiences as part of existing Adult Health I & II, Public Health, and Leadership courses. Develop specific learning	1. CCTM/ ACHNE competencies integrated into CAUSE clinical experiences and supplemental activities:	The learning objectives, clinical experiences (including the supplemental ones), and evaluation instruments reviewed by CAUSE project team, CLINICAL team, MCN	• Students develop clinical skills especially in care coordination in primary care settings.

objectives related to the CAUSE project outcomes for each of the four clinical rotations. 2. Create and implement supplemental learning activities based on content from Primary Care Certificate, CCTM model (role of RN) and ACHNE competencies (i.e., assignments and simulations) as part of the practicum experiences. 3. Develop or modify existing clinical evaluation instruments to measure CCTM model (role of RN) and ACHNE competencies.	_Cohort 1_: Adult Health I (fall 2019); Adult Health II (spring 2020); Psychiatric & Mental Health Nursing, Nursing Care of Children and Public Health Nursing (fall of 2020); Leadership Dimensions in Nursing (spring 2021) _Cohort 2_: fall 2020-spring 2022_ _Cohort 3_: fall 2021-spring 2023_ (PY4 and one year post-award) • Number of students (with demographics) in each CAUSE cohort enrolled in each clinical rotation • Number of community-based practice exposure hours obtained by each student. • Student tracking of clinical experiences By spring 2019, evaluation instruments will be developed or modified to reflect CCTM/ACHNE competencies,	faculty and CAUSE Advisory Board and revised as recommended Student Evaluation of CAUSE clinical experiences, especially in relation to CCTM/ACHNE competencies. _Student's Evaluation:_ • Clinical Site Evaluation • Preceptor Evaluation • Each component and overall experience • Number of CAUSE students interested in working in community-based practice settings • Number of CAUSE students employed in Primary Care settings after graduation. (Document student plans at graduation and follow-up one and two years after graduation.) _Evaluation of Student Performance_: • Pre/post-test self-assessment of CCTM model/ACHNE competencies • Student performance on simulation & clinical performance assessment. _Agency evaluation of partnership_	• Students examine impact of RN Care coordination on patients' clinical outcomes. • Students graduate from MCN prepared to function as RNs in Team Based Primary Care settings. • CAUSE students successfully pass their NCLEX on the first attempt. • New simulations and learning activities developed as part of the CAUSE project can be incorporated into existing courses at end of Cooperative Agreement period and disseminated to the health affairs community. • Simulation scenarios will be posted on NLN SIRC shared resource site.

Objective 2.6: Using IPE best practices, develop Primary Care simulation scenarios that include multiple disciplines.			
Persons Responsible: Project Director/Partnership Liaison; Clinic Partners; MCN Curriculum Committee; CCTM Consultant; Simulation and Inter-professional Coordinator			
Activities	_Outcomes: How much did we do?_	_Outcomes: How well did we do it?_	_Outcomes: Is anyone better off?_

1. Create and implement Inter-professional Education (IPE) Primary Care simulations that include Standardized Patients and a minimum of three different disciplines. Create four simulation scenarios annually.	• Developed 16 Inter-professional simulation scenarios that replicate real experiences • Developed participant evaluation • Number of Inter-professional simulations implemented with comprehensive debriefing guides and feedback • Number of students (including demographics and professional program) participated in each simulation	• Each simulation reviewed and revised as recommended • Participant evaluation of simulation experience, includng knowledge questions regarding the clinical situation and interprofessional roles.	• Developed partnerships with other health disciplines including CSD, Psychology, Social Work and Nutrition and Dietetics. • Inter-professional Primary Care simulations offered on a regular basis to educate students on the different roles of all the professions in Primary Care. -Nursing, CSD, Psychology, Social Work and Nutrition and Dietetics students learn from IPE and simulation. -Quality simulation provides inter-professional students with real life experiences and students further their educational experience through debriefing exercises.

Goal 3: Educate at least 60 RNs and 30 other healthcare providers by disseminating evidence based content on Team Based Primary Care.

Objective 3.1: Create an annual inter-professional conference focused on 1) how the different care provider roles work together to provide optimal primary care utilizing a team based approach in the primary care setting. 2) chronic disease prevention and control, mental health and substance use conditions 3) the role of the RN in Primary care practicing at the full scope of his/her license

Persons Responsible: Project Director/Partnership Liaison; Simulation and Inter-professional Coordinator; ISU Psychology Services Center; ISU Dept. of Social Work; ISU AHEC

Activities	Outcomes: How much did we do?	Outcomes: How well did we do it?	Outcomes: Is anyone better off?
1. Provide an annual one-day conference to educate RNs and other health care providers on the roles in primary care. Base the conference on the needs of the	• Three spring conferences developed and implemented (2020, 2021, and 2022) • Developed evaluation for each conference, including simulations,	• Achieve projected goal of number of attendees • Conference evaluations of content and quality, including the simulations, and self-assessment	• Annual one-day conference draws student and provider participants from a large variety of disciplines and provides education that builds on previous knowledge and

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region using previously assessed needs including chronic disease prevention and control, mental health and substance use, in partnership with Psychology and Social Work. 2. Utilize Simulation Scenarios created for CAUSE IPE in the annual conference 3. Provide CME and CEU offering and market conference.	and self-assessment of increased knowledge and skills • Number of participants (including demographics, professional role, current training/licensure status) at each conference • Number of CEU/CME awarded	of learning (i.e. increased in the importance and knowledge of team-based care, chronic disease prevention and control, mental health and substance use conditions) • Number of attendees that return each year (repeat participants)	advances providers knowledge from year to year. • Increase in health care providers' knowledge and skills to provide team-based care. • Increase advocacy for hiring RNs in primary care settings • Increased level of comfort with IPE.

Objective 3.2: Disseminate Project Outcomes to educate the health care community on Team Based Primary Care.			
Persons Responsible: Project Director/Partnership Liaison; Primary Care Consultant; MCN Public Relations Director; Simulation and Inter-professional Coordinator			
Activities	*Outcomes: How much did we do?*	*Outcomes: How well did we do it?*	*Outcomes: Is anyone better off?*
1. Submit for publication at least two peer-reviewed scholarly works on the process and outcomes of the project. 2. Establish and maintain a link on the MCN website with links and relevant information regarding the CAUSE project. 3. Disseminate IPE simulation scenarios in scholarly venues to contribute to the body of knowledge.	• Number of publications submitted. • Number of abstracts or workshops submitted for presentation at conferences • Website presence and relevance of website content. • Number and variety of IPE simulations disseminated.	Number of articles accepted for publication Number of abstracts or workshops presented at conferences Number of website hits. Number of scenarios accepted for posting on the NLN SIRC website Number of inquiries regarding using the CAUSE materials.	• Primary Care Providers and the health care community value having the RN as a vital part of the service delivery team. • Increased interest to educate RNs to practice in primary care community clinics. • Resources available to project participants and others seeking information and educational materials about the Role of the RN in Primary Care and Team Based Primary Care.