It is with immense pride that we release this compendium, which chronicles some of the extraordinary work conducted by Partners Investing in Nursing’s Future (PIN) and the partnerships it supported.

The work of PIN cannot be told through any one narrative. Over the decade the program has existed through six cohorts, and has supported 61 local partnerships in 37 states and the Pacific Islands. Seeded with initial grants to local foundations, PIN partnerships grew to involve nearly 140 foundations and more than 300 funding partners, including hospitals and health systems, workforce investment agencies, economic development programs, banks, private industry, individuals and others.

The 61 PIN projects collaborated with more than 500 partners, ultimately leveraging $12.5 million in grants by the Robert Wood Johnson Foundation (RWJF) with more than $17.5 million in local matching funds. PIN focused on supporting cutting-edge projects and programs to enhance the vital contribution of nurses in the 21st century. Through PIN, new investment by local and regional foundations fostered creative and innovative solutions to complex problems.

PIN’s annual matching grants program provided two- or three-year grants to local funders to implement the best ideas to address the concerns and progressive strategies of the nursing profession in their local communities. RWJF and its national PIN partner, the Northwest Health Foundation (NWHF), envisioned PIN as a way to:

- Expand the capacity of local foundations to address relevant local nursing issues, with an emphasis on aspects such as becoming engaged grantmakers advancing the profession of nursing through collaborative partnerships, and creating a national network of private philanthropy dedicated to innovative and comprehensive promotion of nursing;
- Enhance the nursing profession, with an emphasis on aspects such as promoting nationwide public interest in nursing, and linking existing and new activities into a comprehensive approach to nursing issues that reflects an overall vision for the profession; and
- Create a shared learning environment between RWJF and NWHF that would represent a new model of partnership between a national and local/regional funder.

Each of the 61 PIN partnerships left behind a legacy – a stronger nursing workforce, enduring bonds between nursing interests and local philanthropies, transformed nurse education systems, improved geriatric care, and more.

Through this compendium, we are honored to share the impact of some of PIN’s work. Taken collectively, PIN has made a difference on a remarkable scale.

This compendium is just one way that we are celebrating PIN’s legacy as the program comes to a close. These partnership profiles will also be shared online, and you will see videos, journal articles and more that share PIN’s work.

We hope that, as you read through these individual stories of success, you will feel the same sense of pride we do in the collective accomplishment of the audacious, astounding effort that is PIN.

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LEAVING A LEGACY

LIFE, LIBERTY, HEALTH AND
THE PURSUIT OF HAPPINESS.
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Partners Investing in Nursing’s Future / FOCUS AREAS

- Faculty Development & Infrastructure 39%
- Diversity 20%
- Collaboration & Leadership 22%
- Geriatric & Long Term Care 15%
- Public Health 5%

61 innovative projects

Rising demand for skilled Nurses
Translating Social Capital into Workforce Gains

In Central Illinois, the nursing shortage was not a matter of the region’s nursing schools failing to produce enough graduates. Rather, it was that the students didn’t stay, flocking to the nearest large cities — Chicago and St. Louis — or answering the full-page newspaper advertisements that promised hefty bonuses for jobs in sunny Florida.

From 2007 to 2010, the Partners in Nursing of Central Illinois (PIN CI) project brought together almost 30 institutions as diverse as hospitals, elementary schools, workforce investment boards and banks to recruit and retain nurses. With this broad coalition, the PIN CI partners aimed to stem nurse outmigration and grow the supply of skilled workers to serve the region’s burgeoning elderly population.

Those efforts also required identifying the students most likely to make long-term homes in central Illinois and addressing a debilitating bottleneck with implications for training nurses: the dearth of advanced-degree nursing faculty to teach prospective health care staff.

With the Illinois Prairie Community Foundation as the lead partner, PIN CI supported an accelerated program that brought nontraditional students who had already earned degrees back into the classroom to work toward their bachelor’s of nursing (BSN) degrees. It targeted residents within a four-county radius, reasoning that career changers and older students already rooted in the community would be less likely to relocate.

Nontraditional Solutions to Student Support
But recruiting nontraditional students to become second-career nurses presented unforeseen challenges. Financial aid options are often limited for older students (though the average age of the first BSN students was younger than program leaders expected, at 28). PIN also initially envisioned that local banks would extend loans to applicants with little red tape, but many
community lenders face regulatory barriers to offering loans to students, who are often considered a high risk with low returns.

With two avenues for tuition support unavailable to applicants, PIN CI regrouped quickly, calling on local ties and community partners to help students find resources to pay a substantial portion of school-related costs at Illinois State University’s nursing school. Like many communities throughout the United States, the “Twin Cities of Illinois”—Bloomington-Normal—had access to federal funds to re-train workers affected by job loss and to fill gaps in the local workforce. The PIN CI partners coordinated more than $140,000 in tuition for local, nontraditional accelerated BSN students and future instructors pursuing master’s and PhD degrees.

For Steve Timmerman, PIN advisor and vice president of a local First Farmers bank branch, using those funds to cultivate nursing faculty demanded a shift in the way he thought about workforce investment funds. Typically for displaced or underemployed workers, some of the funds could go to in-demand or currently employed workers, some of the funds could go to in-demand or currently employed workers who would then teach undergraduate nursing.

“We had a lot of eligible people who wanted to get into nursing, but not enough slots,” he said. “We would say, ‘We want to fund 30 students,’ but hear back that [some nursing schools] could only take 12. If we wanted to create more capacity, there weren’t enough people to teach those classes. Even if we supported only three people for their master’s or PhD, that’s three new instructors.”

And a little goes a long way. Three new instructors can teach 24 students. Clinical nursing classes rely on hands-on observation and can only accommodate small numbers of students; at the time of the project, Illinois’ state nursing standards mandated that enrollment in clinical classes could not top eight students per instructor.

Timmermann also provided in-person or phone counseling for prospective nursing students exploring their financial options. “We talked about what school costs, how much they made working a part-time job. You could see the real benefits, they had a future ahead of them, and they were making game-changing decisions for themselves and their families.”

Maximizing Community Connections
Having local allies like Timmerman opened doors and resulted from a fortuitous combination of timing; a motivated community foundation; consensus that nursing was a priority for the community; and overlapping professional and personal connections.
In a medium-sized area with less than 200,000 residents, said former Illinois Prairie Community Foundation President Myra Gordon, “if we did six degrees of separation, you wouldn’t have to go that far. We’re inter-networked and small enough” that pre-existing knowledge and relationships mattered. PIN CI had been created on the heels of research that underscored nursing as the primary industry in need of workers locally; PIN CI Program Coordinator Kelli Hill had helped shepherd that research. Timmerman’s counseling of about 10 students also came about through a spontaneous conversation with Hill, with whom he had previously collaborated on a workforce investment board.

Even the project’s Age to Age program, in which BSN students supervised fifth-graders who were matched with elderly community members, came from seeing a local connection; Hill’s children attended a school within walking distance of an assisted living facility. In this component of the PIN CI program, nursing students created a curriculum that literally taught the youngsters to see the aging process in a new way; in order to simulate the vision impairments experienced by many older Americans, the children wore modified goggles that obscured their sight.

Bringing partners into the fold wasn’t hard because the project was always reaching out to demonstrate that nursing was everyone’s concern, said Hill.

“Everyone knows what a nurse is; everyone’s had a relationship at some point with a nurse. It’s a good sale. We also have the global headquarters of State Farm insurance here. If I’m State Farm, why do I care if Bloomington-Normal has great care? If I’m attracting people to my company, we can’t have a shortage of good-quality health care. We made the case for having a stronger workforce and quality of life. We didn’t come in with nursing speak, but rather, ‘Here’s why nursing is important to you.’”
Nurses consistently rank as Americans’ most trusted professionals, a fact that makes Susan Lacey, PhD, RN, FAAN, proud. But Lacey, a Robert Wood Johnson Foundation Executive Nurse Fellows program alumna and one-time strategic collaborations director at Children’s Mercy Hospitals and Clinics in Kansas City, Missouri, sees nurses in a fundamentally different way. From her perspective, staff nurses are front-line problem solvers whose expertise can improve patient care and their health systems’ bottom lines.

That belief was the foundation of the Bi-State Nursing Innovation Workforce Center (later renamed the Nursing Innovation Center), a PIN partnership from 2008-2011. The collaboration included universities, rural and urban health care facilities, the Health Care Foundation of Greater Kansas City (Missouri), and the REACH Healthcare Foundation of Overland, Kansas. Spanning the two midwestern states and multiple clinical-care settings, the center strove to turn the insights nurses gain at patients’ bedsides into better processes and patient outcomes.

Whether it’s sharing a limited number of thermometers with an entire floor of health-care workers or explaining long waits to patients, “nurses understand what’s wrong with the processes they have in place. Nurses are notoriously good at workarounds. We wanted to take nurses’ creativity and create positive, tangible changes,” said Lacey, who also served as the innovation center’s first director.

While it seemed natural to Lacey that nurses — with their frequent contact with patients, their families and physicians — could galvanize change, the innovation center first worked to modify nurses’ own mindsets about their leadership roles, said Mary Kettlewell, a program officer at the Health Care Foundation of Greater Kansas City.
“Many of them voiced that they didn’t know that they could create change or had the authority to go to administrators,” Kettlewell said. “I don’t know if it was a myth [that administrators were unapproachable]. But over the course of our work, we saw the nurses change. I would see them present their ideas and be empowered.”

‘Small’ Innovations, Big Results
To increase nurses’ capacity, the center created the Clinical Scene Investigator (CSI) Academy. For 16 weeks, nurses learned to how to identify problems; collect data about the challenge to be addressed; generate strategic messaging to communicate with colleagues; and design a program that would be rigorously evaluated through surveys of nurses’ knowledge, satisfaction and patient impact.

As the CSIs planned and implemented their projects, participants quickly grasped that innovation did not necessarily require an idea that was completely original or unique to their institution. Instead, the challenges the nurses identified spoke to the daily, practical difficulties of their work and industry-wide obstacles, and they realized that even seemingly modest interventions could be frustratingly arduous to implement and sustain.

At Lafayette Regional Medical Center, the sole hospital in a rural Missouri county, staff struggled with providing seamless care during long emergency department (ED) waits that frustrated both patients and providers. Putting on their investigative hats, the nurses concluded that the flow of nurses and patients in and out of the five-bed emergency ward depended on a number of factors. Delays in case management stalled patients from getting room assignments, and nurses were responsible for cleaning some rooms when housekeeping was unavailable. Talking to the hospital’s cleaning and case management teams helped lessen some of the issues, as did the assignment of a floater nurse in the department. To improve patients’ experiences, nurses checked in more with patients about delays, started using pagers rather than loud intercom systems, and offered food and snacks. While such changes were not going to eliminate the stress of emergency-room visits, interdepartmental communication, adopting a low-cost technology and increasing the availability of food fostered a less hectic ER experience.

At Kansas City’s Veterans Affairs Medical Center, a team of forward-thinking nurses called themselves the Heels’ Angels and mobilized to reduce the number of heel ulcers among bedridden patients, many of them diabetics and amputees. The nurses organized more than a dozen mandatory wound-care workshops for their peers, persuaded their hospital to procure new heel-lifting boots, and changed the protocol to include these new tools. Using the tenets of social marketing, the team engaged all in-patient nurses in their campaign, distributing Heels’ Angels T-shirts and designating weekly days to promote their work.
Nine months after the Angels dedicated themselves to reducing patients’ pressure ulcers, the medical center experienced an 80 percent drop in these wounds. For patients, the benefit was clear: less pain, fewer hospital trips and lower costs. For the medical center, the payoff was equally clear: Engaging nurses in proactive planning and enhanced preventative care saved the hospital up to an estimated $900,000; the facility estimated that treating one severe ulcer could easily reach up to $43,000.

Overall, the CSI Academies saved more than $2 million in the project’s three-year duration — an eye opener for the collaboration, nurses and administrators alike.

**The Convergence of Motivations**

No one had anticipated such savings, especially with the five-figure grants awarded to participating institutions. Hospitals that piloted the CSI Academy received $10,000 to put programs into place. And the innovation center also gave $20,000 workplace environment assessment grants to institutions that wanted to hone in on, for example, fostering leadership among particular types of nurses. But those one-time infusions of funds — tiny line items in hospital budgets — didn’t drive hospitals’ decisions to sign on.

The innovation center capitalized on the fact that hospitals had other powerful incentives to rethink their processes and protocols. Hospitals saw the CSI and the workplace grants as complements to their accreditation processes, and these initiatives also fit into efforts to make hospital work environments healthier in order to cut medical errors and turnover.

But the PIN partnership was particularly timely because it came as the federal government was embarking on a reorganization of its public insurance and health program fee structures. As Medicaid reimbursements have gone down, hospitals have had to retool and rethink. According to Lacey, “when the Centers for Medicare & Medicaid Services said, ‘We’re not going to keep paying hospitals for hospital-acquired infections,’ it put the onus back on the hospitals to take care of patients and ask themselves how to reduce the incidence of catheter-associated infections, bed sores or ventilator-caused pneumonia. Today’s nurses need to navigate a complex health-care system, and what nurses are really trying to do is keep people safe.”

Hospitals feared the coming policy changes, losing money on services that were no longer reimbursable and penalties when patients were re-admitted or developed conditions during hospital stays. For some hospitals, the prospect of financial losses fostered a climate conducive to outside-the-box thinking — including change agents who weren’t the “usual suspects” and revisions to protocols.
A PIN Legacy: A Replicable Model

Since the PIN project’s completion, the CSI Academy has become a project of the American Association of Critical-Care Nurses (AACN), and it’s taken various forms in facilities from North Carolina to Pennsylvania.

Recently, in a Philadelphia facility, an intensive care unit (ICU) used the CSI Academy to deal with “bounceback patients,” those who are released or move to other departments before returning quickly to the ICU. Staff developed an algorithm to figure out which patients were most at risk for quick returns, but it couldn’t clearly predict bouncebacks. Undaunted by the inconclusive data, the nurses did what successful innovators do: learned the value of fast failures, regrouped and asked different questions. Finally, they realized that when these critically ill patients came back to the ICU, they stayed longer and were at greater risk of dying.

Those conclusions started a productive review of screening practices, a process that involved doctors, nurses and therapists in the ICU. It also reinforced the nurse as a health-care entrepreneur and quality agent. And, said Lacey (who continues to direct the program at the AACN), “sometimes the success is that we head down the path to another discovery.”
New Hampshire Nursing Diversity Pipeline Project: Shifting Nursing’s Multiple Cultures

New Hampshire ranks among the most racially homogeneous states in the country, with more than 90 percent of its population listed as white. Yet that statistic doesn’t tell the entire story: The state is a recognized refugee resettlement center, it recently has become home to almost 2,000 Bhutanese refugees, and residents of color make up almost 20 percent of Manchester, the state’s largest city.

But the nursing workforce wasn’t keeping pace with New Hampshire’s changing demographic, which also includes newcomers from Bosnia, Iraq and Somalia. That concerned the coalition of foundations, nonprofit and government agencies, health-care institutions and nursing schools that made up the New Hampshire Nursing Diversity Pipeline Project, a 2010-2013 Partners Investing in Nursing’s Future awardee. Led by the Concord-based Endowment for Health, the project sought to build a workforce reflective of the increasingly multicultural state by supporting prospective and current nurses from ethnic, racial and linguistic minority groups.

The partners understood that the nursing pipeline has multiple entry points and exits. Recognizing these as both potential barriers and opportunities, project leaders reached out to current and future nurses, wherever they were in the pipeline. Project leaders also underscored it was never too early to learn: STEM (science, technology, engineering and mathematics) labs in public schools nurtured students’ science interests beginning in fourth grade.

As the PIN project was getting off the ground, the Manchester-based BRING IT!!!, (Bringing Refugees, Immigrants and Neighbors Gently Into Tomorrow) program was considering expanding beyond recreation programs. The PIN grant allowed it to add nursing as its first career exploration topic for high schoolers. Working closely with the Manchester school system, BRING IT!!! provided one-on-one academic counseling and worked with leaders from ethnic communities to gain parental support for their children’s participation. For Jodi Harper, the director of literacy and BRING IT!!! Community Collaboration for Granite United Way, the work has paid off in the number of students “who know they need to start thinking early about their grades or taking advanced courses if they want to get that RN. They used to come to me in May, when they were seniors, and say they wanted to go to the University of New Hampshire. That doesn’t happen anymore. We work on college essays, applications and financial aid, and that’s a process that involves work and their families.”
Between nursing-focused summer camps and BRING IT!!, 300 rising and current high school students visited health-care-related facilities such as nursing homes and blood banks; learned CPR or animal dissection; or volunteered with a local hospital.

Nursing school orientations gave tomorrow’s nurses extra advice for transitioning into the profession. Scholarships supported several adults already in the field to secure advanced degrees and future leadership positions. And the Diverse Nurse Network and Minority Nursing Student Support Program united nursing students and practitioners of color for discussions about the challenges and rewards associated with the profession they shared.

From Colorblind to Conscious of Bias
Working with students, health-care institutions and professional organizations forced the project to continually re-examine what it takes to diversify a workforce. As project partners, the Southern New Hampshire Area Health Education Center (AHEC) and the state Office of Minority Health and Refugee Affairs (OMHRA) underscored that training and placing nurses from traditionally underrepresented groups alone wasn’t going to bring sweeping change. There was the matter of stakeholder mindsets and discrimination. It wasn’t unusual, for example, for some partners’ employees to question targeting youth of color for nursing-education interventions since, in their estimation, such young people were likely to experience early pregnancy and abandon educational pursuits.

Individual biases were compounded by the occupational segregation that is part and parcel of the health-care sector, said Jessica Santos, the former OMHRA state partnership grant coordinator. Young students of color are frequently funneled into lower-paid allied positions such as certified nursing assistants, and professionals in more prestigious, highly paid positions sometimes doubt their colleagues’ abilities to obtain the coveted RN. Hierarchy is also deeply entrenched in the field, where workers’ skill levels and duties are often visibly differentiated according to the length of their coats or the color of their uniforms.

While New Hampshire health-care institutions perceived the many benefits of a diverse cadre of nurses — enhanced ability to serve patients, greater patient satisfaction and overall quality of care — members of the project implementation team found that many of the state’s nursing schools had no strategic blueprint to diversify their student bodies and faculties.

Southern New Hampshire AHEC Director Paula Smith said that some institutions were slow to see how colorblind approaches to recruitment and retention undermined meaningful diversity and supportive environments where minority nurses could thrive.
“It wasn’t that they didn’t see the benefits of a diverse workforce. The pushback was about academic preparation. They’d say, ‘We take anyone as long as they can meet existing standards [for admission and performance].’ So you may have a student from the Congo. But there’s no discussion about how hard it was for her to get a placement, to feel like she belonged or to find a study group [in college]. Or there was one student who was doing well academically, but she was struggling clinically because in her culture, it’s inappropriate to look people in the eye. But the idea for many schools was that ‘we treat everybody the same’” even though students of color faced greater challenges and has less access to resources and supports.

Laying Groundwork for Change
Just as the project used a tiered approach to support future and current nurses, the New Hampshire Nursing Diversity Pipeline Project began developing a “stages of change” approach that assessed institutions’ willingness to do the hard work of identifying and dismantling systemic barriers in their own backyards. Some “early adopter” institutions were ready to critically examine why few nurses of color became faculty. Others questioned why staff needed diversity trainings when workers had completed their institution’s cultural competency workshops.

Site visits to nursing schools helped the coalition understand individual partners’ commitments and constraints. Gauging where partners were in the stages of change meant understanding which partner might be relied upon to provide a summer camp speaker but didn’t embrace diversity in its own organization; which nursing school had the institutional will and resources to hire nurse instructors of varied backgrounds; or which would craft strategic plans to reshape their student bodies and faculties.

Since organizational change happens through a combination of program evaluation, vision and sharing concrete tips on transforming policy and culture, OMHRA developed toolkits that offered nursing programs and health-care facilities specific ways to operationalize their goals. Among those strategies were translation of employment materials; collecting data on their workplace’s inclusion policies, if they existed; offering flexible shifts so that workers could continue their education and make ends meet; publicizing senior leaders’ support for diversity; and prioritizing cultural knowledge and experience in hiring processes.

In the end, culture shift — individual, institutional or profession-wide — to support a diverse nurse workforce takes a wealth of partnerships and more than a three-year PIN grant. The New Hampshire Nursing Diversity Pipeline Project launched continuing conversations to help nursing schools, hospitals and other facilities move from acknowledging diversity’s value to purposely fostering equity.
“Forming alliances around important issues is extremely important in these days of ‘tight’ resources and high need. We learned that different organizations are willing to work together for the betterment of their community and that the entire community needs to be involved. We learned to build collaboration. It was helpful to learn how granting organizations/foundations work to foster collaboration among different groups.”

PIN nursing partner excerpt from PIN evaluation report
ALASKA PARTNERS IN NURSING
Rasmuson Foundation/Alaska State Hospital and Nursing Home Association

The Rasmuson Foundation, along with its key nursing practice and education partners, led a two-part project that focused on increasing the number of native Alaskan nurses and strengthening the competencies of rural nurses in the state. The goals of the project were to take to scale a student support program for native nursing students (the Recruitment and Retention of Alaska Natives into Nursing (RRANN) program) by expanding it to Bethel, AK, and to develop and implement rural generalist nursing competencies and preceptorships to train nurses as rural specialists.

Successes
- **Four of the five students in the Bethel cohort graduated** in 2008, and they are employed at the local hospital. A second cohort of eight students began the program in 2009.
- The Kuskokwim Campus of the University of Alaska and the School of Nursing are co-funding a **student success coordinator** and are committed to continue the RRANN program in Bethel.
- The **rural generalist competencies were adopted by Alaska Coalition of Educators in Health Care** in 2008.
- Other hospitals have incorporated competencies in their preceptor or orientation programs across the state.
- The **project funders continue to work together** on health care workforce issues beyond nursing.
- The funders and nurse educators now know each other and have **established critical relationships** at the local level.
- The **University partners established cross-campus relationships** that support Alaska Native nurses.

Lessons Learned
- **Pre-existing relationships were a core foundation to the success of the nurse competency project.**
- The **rural nurse generalist competencies and preceptorship model** has significant applicability in nursing practice in both rural and urban hospitals across the United States.
- A **preceptorship program** based on Alaska-developed competencies adds great value to orienting and retaining the nursing workforce.
- **Decision-making cultures can influence progress.** The differences in philanthropy and nursing education culture created challenges for the partnership.
- **Time is key to successful collaboration.**

MATCHING FUNDS
In addition to the $250,000 grant awarded to the Rasmuson Foundation by Partners Investing in Nursing’s Future, four funding partners contributed $365,000 dollars to the project.

KEY PARTNERS
- Alaska Coalition of Educators in Health Care
- Alaska State Hospital
- Bethel Community Services Foundation
- Mat-Su Health Foundation
- Nursing Home Association
- University of Alaska Anchorage School of Nursing
- University of Fairbanks Kuskokwim Campus
- Yukon-Kuskokwim Health Corporation

www.rasmuson.org
VENTURA NURSING LEGACY PROJECT
Ventura County Community Foundation

The Ventura Nursing Legacy Project (VNLP), led by the Ventura County Community Foundation and the California State University Channel Islands (CSUCI), determined priority issues around nursing in the community by bringing together nursing with other community stakeholders across multiple sectors. Two key issues that arose from their work are the need for greater diversity and cultural competency in nursing and the need for more nurses to care for the elderly in the community.

Successes

• Created a model in which foundations collaborate with local academic institutions to perform research and disseminate results to the community.
• Completed and distributed a consensus report on Ventura County priority nursing issues.
• Created a panel of Nurse Peer Reviewers to assist foundations who are interested in funding nursing issues.
• Implemented an educational campaign targeting funders, policymakers and other stakeholders.
• VCCF set aside $75,000 over two years to support grant making specific to diversity in nursing.

Lessons Learned

• VCCF’s history as a neutral convener helped in gaining broad participation from stakeholders that are not always together at the table.
• There is power in partnership. Developing a broad range of stakeholder input strengthens the effort.
• Consensus building is necessary to plan, move forward, and achieve collaborative goals.
• It is difficult to convince businesses and foundations to take on new/expanded funding priorities during an economic downturn.
• Foundations change slowly. Two years is not sufficient time to see large increases in funding from foundations who do not already support nursing.

MATCHING FUNDS
In addition to the $250,000 grant awarded to the Ventura County Community Foundation by Partners Investing in Nursing’s Future, funding partners contributed more than $300,000 dollars to the project.

KEY PARTNERS
• California State University
• Channel Islands (CSUCI)
• Orfalea Foundation
• Ventura County Civic Alliance

www.vccf.org
BUILDING INFRASTRUCTURE AND LEADERSHIP FOR THE NURSING WORKFORCE

The Colorado Health Foundation

The Colorado Health Foundation partnered with the Colorado Center for Nursing Excellence (CLNE) and the Regional Institute for Health and Environmental Leadership (RIHEL) to implement a two part project. The goals of the partnership were to develop an internet-based system for coordinating the clinical placement of Colorado nursing students and to implement a nursing leadership program involving interdisciplinary project teams from a variety of different health care organizations to increase nurse retention.

Successes

- The Colorado Clinical Placement Clearinghouse and its consensus building process for student placements expanded the capacity of clinical education statewide.
- The Clearinghouse has been totally supported by user fees since 2011.
- The Clearinghouse now provides nursing student data to the Colorado Board of Nursing and the Colorado Workforce Collaborative, informing policy and legislative initiatives.
- Nurse turnover was significantly reduced at every site who participated in the interdisciplinary leadership program.

Lessons Learned

- Frequent training must be conducted on how to use the clinical placement system because there is clinical coordinator turnover.
- The time demands required to design and implement a leadership project was a challenge for team members. Employer support is required.
- Nurse retention issues are, in large part, about job satisfaction and interpersonal relationships.
- The interdisciplinary team approach is an appropriate approach to a leadership development/problem-solving effort to retain nurses.
- Nurses were unaccustomed to implementing non-clinical projects.
- Some senior administrators were resistant to changing the very causes of their turn-over issues.
HAWAI‘I PARTNERS IN NURSING (HPIN): ADDRESSING RECRUITMENT AND RETENTION ISSUES IN LONG TERM CARE

HMSA Foundation

The Hawai‘i Partners in Nursing brought together nursing educators, community and long term care (LTC) leaders to develop and implement an integrated model of education and practice in LTC. Four LTC organizations were paired with four different nursing education programs to implement a student clinical placement initiative, faculty in-service education for LTC staff, and a leadership preceptor program to attract new nurses into the geriatric specialty, and to build leadership and educational capacity in LTC nurses across the state.

Successes

• The project helped to facilitate greater communication between participating nursing educators and long term care.

• The number of students being clinically placed in LTC settings increased.

• LTC staff now receive continuing education opportunities through their nursing education partners.

• 271 first-year nursing students were hosted by the LTC sites.

• Nursing educators are more aware of the skill base requirements for LTC nursing.

• There is more willingness on the part of nursing education to consider the value of long term care as an option for clinical teaching of students.

• The project continues through funding from the HMSA Foundation, the Hawai‘i Center for Nursing, and other community partners.

Lessons Learned

• Establishing a memorandum of agreement to formalize the relationship between nursing education and practice for student clinical placements is recommended.

• Leadership preceptor training was stressful and challenging for the smaller LTC environments.

• Faculty expertise in geriatrics is key to successful in-service training programs for LTC staff.

MATCHING FUNDS

In addition to the $250,000 grant awarded to the HMSA Foundation by Partners Investing in Nursing’s Future, funding partners contributed $125,000 dollars to the project.

KEY PARTNERS

• Hale Makua
• Hawaii Board of Nursing
• Hawaii Pacific University
• Hawaii State Center for Nursing
• Kahala Nui Hi‘Olani Care Center
• Kapio‘i‘ani Community College
• Leahi Hospital
• Maui Community College
• Maunalani Nursing and Rehabilitation Center
• Queens Medical Center
• University of Hawaii Manoa
• School of Nursing
• VITEC Center at Maui Community College

www.hmsafoundation.org
NURSING CAREERS SUPPORT INITIATIVE
The Community Foundation of the Eastern Shore

The Community Foundation of the Eastern Shore partnered with key nursing leaders and other community partners to help new nurses become established professionals and to offer leadership opportunities to veteran nurses. Through mentoring and professional development, the Nursing Careers Support Initiative was able to both improve retention and leadership development in a sustainable way. Local partners are committed to continued support of the program.

Successes
• Developed a regional mentoring program for nurses in their first year of employment.
• Created a tool kit for developing and implementing the mentoring program.
• Developed a cost-benefit model to determine return on investment for the mentoring program.
• Survey findings demonstrated participants’ intentions to remain in the profession and many have pursued higher education/advanced certification.

Lessons Learned
• Effective communication and opportunities for each participant to contribute are key to maintaining a successful partnership.
• The challenges facing new nurses may impact their willingness to participate in a mentoring program.
• Mentoring and leadership opportunities have the greatest value when they are part of the organizational culture instead of an addition to everyday responsibilities.
• A “one size fits all” regional approach to a mentoring program was difficult to sustain. A facility-based structure to accommodate each organization is more appropriate.
• Nurses at varying stages in their career may respond differently to professional development opportunities.
COLLABORATING FOR THE ADVANCEMENT OF NURSING: DEVELOPING OPPORTUNITIES (CAN DO)

The Regional Employment Board of Hampden County and The Irene E. and George A. Davis Foundation

The Western Massachusetts Nursing Collaborative (formerly known as CAN DO) is an alliance of 16 healthcare educational, workforce development and philanthropic organizations. Their objective is to create a nursing education system to ensure an adequate supply of diverse, qualified nurses for the 21st century in the region. They sought to accomplish this by creating a strategic plan for restructuring the nursing education system, formalizing a nursing education partnerships to implement the plan, increasing the cultural proficiency of nursing leaders, increasing the nursing faculty pipeline, and increasing enrollment of underrepresented students in nursing education.

Successes

• Developed a five-year strategic plan for the nursing workforce in the region.
• Successfully piloted a program to recruit, support and retain ten BSN students and/or BSN prepared nurses with the intention of becoming nursing faculty.
• Successfully piloted a program to strengthen an employer/higher education career coach model as a means to support ten Latina CNAs and LPN’s in long term care facilities preparing for nursing education.
• Created an interactive supply/demand workforce cost model and business case for the region which was used to create a similar state model.
• Established a co-investment model to support the Collaborative’s ongoing administration and infrastructure after the PIN grant ended. Partners have committed funding every year for three years.

Lessons Learned

• Advanced nursing students require a host of support to help them succeed. Providing scholarships is not enough.
• Employers play an important role in supporting nurses pursuing advanced degrees and should explore expanding their support.
• Within a partnership, attention must be paid to process, as much as progress.
• Data drives decision making and garners support from leaders.
• Varying levels of participation by different organizations and changing leadership created challenges for the partnership.
• The workforce development system played a critical role as a neutral party in convening nursing schools and health care service providers.

MATCHING FUNDS

In addition to the $250,000 grant awarded to The Regional Employment Board of Hampden County and The Irene E. and George A. Davis contributed $160,000 dollars to the project.

KEY PARTNERS

• American International College
• Baystate Health Systems
• Cooley Dickinson Hospital
• Elms College
• Genesis Healthcare
• Greenfield Community College
• Holyoke Community College
• Holyoke Health Center
• Holyoke Hospital
• Massachusetts Senior Care Association & Foundation
• Noble Hospital, Springfield Tech Community College
• Sisters of Providence Health System
• University of Massachusetts Amherst
• Westfield State University

www.rebhc.org
www.davisfdn.org
The partnership created and implemented a 10-week academy that focused on developing critical success skills for nursing students to use during their final year of nursing school, in their jobs once they entered the workforce, and throughout their personal lives. Success skills were defined as the skills that are not typically taught in traditional nursing education programs but that are critical to developing a highly motivated, well trained, and professional nursing workforce. These skills better equip a nurse to cope with stresses and strains of the healthcare environment and assist them to remain in the nursing workforce.

**Successes**
- Three 10-week programs were conducted during the summers of 2007, 2008, and 2009.
- The Academy had a 100% retention rate.
- The skills taught had a positive effect on the student nurses when facing the challenges in their career in healthcare.
- The skills taught positively impacted the retention of the Academy nurses within the healthcare industry.

**Lessons Learned**
- Students indicated that a great advantage of the Academy was re-focusing the need of the students to take care of themselves.
- All students indicated that with the rigors of nursing school and their personal lives, their own personal fitness often gets ignored. It is critical to include a physical fitness component into any effort that would emulate the Academy.
- The evaluation component and follow-up involved a considerable amount of time.
- Incorporating fund raising activities is key to sustainability of a program.
NURSING FOR LIFE: RN CAREER TRANSITION PROGRAM

Blue Cross Blue Shield of Michigan (BCBSM) Foundation

The BCBSM Foundation partnered with the Michigan State University College of Nursing and other community partners to focus on Michigan’s experienced nurses planning to leave/retire from the profession. The partners developed and implemented a web-based educational program that provides the core competencies needed to transition to nursing roles in community-based settings. The project also trained preceptors, preparing them to coach, mentor and evaluate program participants. A secondary goal of their program was to collaborate with the state’s Chief Nurse Executive and other nursing leaders to engage Michigan foundation support for critical nursing workforce issues.

Successes

- **Statewide nurse workforce initiatives were strengthened** by the new collaborative relationships developed.
- More than 27 participants completed the program.
- **Created a Leader Forum** that developed a list of potential nurse workforce funding priorities.
- **Enhanced the visibility of nursing** to other organizations, policy makers, and the community.
- **Enhanced the BCBSM Foundation’s reputation** for expertise on nurse workforce issues and increased staff expertise.
- MSU College of Nursing received an additional grant from the BCBSM Foundation to expand the program.
- The program was opened for tuition based enrollment in 2009.

Lessons Learned

- Advancing nursing workforce initiatives is not just the job of nursing. There is greater potential for success when communicated in multiple venues.
- **Economic conditions** in Michigan impacted the willingness of nurses to leave their current positions or retire.
- Complex projects that require collaboration by multiple individuals and groups take much more time than predicted.
- Developing a strong project management process with the leadership of a skilled project manager is essential.
- A clear message that all audiences can relate to is instrumental in starting conversations and developing ongoing support.
- Clinical partners greatly desire well-prepared preceptors to work with new staff and students but few have the resources to devote to preceptor training.
- One of the most important activities of a partnership is the development of the team and structuring the time to assure that collaboration is achieved.

MATCHING FUNDS

In addition to the $246,602 grant awarded to Blue CrossBlue Shield of Michigan (BCBSM) Foundation by Partners Investing in Nursing’s Future, partners contributed $125,000 to the project.

KEY PARTNERS

- Chief Nurse Executive of the State of Michigan
- Henry Ford Health System
- Lutheran Homes of Michigan
- Michigan Center for Nursing
- Michigan Center for Rural Health
- Michigan Hospice and Palliative Care Organization
- Michigan Primary Care Association
- Michigan State University College of Nursing
- MSU Geriatric Assessment Center
- St. John Health
- Trinity Health of Michigan

www.bcbsm.com/foundation
MINORITY NURSE MENTORING IN THE MISSISSIPPI DELTA
Dreyfus Health Foundation of The Rogosin Institute

The Dreyfus Health Foundation partnered with Delta State University, the Mississippi Office of Nursing Workforce (MONW) and many other community partners to improve minority student success in nursing education and retention in the region, and to increase cultural sensitivity among the students, faculty, and local nurses. Using the Dreyfus Foundation’s Problem Solving for Better Health (PSBH) model which emphasizes building broader coalitions and partnerships to impact health and quality of life within a community or region, nursing faculty and nurse managers from the seven local hospitals implemented nurse-led projects to tackle nursing challenges in the region.

Successes
- The PSBH model helped to facilitate a more integrated approach to solving problems locally.
- Four of the five PSBH projects have been institutionalized and will be sustained.
- The first-write pass rate of nursing students on the NCLEX steadily improved.
- Sixty-nine percent of the spring 2009 graduates were working in the Delta post-graduation.
- The university created the Student Navigator position to guide students through the complexities of nursing school.
- Launched a website (deltadirections) to increase the visibility of nursing workforce issues in the Delta.
- DHF received a $400,000 grant from the Kellogg Foundation to implement a leadership program for nurses in Mississippi.

Lessons Learned
- Clarifying partnership roles and responsibilities is a dynamic process in constant need of attention.
- Small-scale pilot projects allow for creative ideas to be developed, implemented, tested, and refined.
- Buy-in from all project partners can result in higher-level institutional change.
- It is important to clarify visions/goals among partners before the implementation phase gets underway.
- Set up an advisory board to facilitate problem-solving approaches to keep the mission in the forefront for all partners involved.
MISSISSIPPI CRITICAL NURSING FACULTY SHORTAGE INITIATIVE

Mississippi Hospital Association Health, Research & Educational Foundation, Inc.

The goal of the Mississippi Critical Nursing Faculty Shortage Initiative was to increase and retain nursing faculty that more accurately reflect the ethnicity and gender of the population in Mississippi. This was addressed by bringing together nursing education and service to develop accelerated educational pathways to a nursing faculty career, by developing multiple adjunct faculty roles, by creating an image and recruitment campaign to showcase nursing education as a desirable career, and by focusing on improving education and clinical workplace culture.

Successes
- Formal partnerships were developed and strengthened between service and education to address the faculty shortage.
- Created the www.iteachnursingms.org website to provide teaching tools for faculty, graduate students, and clinical extenders/adjunct faculty. The website also assists nurses considering a career as nursing faculty.
- Created a Saving Nurses Saves Lives public service campaign.
- As a result of the campaign, the Mississippi Legislature raised nursing faculty salaries by $12,000 and provided funds for a simulation study.
- Administered the Magnetic Resources Inventory (MRI), an organizational culture and environment survey to 14 Mississippi schools of nursing.
- Each school used MRI results to collaborate with faculty and clinical partners to improve workplace environment.

Lessons Learned
- Both service and education witnessed the power of working together to address the faculty shortage.
- Open communication between all partners is very important to the success of a partnership.

MATCHING FUNDS
In addition to the $250,000 grant awarded to the Mississippi Hospital Association Health, Research & Educational Foundation, Inc. (MHA-F) by Partners Investing in Nursing’s Future, funding partners contributed $125,000 to the project.

KEY PARTNERS
- Mississippi Office of Nursing Workforce (ONW)
- Mississippi Department of Employment Security (MDES)

www.mhanet.org
“This experience continues to reinforce the importance of communication and relationships among partners: the foundation cannot do this without nursing, and nursing cannot do this without the foundation.”

PIN nursing partner excerpt from PIN evaluation report
PARTNERS IN NURSING OF CENTRAL ILLINOIS

Illinois Prairie Community Foundation

The Illinois Prairie Community Foundation, Mennonite College of Nursing at Illinois State University, and other community partners worked together to address local nursing workforce challenges with initiatives to promote regional retention, to increase interest in caring for aging adults, and to provide incentives for nurse faculty. The initiatives created through PIN promoted collaboration among diverse partners and attracted the attention of the Illinois Department of Commerce and Economic Opportunity (DCEO). This led to the establishment of a regional collaborative. With funding from DCEO, the Grand Victoria Foundation and several regional partners, the Central Illinois Regional Collaboration Effort (CIRCLE) was launched at the Economic Development Council of the Bloomington-Normal Area. CIRCLE continues to focus on healthcare workforce development in the region.

Successes

- New partnerships were established due to the visibility of the program.
- Local financial institutions helped find loans for non-traditional nursing students, payable directly to the student. More than $140,000 in financial assistance was leveraged.
- Developed an Intergenerational Experience for nursing students in clinical settings to increase the desire to care for aging adults.
- Facilitated Workforce Investment Board support and a change in its funding policies for nursing students.

Lessons Learned

- Nursing is an issue for all – business, education, government, individuals.
- Educating others about root causes and implications is key to gaining commitment and passion.
- A large demand exists for a common entity to coordinate and communicate regional nursing activities.
- Tying together workforce and economic development is critical for a program such as this to continue.
- Year to year funding is the biggest challenge to strategic long-term planning of collaborative work.
FOUNDATIONS UNDERWRITING NURSING DEVELOPMENT (FUND) PROJECT
Midland Area Community Foundation

The Midland Area Community Foundation partnered with three other local foundations – the Herbert H. and Grace A. Dow Foundation, Bay Area Community Foundation and Saginaw Community Foundation – and other key partners to address the nursing faculty shortage in the area. The partners sought to put an infrastructure in place to support the Practice-Scholar Role, a role encompassing practitioner, educator, and learner. The project developed two cohorts of Practice Scholars to serve as nursing faculty in the region.

Successes

- Thirteen RNs became Practice Scholars thereby increasing available nursing faculty regionally.
- Participating partners created policies and procedures to support the Practice Scholars in their institutions.
- To date, all Practice Scholars remain working in the region.
- Several new collaborative projects between foundation partners were initiated as a result of the relationships established through this project.
- The regional network created by this project has enabled other projects to be conceptualized and implemented.

Lessons Learned

- Support from employers, families, professors, and mentors is key to student success.
- Partnering requires constant monitoring and communication.
- Nursing educators and practitioners can work together for the greater good of the profession if they have a common goal.
- Partners experienced more open communication with each other and built new lasting relationships.

MATCHING FUNDS

In addition to the $250,000 grant awarded to Midland Area Community Foundation by Partners Investing in Nursing’s Future, funding partners contributed $150,000 dollars to the project.

KEY PARTNERS

- Bay Area Community Foundation
- Bay Regional Medical Center
- Covenant Health Care
- Delta College
- The Herbert H. and Grace A. Dow Foundation
- The Hospital Council of East Central Michigan
- Kirtland Community College
- Mid Michigan Community College
- Mid Michigan Health
- Saginaw Community Foundation
- Saginaw Valley State University
- St. Mary’s of Michigan

www.midlandfoundation.org
PROJECT DIVERSITY
Con Alma Health Foundation

Project DIVERSITY created an effective pathway into the nursing workforce for the underserved minority youth of New Mexico through a pilot program that included (1) mentoring workshops, (2) college preparation and tutoring sessions, (3) summer academies and (4) job shadowing. The specific purpose of the project was to increase the diversity of the New Mexico nursing workforce with a broad goal of reducing the disparities in health care. The mentoring and job-shadow program is being sustained by the University of New Mexico Hospitals and Health Science Center.

Successes
• Recruited 183 students that participated in mentoring, college prep, tutoring, summer academies, and job shadowing.
• Students continue to meet regularly with their mentors as well as job shadow.
• All participating students graduated from high school and enrolled in college.
• Over 41 nurses participated in mentoring.
• Con Alma Health Foundation expanded their foundation support to other nursing and healthcare workforce initiatives in the state.

Lessons Learned
• Underserved ethnic minority students are interested in nursing as a career and can progress academically with appropriate support.
• Nurses and other health professionals are committed to supporting nursing students and are willing to donate their time and expertise to support students.
• Minority students can achieve high academic goals.
• Job shadowing was an important part of the successful outcomes and increased students’ interest in nursing.
PRN: PARTNERS FOR RURAL NURSING
Pitt Memorial Hospital Foundation

The Pitt Memorial Hospital Foundation partnered with East Carolina Center for Nursing Leadership and The Duke Endowment to address the nursing workforce capacity challenges in rural eastern North Carolina. Rural Nurse Councils were created to mobilize rural nurse leaders to find ways to evaluate and develop interventions to solve local nursing workforce challenges. In addition, the identification of educational preparation needs for middle and high school students, innovative distance learning, and funding opportunities to assist the nurse leaders with higher education were addressed.

Successes
- Established Rural Nurse Councils in four counties and started a nurse mentoring program pairing experienced nurses with newcomers.
- Local Chambers of Commerce actively supported the councils.
- An electronic network of 58 nurse leaders and 44 developing nurse leaders was established in the 29 county region.
- Conducted a “Leadership for the 21st Century” conference for regional nurse leaders.
- The Pitt Memorial Hospital Foundation and Eastern Carolina University College of Nursing are continuing the work of the PRN project.

Lessons Learned
- Forming teams of volunteers to address workforce needs in nursing is time consuming.
- A narrow focus during strategic planning with community partners is beneficial.
- There are systemic issues of workforce needs in public health and long term care that go beyond eastern North Carolina.
- Public forums, targeted presentations, and white papers on the state of nursing are useful tools to increase community leaders’ awareness of nursing opportunities and challenges.

MATCHING FUNDS
In addition to the $250,000 grant awarded to Pitt Memorial Hospital Foundation by Partners Investing in Nursing’s Future, funding partners contributed $125,000 dollars to the project.

KEY PARTNERS
- The Duke Endowment
- East Carolina Center for Nursing Leadership

www.nursing2.ecu.edu/ECCNL/
MATCHING FUNDS
In addition to the $250,000 grant awarded to Dakota Medical Foundation by Partners Investing in Nursing’s Future, partners have made in-kind contributions of $125,000 to the project.

KEY PARTNERS
• Altru Health System
• Bismarck State College
• Elsevier Publishing Inc.
• Job Service North Dakota
• Lake Region State College
• MedCenter One Health Systems
• Minot State University- Bottineau
• North Dakota State College of Science
• North Dakota State University
• North Dakota State Workforce Development Council
• Quentin Burdick Memorial Health Care Facility and Standing Rock Service Unit (Indian Health Service)
• St. Alexius Medical Center
• Trinity Health
• Williston State College

www.dakmed.org

NORTH DAKOTA NURSING CAREER LATTICE CONSORTIUM PROJECT
Dakota Medical Foundation

The Dakota Medical Foundation established a consortium on nursing educators and leaders and community partners to expand the production and placement of highly qualified nurses and nursing faculty in a rural-frontier region. The program resulted in various strategic partnerships, increased nursing’s visibility to policy makers and implemented two statewide summits for nursing educators: the Midwest Nurse Educators Academy.

Successes
• A culture shift from one of “protective isolationism” to openness and transparency was established within nursing education programs in the state.
• Simulation Camps were implemented for nurses working in rural and frontier locations.
• The partnership brought $500,000 in American Recovery and Reinvestment Act (ARRA) funding to support implementation of simulation in all nursing schools throughout the state.
• Developed a clinical site database that resulted in rural and tribal clinical site opportunities for student learning.
• Four cooperative nursing education sites were opened in communities with a population of less than 5,000.

Lessons Learned
• The rural, frontier nature of the state is a challenge when it comes to student placement in clinical sites and the recruitment and retention of students, nurses and faculty.
• The lack of restrictions on nursing students crossing its borders for clinical experiences has taxed the already limited clinical site availability for North Dakota nursing education programs.
NORTH EAST OHIO NURSING FACULTY CORPS
Mt. Sinai Health Care Foundation

The Mt. Sinai Health Care Foundation partnered with key nursing leaders and other community leaders to recruit and develop local talent to meet northeastern Ohio’s nursing faculty needs. Major components of the program were to support registered nurses’ exploration of nursing education as an additional role of their practice, provide career mentorship, faculty development workshops, and to increase the knowledge and skills among nurse educators in the use of emerging technologies.

Successes

- Two hundred eleven nurses participated in the “Exploring Nursing Education” programs offered at area hospitals and healthcare agencies.
- One hundred fifty individuals from 15 academic institutions and 12 health systems participated in a series of one-day Nurse Faculty Academy continuing education workshops.
- Developed a nursing workforce forecasting model to regionally forecast the supply and demand for registered nurses, licensed practical nurses and advanced practice nurses.
- Local nursing schools reported an increase in new clinical faculty.

Lessons Learned

- Open and candid discussions without judgment or vested interests can take place between partners who are collaborating.
- Large group interventions provide a safe method for participants to come together to openly and honestly discuss universal issues.

MATCHING FUNDS
In addition to the $250,000 grant awarded to Mt. Sinai Health Care Foundation by Partners Investing in Nursing’s Future, funding partners contributed $125,000 dollars to the project.

KEY PARTNERS
- Case Western Reserve University/Frances Payne Bolton School of Nursing and the Mt. Sinai Skills and Simulation Center
- M.E. & F.J. Callahan Foundation
- North East Ohio Nursing Initiative (NEONI)/ Center for Health Affairs

www.mtsinaifoundation.org
MATCHING FUNDS
In addition to the $250,000 grant awarded to Oklahoma Hospital Education and Research Foundation Trust by Partners Investing in Nursing’s Future, funding partners contributed $125,000 dollars to the project.

KEY PARTNERS
• Cherokee Nation
• Choctaw Nation Health Services Authority
• Governor’s Council for Workforce & Economic Development
• Oklahoma Department of Commerce
• Oklahoma Department of Career and Technology Education
• Oklahoma Hospital Association
• Oklahoma State Regents for Higher Education
• Rural hospitals in Oklahoma
• Tahlequah City Hospital
• University of Oklahoma Health Sciences Center College of Nursing
• Valley View Regional Hospital

www.okhealthcareworkforce.com

USING ADVANCED TECHNOLOGY TO DEVELOP FUTURE NURSE LEADERS
Oklahoma Hospital Education and Research Foundation Trust (OHERFT) Oklahoma Health Care Workforce Center

The Oklahoma Hospital Education and Research Foundation Trust and its project partners use telecommunications and web-based technology to deliver leadership and faculty development courses to nurses and nurse educators in rural regions of Oklahoma. The partnership also provided scholarships to nurses to obtain their Masters degree in nursing. This project incorporated a variety of passionate Oklahoma health care partners interested in increasing the professional nursing workforce in the state.

Successes
• Twelve $10,000 scholarships were awarded to nurses seeking a MSN degree to become nursing instructors.
• The scholarship instituted a greater awareness of the need to support current nurse educators.
• Developed and offered web-based leadership courses for nurses in rural parts of Oklahoma.
• The training increased the effectiveness of teamwork and leadership.

Lessons Learned
• The greatest success was offering distance education for leadership and management in nursing.
• Economic conditions and difficultly releasing nurses to attend onsite programs made it challenging to convince nurses to apply for the scholarships and to attend the leadership development programs.
• The online modules had a significant amount of discussion built into them, which was not effective for a web-based program.
• Video clips used in the online courses were difficult for rural nurses to view because of Internet challenges. Written case scenarios would be more effective.
THE NURSING CRISIS IN TENNESSEE: BUILDING CAPACITY THROUGH COLLABORATION

The Community Foundation of Middle Tennessee

Along with the Tennessee Center for Nursing, The Community Foundation of Middle Tennessee and multiple partners worked to increase the supply of RNs in Tennessee by expanding educational capacity in nursing schools and by improving capacity to retain practicing RNs through workforce initiatives that foster a positive work environment and a culture of retention.

The program’s major components were to expand statewide access to the Tennessee Clinical Placement System (TCPS) online clinical placement and online orientation programs, increase the supply of nurse educators, enhance the informatics and simulation skill set of nursing faculty, and to promote a culture of retention in professional nursing in Tennessee. The Tennessee partnership was a collaboration of 11 funding and 7 operational partners.

Successes

• The Tennessee Clinical Placement System (TCPS) now operates throughout the state of Tennessee.
• Other regions of the state became interested in implementing the online clinical placement in their regions.
• As a result of the retention initiatives, there is now a statewide pilot project among hospitals to share staffing plans.
• Implemented two successful statewide simulation conferences.
• The Tennessee Department of Labor provided funding to sustain the Nurse Manager Institute.

Lessons Learned

• Creating and sustaining the partnership required constant vigilance and attention to the key players and to project workflow.
• Online clinical placement and orientation programs continue to increase the efficiency of clinical placement and orientation processes in Tennessee.
• A diligent project manager working closely with committed leaders of the various sub-projects is critical to coordinate the various arms of the project.

MATCHING FUNDS

In addition to the $250,000 grant awarded to Pitt Memorial Hospital Foundation by Partners Investing in Nursing’s Future, funding partners contributed $125,000 dollars to the project.

KEY PARTNERS

• Baptist Healing Trust
• Belmont University
• Cyber Healthcare Solutions
• East Tennessee Foundation
• HCA Foundation, Memorial Foundation
• Nashville Career Advancement Center
• Tennessee Board of Regents
• Tennessee Center for Nursing
• Tennessee Department of Labor & Workforce Development
• Tennessee Hospital Association
• Tennessee Nurses Foundation
• The Community Foundation of Greater Memphis
• Vanderbilt University Medical Center
• Vanderbilt University School of Nursing

www.cfmt.org
LIFTING HISPANIC NURSES ALONG THE BORDER
Woslager Foundation / Project ARRIBA

The Woslager Foundation worked with Project ARRIBA and other partners in El Paso, TX to create a permanent and sustainable source of culturally relevant nurses needed in the region. The program increased educational and employment opportunities for individuals underrepresented among nurses, namely Hispanic nurses of low socio-economic status (SES), by offering case management and other supportive services. These interventions were intended to reduce or eliminate the barriers and result in successful completion of training and employment.

Successes
• The project served 294 nursing students with a 95% retention rate.
• 135 nursing students graduated.
• 125 nurses were job placed and earn an average of $21.50 per hour.
• This model was recognized by the Workforce Strategy Center in a publication funded by the Bill and Melinda Gates Foundation. The report cited Project ARRIBA as one of the top 14 model programs for workforce training in the nation.
• Project ARRIBA submitted a proposal for JET funding and received the maximum grant of $500,000.

Lessons Learned
• Limited enrollment capacities for nursing students at participating colleges can be a challenge.
• Support services are a vital component to ensuring participants finish their course of study.
• Effective case management ensures that at-risk students have the proper support to deal with any setbacks encountered while completing nursing school.
• Multiple funding sources allow an organization to ride out significant economic changes.
NURSE LEADERSHIP INSTITUTE OF VIRGINIA
Richmond Memorial Health Foundation

The Richmond Memorial Health Foundation (RMHF), with nurse leaders from across Virginia, developed the Nurse Leadership Institute of Virginia (NLI), formerly the Central Virginia Nurse Leadership Institute, to address Virginia’s nursing workforce shortage by retaining nurse managers.

The NLI inspires, teaches and empowers nurse managers and emerging nurse leaders seeking to grow as leaders and become catalysts for change. This 9-month program is for registered nurse (RN) leaders working in all healthcare sectors across the Commonwealth. Fellows cultivate the leadership skills needed to increase nurse retention and improve patient outcomes. Fellows may earn continuing education contact hours or 3 graduate credits for participating in the NLI. The NLI is helping to grow the social capital of Virginia’s nurse leaders, in addition to training individuals, by forming a network creating change, innovation and excellence and greater nursing leadership capacity in the Commonwealth. RMHF has invested more than $2 million in the NLI, including PIN matching funds. RMHF brought the NLI in-house in 2009 and operates it as a direct charitable program.

Successes
- 143 Fellows have completed the NLI since its inception in 2007 with 33 additional Fellows in the Class of 2013.
- Fellows, employers and Preceptors report the NLI has a positive impact on Fellows’ leadership skills, patient outcomes and nurse retention.
- More than half of participating employers sponsor staff (Fellows) in multiple NLI cohorts.
- Nearly all NLI faculty share their time and expertise at no cost to RMHF/ NLI.
- Three organizations provide Fellows scholarships: Virginia Health Care Association (RNs working in long-term care settings), Virginia Health Care Foundation (nurse practitioners working in safety net settings) and the Virginia Nurses Foundation (RNs working in community-based settings).

Lessons Learned
- Continuously evaluating the curriculum and instruction with input from nurse executives and guidance from an external evaluator ensures the program content is valuable.
- Economic issues may result in decreased financial support from those who might otherwise champion the program.
- Participation of passionate leaders is critical to a project of this scope.
- Policy, practice, and education are interrelated when it comes to advancing nursing workforce goals.

MATCHING FUNDS
In addition to the $250,000 grant awarded to the Richmond Memorial Health Foundation by Partners Investing in Nursing’s Future, funding partners contributed $350,000 dollars to the project.

KEY PARTNERS
- John Randolph Foundation
- The Cameron Foundation
- Virginia Commonwealth University School of Nursing (partnership for academic credit)
- Virginia Nurses Association and Virginia Partnership for Nursing
- Employers
- Fellows

www.rmhfoundation.org
RAFTING THE BAR – REDESIGNING COMMUNITY AND PUBLIC HEALTH NURSING IN WISCONSIN

Faye McBeath Foundation

The Faye McBeath Foundation partnered with key community organizations and public health agencies to increase the number of community and public health nurses in southeastern Wisconsin. They sought to diversify the workforce by targeting groups who are underrepresented in nursing, to redesign curricula and clinical learning experiences in public health and community-based practice sites, and to redesign nursing roles and practice environments in community and public health settings to increase recruitment and retention of nurses in these settings.

Successes

- Recruited, trained and placed 17 scholars in public health departments, community nursing clinics and specialty care settings.
- Implemented a joint assessment of public and community health curriculum in 9 of 10 Milwaukee-area schools of nursing.
- The Faye McBeath Foundation moved from a broad focus on health workforce education to one that focuses specifically on nursing.
- A core team of funders is now far more aware of challenges in nursing.
- This work resulted in a legislative mandate to collect data on nurses in Wisconsin and develop a statewide nursing workforce strategic plan.

Lessons Learned

- Engaging nursing education and nursing worksites as equal partners was critical to our success.
- A review of the educational preparation of community and public health nurses was a necessary first step.
- Student recruitment was challenging due to a limited pool of students and student commitments that limited their availability.
"I believe the project design of incorporating local foundations in the initial work was brilliant. For many partners this was the first time we worked so closely with a funder. It helped us achieve and communicate deliverables on a regular basis. It also helped the members move smoothly into a member funded format once the RWJF funding ended. I personally think and write differently as if I am speaking to a potential funder all the time. It also reinforced the need for measurable and achievable outcomes to demonstrate progress and value to supporters – both leadership and funders alike."

PIN nursing partner excerpt from PIN evaluation report
IMMIGRANT NURSE RE-ENTRY PROGRAM
Bay Area Workforce Funding Collaborative Nursing Education Initiative

This PIN partnership included the Bay Area Workforce Funding Collaborative (BAWFC), a partnership of over 15 philanthropic foundations, and other nursing and community partners. The Nursing Education Initiative included three program components: the launch of the East Bay Immigrant Nurse Re-entry Program (INRP), which prepares foreign educated nurses to practice in the United States; an initiative to strengthen nursing education programs at local community colleges; and to strengthen and grow the BAWFC partnership and partner investments in nursing.

Successes
• Offered the RN Refresher Course and one LVN Refresher Course to 84 participants from 22 different countries.
• Forty-four percent of the participants gained employment in nursing earning average wages of $32.79/hour.
• Improved communication and collaboration between nursing education, training providers, employers, and additional stakeholders in the local healthcare system.
• Relationships formed through the INRP Collaborative will continue and have led to other opportunities for collaboration and partnership.

Lessons Learned
• The combination of refresher courses, specialty clinical placements, wrap-around support services, and licensure and job placement assistance is an effective approach to preparing foreign-trained nurses to practice in the United States.
• Early outreach to employers paid dividends in terms of the participants getting jobs.
• Participants who possess a valid nursing license prior to entering the program increase their chances of successfully connecting with employment.
• The biggest barriers were biases among educational institutions against non-English speaking nurses, limited capacity among educational institutions due to budget cuts, and the length of time it takes for foreign nurses to attain licensure in the US.
BI-STATE NURSING INNOVATION WORKFORCE CENTER
Health Care Foundation of Greater Kansas City

The Health Care Foundation of Greater Kansas City partnered with REACH Healthcare Foundation; University of Missouri, Kansas City; and Children’s Mercy Hospital to launch the Bi-state Nursing Innovation Workforce Center to respond to community/state nursing issues. The Center’s three key inaugural programs were the Clinical Scene Investigator (CSI) Academy, the Work Environment Assessments (WEA), and the Nursing Workforce Innovation Regional Conference held in 2010.

Successes

• Twenty-three nurses from seven hospitals participated in the CSI and completed unit-based projects that resulted in an estimated hospital savings of $2 million.

• Three hospitals participated in WEA and received a $20,000 grant to implement interventions. All three hospitals committed to continue the change efforts to improve workplace environment.

• One hundred eighty attendees from across the region participated in the Innovation Conference.

• The CSI Academy is now offered nationally through the American Association of Critical-Care Nurses. Six Indianapolis hospitals were selected as the initial participants to launch the program in June 2012.

Lessons Learned

• Initial and continued communication with project partners in order to establish roles and expectations is key to a successful project.

• Finding resources to assist in patient care changes should be sought out beyond the hospital setting.

• Staff nurses often do not see themselves as change leaders.
**NURSES AS LEADERS IN LONG TERM CARE: BUILDING COMPETENCIES AND COMMITMENT**

Daisy Marquis Jones Foundation

The Daisy Marquis Jones Foundation partnered with the Wegmans School of Nursing at St. John’s Fisher College, and the Senior Health Alliance of Greater Rochester (SHAGR) which includes leadership from five long-term care organizations. The partners designed and implemented a competency-based leadership training program for RNs in leadership and management roles in nursing homes to build a skilled, diverse and committed nursing workforce in Rochester, NY.

**Successes**

- Provided the training program to three cohorts of nurse managers, supervisors and care coordinators.
- Developed an Executive Leadership Program for Directors of Nursing and Assistant Directors of Nursing.
- Implemented follow-up networking events for the trainees to stay connected.
- The nurses who participated reported that the individual coaching benefitted their personal and professional development.
- Awarded a PIN 6 Implementation Grant in 2011.

**Lessons Learned**

- Buy-in at all levels and an inside champion at each partner organization is critical to maintain and nourish relationships.
- To succeed in a partnership there must be defined benefits for all parties involved, a shared vision, a commitment to success, and a spirit of cooperation and enthusiasm.
- Competitors can come together and work for initiatives that will benefit the community.
- Professional development in long-term care nursing is an area that needs additional attention.
- Individualized coaching for each nurse between monthly program sessions was a key factor in the success of the training programs for the nurse managers.
A MULTI-REGIONAL MODEL TO INCREASE THE NUMBER OF BACCALAUREATE NURSES IN THE U.S. (RIBN)
Jonas Center for Nursing Excellence

RIBN is a bi-regional initiative with the goal to increase the number of professional nurses with baccalaureate degrees. Partners in New York City and Western North Carolina developed seamless educational pathways between Associate Degree in Nursing (ADN) programs and Baccalaureate of Science in Nursing (BSN) programs.

In New York City, the partnering schools of nursing were Queensborough Community College (QCC) and Hunter College, both part of the City University of New York (CUNY). In North Carolina, the partners were Asheville-Buncombe Technical College (AB Tech) and Western Carolina University (WCU). Both regions tried to attract a more diverse pool of applicants—Hispanic students in NYC and Native American students in N.C.—to their programs.

Successes
- In New York, there is now a direct pathway for QCC ADN nursing students to the BSN degree at Hunter. ADN students must have a strong academic record and a recommendation in order to qualify.
- Twenty-four students were invited to join the first NYC RIBN class in the fall of 2011.
- In North Carolina, the schools initiated a formal agreement allowing RIBN students dual enrollment at AB Tech and WCU.
- Thirty-six students were admitted to this program in the fall of 2010 and 2011.
- RIBN is currently expanding to 4 more schools in NYC and 19 schools in North Carolina.

Lessons Learned
- Cultural and institutional barriers affect nursing students’ decision to pursue a higher degree. You really need to know your students and understand what the barriers are.
- Increasing diversity in the student body is difficult to achieve.
- Administrative and faculty buy-in is essential to successfully implementing seamless pathways between institutions.
- Relationship building is important when developing and implementing new programs.
- Dedicating staff or consultants to work on the development of the program helps to facilitate communication between the partnering schools.

MATCHING FUNDS
In addition to the $250,000 grant awarded to the Jonas Center for Nursing Excellence by Partners Investing in Nursing’s Future, 12 funding partners contributed $2.6 million dollars to the project.

KEY PARTNERS
- Asheville-Buncombe Technical Community College
- CUNY Stimulus monies/City Council of NY
- The Duke Endowment Health Resources and Services Administration
- Hunter College School of Nursing
- New York State Department of Education
- New York Community Trust
- North Carolina Foundation for Nursing Excellence
- Queensborough Community College
- University of N. Carolina
- Western Carolina University School of Nursing

www.jonascenter.org
MATCHING FUNDS
In addition to the $250,000 grant awarded to the Oregon Center for Nursing/Oregon Community Foundation by Partners Investing in Nursing’s Future, funding partners contributed $150,000 to the project.

KEY PARTNERS
• Ann and Bill Swindells Charitable Trust
• Kaiser Permanente
• Legacy Health Systems
• Linfield-Good Samaritan School of Nursing
• Oregon Center for Nursing
• Oregon Community Foundation
• Oregon Health & Science University School of Nursing
• Portland State University
• Providence Community Grants
• Samuel S. Johnson Foundation
• Washington State University Vancouver

www.oregoncf.org

NURTURING CULTURAL COMPETENCE IN NURSING
The Oregon Community Foundation

The Oregon Community Foundation (OCF) partnered with the Oregon Center for Nursing (OCN) and many other nursing and community partners to administer the Nurturing Cultural Competence in Nursing (NCCN) program. This program provided grant funding to nursing schools, hospitals, long-term care organizations, and other community healthcare agencies to develop initiatives focused on improving cultural competence in nursing students, nursing faculty, and practicing nurses. Additionally, NCCN helped to identify common themes and “promising practices” related to improving cultural competence in nursing, shared this information with other organizations and built a community of cultural competency experts to keep this effort moving forward.

Successes
• Thirteen project teams across the state identified promising practices related to improving cultural competence in nursing.
• Project teams reported their individual projects helped increase commitment to cultural competence at their institutions.
• Developed site ocnnursingdiversity and produced a video to highlight the projects and provide information related to cultural competence in nursing.
• Hosted a conference to showcase the projects and the lessons they learned.
• OCN has become an emerging leader for issues in cultural competence in nursing.
• Developed a toolkit about the importance of cultural competence for future and practicing nurses.

Lessons Learned
• Improving cultural competence in nursing requires the support of many people and leadership across multiple disciplines.
• For a project like this to be successful, a varied partnership of people from academia, hospitals and health systems, long-term care, community and public health, professional organizations, and foundations is necessary.
• Many of the NCCN projects that are sustained because they created a product that can be used in the future at low or no cost.
• Some of the projects were sustained because activities were incorporated into work that is already taking place.
WEST TEXAS ALLIANCE FOR SIMULATION THROUGH APPLICATION AND PARTNERSHIP (WTSA)

American State Bank

The American State Bank Trust and Texas Tech Health Sciences Center Anita Thigpen School of Nursing partnered with nursing and community partners to develop a regional simulation network to facilitate the delivery and sharing of simulation based curricula by health professional education providers throughout the West Texas region. WTSA was accomplished by combining existing simulation facilities and laboratories into an accessible health professional network across the fifteen county area of the South Plains that surround Lubbock.

Successes
- Hosted 20 simulation workshops for nurses in fifteen different healthcare settings.
- Created a scenario library with other simulation networks.
- Launched the WTSA website (wtsaonline.org) which provides simulation scenarios.
- Established WTSA as a 501c3 non-profit agency.

Lessons Learned
- Fee-based services were not immediately accepted by WTSA partner users.
- Centralized training and an annual conference helped to build stronger relationships with future clients and show the value of WTSA.
- American State Bank’s involvement allowed all parties to participate equally and collaborate successfully.
- This project helped expand WTSA board members professional skills and understanding of organizational development.

MATCHING FUNDS
In addition to the grant awarded to American State Bank by Partners Investing in Nursing’s Future, funding partners contributed $125,000 to the project.

KEY PARTNERS
- Covenant School of Nursing
- Lubbock Christian College School of Nursing
- South Plains College (School of Nursing and the Center for Clinical Excellence)
- Texas Tech Health Sciences Center Anita Thigpen School of Nursing and The F. Marie Hall SimLife Center

www.asbonline.com
www.wtsaonline.org
MATCHING FUNDS
In addition to the $250,000 grant awarded to the Greater San Antonio Healthcare Foundation by Partners Investing in Nursing’s Future, funding partners contributed $154,000 to the project.

KEY PARTNERS
• Alamo Colleges (Community College District)
• Alamo Workforce Solutions
• Baptist Health System and Foundation
• Bexar County Commissioner’s Court
• CHRISTUS Santa Rosa Health System
• Colorado Center for Nursing
• Gonzales Health System
• Greater San Antonio Healthcare Foundation
• Guadalupe Regional Medical Center
• Incarnate Word University School of Nursing
• Methodist Healthcare System
• Nix Health System
• San Antonio Medical Foundation
• Trinity University Graduate Program in Healthcare Administration
• University Health System
• University of Texas Health Science Center at San Antonio School of Nursing
• Wayland Baptist University School of Nursing

www.linkedin.com/company/greater-san-antonio-healthcare-foundation

SOUTH TEXAS STANDS FOR NURSING DEVELOPMENT - STAND
Greater San Antonio Healthcare Foundation

The Greater San Antonio Healthcare Foundation and its project partners worked to improve and transform the clinical placement process by implementing an electronic system, exploring new models for nursing education, and by creating opportunities to assist practicing nurses in obtaining higher levels of education.

Successes
• Implemented StudentMAX clinical placement system in Spring, 2011.
• All but one of San Antonio’s 23 acute care hospitals are participating in StudentMAX.
• Established a nurse-directed organization – the new Greater San Antonio Healthcare Foundation.
• The STAND oversight committee became the new Board of Directors at the Foundation to ensure the partnership’s future.

Lessons Learned
• Moving from a paper-and-pencil clinical placement system to an electronic system was a major cultural shift.
• Driving such a change needs a champion who can consistently promote that change and communicate its benefits with the key players.
• The major effort by STAND focused on the implementation of StudentMAX and less attention was given to exploring new education models and expanding the pipeline for nursing faculty. However, a number of partners developed and implemented efforts in this regard.
BUILDING NURSING FACULTY CAPACITY IN THE U.S. AFFILIATED PACIFIC ISLANDS

Friends of the College of the Marshall Islands Foundation, Inc.

The Pacific PIN partnership sought to address the faculty development needs of nursing education programs in the six United States Affiliated Pacific Islands (USAPI) jurisdictions – The U.S. Territories of Guam and American Samoa, the Common Wealth of the Northern Mariana Islands, the Republic of Paulau, the Republic of the Marshall Islands, and the Federated States of Micronesia. Their project’s goal was to develop and implement instructional projects to strengthen nursing’s working relationships across the Pacific nations; develop, implement, and evaluate communication technologies; foster resource sharing strategies; and promote cultural sensitivity.

Successes

• Established a well-functioning nursing educator network in the region.
• Nursing leaders in the network communicate weekly over the Internet.
• Experiential leadership activities were provided to all nurse leaders in the network.
• Purchased pediatric and adult simulation mannequins for several of the colleges. Nursing faculty were trained to develop case scenarios.
• Developed a documentary about nurses in the USAPI and the issues they face.

Lessons Learned

• A charismatic and engaging key leader with knowledge and skills is needed to help create a common vision between all participants.
• Regular communication helps to move a project forward.
• A willingness to leave one’s comfort zone can lead to great partnerships.
• Cost-analysis and data-driven training for the key participants is important in order to strengthen their ability to talk about nursing issues to funders and health administrators.
• The few existing nursing faculty have many urgent demands which take priority over network activities.

MATCHING FUNDS

In addition to the $250,000 grant awarded to the Friends of College of the Marshall Islands by Partners Investing in Nursing’s Future, eight funding partners contributed $136,000 dollars to the project.

KEY PARTNERS

• American Pacific Nursing Leaders Council
• Bank of Guam
• CMI AHEC
• College of the Marshall Islands
• Pacific Islands Health Officers Association
• Tripler Army Medical Center
• University of Guam
• University of Hawai’i/Manoa
• USAPI schools of nursing
• U.S. Public Health Service
• World Health Organization

www.umfk.edu/president/pacificpin2011.htm
COMPREHENSIVE GERONTOLOGIC EDUCATION PARTNERSHIP (CGEP)

The Dimmer Family Foundation

The Dimmer Family Foundation along with Pacific Lutheran University (PLU) School of Nursing and many key community healthcare partners implemented CGEP to advance the quality of geriatric care provided to elders in the Puget Sound region. This multi-faceted project sought to strengthen baccalaureate and higher degree nursing education to produce more qualified nurses committed to the care of older adults, regardless of work setting.

Successes

• Implemented a Gerontological Scholar Program for nursing students at PLU. Seven Gerontological Scholars graduates are employed in the Puget Sound region.
• Nursing students’ interest, knowledge, skills, and confidence in the care for older adults has increased.
• Eleven new clinical sites with a gerontological focus were established.
• Developed and offered gerontological continuing education for nurses and other health care professionals in the community.
• Infused American Association of Colleges of Nursing’s 30 geron-competencies into PLU’s nursing curriculum.

Lessons Learned

• Involving a range of community partners allows the partnership to evolve organically and naturally.
• Securing leadership support from partners is necessary to ensure sustainability.
• Most funding partners want to understand the issues involved in the subject but are not inclined to participate in the working group.
• The issue of nursing workforce challenges and solutions is not specific to nursing.
• Listen to your partners.
• Identify what the real issues and challenges are and figure out what part you can play in the solution.

KEY PARTNERS

• Aging & Disability Services Administration (DSHS)
• The Alzheimer’s Association Western Washington Chapter)
• Bruce W. Gilpin Memorial Fund
• The Cornelsen Family Foundation
• The Dimmer Family Foundation
• Family Education and Support Services
• Franciscan Health System
• Franke Toby Jones
• Gary E. Milgard Family Foundation
• Harrison Medical Center
• MultiCare Health System
• Northwest Parish Nurse Ministries
• Pacific Lutheran University School of Nursing
• Pierce County Human Services(Aging & Long-Term Care)
• Relatives Raising Children Program
• Tacoma Lutheran Retirement Community
• Washington Adult Day Health Services Association
• Washington Healthcare Association

www.dimmerfoundation.org

MATCHING FUNDS

In addition to the $250,000 grant awarded to the The Dimmer Family Foundation by Partners Investing in Nursing’s Future, funding partners contributed $1.2 million to the project.
NURSING WORKFORCE PROJECT OF WYOMING (NWPW)
Wyoming Community Foundation

The Wyoming Community Foundation collaborated with the University of Wyoming’s School of Nursing and other nursing and community partners across the state to address the needs and problems in relation to nursing in Wyoming. The NWPW had two goals – to develop a Nursing Workforce Center for the state and to implement and evaluate pilot projects that impact workplace environment with an emphasis on settings which provide care to the aging population.

Successes
• Awarded grants to five healthcare organizations to conduct recruitment and retention pilot projects.
• Developed a website (wynursing.org).
• Co-sponsored an annual nursing summit in conjunction with the Wyoming Nurses Association Annual Meeting.
• Partnered with the Wyoming Area Health Education Center (AHEC) to provide a summer camp to sophomore and juniors in high school to expose them to the different careers available in health care.
• The partnership grew into the advisory board for the state’s AHEC.

Lessons Learned
• A diverse funding base is needed for long term sustainability.
• Approach anyone who might be interested in helping enhance nursing and health care.
• Communication and time are always a challenge in a frontier state with large distances between towns and project partners with very busy schedules.

MATCHING FUNDS
In addition to the $250,000 grant awarded to the Wyoming Community Foundation by Partners Investing in Nursing’s Future, 14 funding partners contributed $117,000 to the project.

KEY PARTNERS
• Area Health Education Center
• Campbell County Memorial Hospital
• Fay W. Whitney School of Nursing, University of Wyoming
• Powell Valley Healthcare
• Sigma Theta Tau, Alpha Pi Chapter
• University of Wyoming College of Health Sciences
• Wyoming Commission for Nursing and Nursing Education
• Westview Health Care Center
• Wyoming Hospital Association
• Wyoming Medical Center
• Wyoming Medical Society
• Wyoming Nurses Association
• Wyoming Regional Medical Center
• Wyoming School Nurses Association
• Wyoming State Board of Nursing
• Wyoming State Office of Rural Health, Wyoming Public Health Nursing
• Wyoming Workforce Development Project

www.wycf.org
“We really enjoyed being part of PIN and we learned a lot. I want you to know that we have replicated what we learned about leading the PIN collaborative to many other aspects of our organization. If you go to our website at www.jtvf.org and click on collaborations and scroll through the various collaborations….especially the Crisis Care Center one, you will see that a neutral foundation leading a collaborative is a very effective model that people trust. It will become the majority of how we fund in the future. We even made it part of our Vision Statement (see under my signature).”

Sandy Diegal, John T. Vucurevich Foundation 2009
PLANNING FOR WORKFORCE DEVELOPMENT IN GERIATRIC AND LONG-TERM CARE IN ARKANSAS

Arkansas Community Foundation (ARCF)

The Arkansas Partners in Long-Term Care (PLTC) is a statewide initiative working to improve educational preparation of registered nurses caring for older adults. Led by the Arkansas Community Foundation, partners are working together to implement a unified educational pathway that promotes geriatric nursing education.

Successes

- Conducted an environmental scan to assess readiness for a unified educational pathway and to determine the number of potential and current students interested in geriatric nursing.
- Identified over 300 LTC employees (CNAs, LPNs, and RNs) who expressed an interest in pursuing a RN license or advanced nursing degree.
- Identified the need for BSN and higher degree programs to offer tailored gerontological content to advance LTC CNAs, LPNs, and Associate Degree and Diploma RNs from generalist training to specialized geriatric training.
- Developed a course titled “Introduction to Gerontological Nursing,” and enrolled 106 students into the class over three semesters.
- Partnered with the 12 Area Health Education Centers to maximize the course offering.
- Secured funding from the USDA to create a “learning lab” in six nursing homes (i.e. three computers, printers and furniture) to support nursing students employed by the facility.
- Developed a web-based information system to disseminate information about the PLTC program.
- Awarded a PIN6 grant in 2011 to continue their work to implement pipeline recruitment to promote advanced nursing education for nurses who work in geriatrics and long-term care.

Lessons Learned

- RNs seeking higher educations face many challenges like limited financial support, access to computers, family responsibilities, and cost.
- Offering an “Intro to Gero” course online made it easier for nurses in long-term care facilities to take and complete the class.
- Tailored support is invaluable for nursing students.
- Pair students with mentors who have overcome barriers to achieving further education.
PROMOTING THE USE OF SIMULATION TECHNOLOGY IN FLORIDA NURSE EDUCATION

Florida Blue Foundation (previously known as Blue Cross and Blue Shield of Florida Foundation)

The overall goal of this partnership was to maximize the use of simulation technology in the preparation of new and continuing education for RNs in Florida, thereby addressing the nursing shortage by increasing the nurse supply through increased production and retention.

Successes

- **Conducted a survey** of nurse education and healthcare providers to determine usage of simulation technology.

- Survey results and publications provided the foundation for a **statewide simulation Think Tank**, held in Orlando Florida in January 2011.

- The **Florida Healthcare Simulation Alliance (FHSA)** established by the Florida Center for Nursing (FCN) with support from Florida Blue Foundation to advance, coordinate, and expand the use of all forms of simulation in academic settings, healthcare institutions, and agencies across the state to advance healthcare education to foster patient safety. It serves as a resource to facilitate collaboration, net working, and the development and integration of best practices into the delivery of patient care and to improve patient safety.

- CAE Healthcare, a manufacturer of simulation equipment and technology, gave the FCN license to **present their Fundamentals of Simulation course** in Florida with proceeds contributed to the FHSA.

- There has been an **increase in awareness about the importance of using simulation** when educating nursing students and new nurses in Florida.

- **Florida Blue Foundation continues to provide funds in support** of the Alliance.

Lessons Learned

- **Simulation can have an impact** on quality of care by producing better trained nurses with greater exposure to a variety of health care situations.

- Always **focus on the role of simulation technology** and taking on the nursing shortage in the context of a healthy Florida.

- **Gather qualitative and quantitative data to truly understand** the lay of the land in simulation and nursing.

- **An excellent facilitator is key** to a successful Think Tank Meeting.

- Exhibit a spirit and behavior of **collaboration not competition**.

- **Evaluating the collaboration** demonstrated the correlation between the development of the network and its results.

MATCHING FUNDS

In addition to the grant awarded to Blue Cross and Blue Shield of Florida Foundation by Partners Investing in Nursing’s Future, funding partners contributed $250,000 to the project.

KEY PARTNERS

- Florida Blue Foundation
- Florida Center for Nursing
- University of Central Florida
- PEER Group of UCF College of Education
- Association of Practical Nurse Educators of Florida
- Florida Association of Colleges of Nursing
- Florida Council of Nursing Education Administrators
- Florida Organization of Nurse Executives
- KK Solutions
- Mary Smart Simulation Center at Pensacola State College
- SRA Research Group

www3.bcbssf.com/wps/portal/bcbssf/bluefoundation
MATCHING FUNDS
In addition to the grant awarded to Community Foundation of the Great River Bend by Partners Investing in Nursing’s Future, funding partners contributed $150,050 to the project.

KEY PARTNERS
- Black Hawk College
- Community Health Care, Inc.
- Davenport School District
- Eastern Iowa Community Colleges
- Genesis Health System
- Quad City Health Initiative
- Ridgecrest Village
- Rock Island County Regional Office of Education
- Rock Island Health Department
- Scott County Health Department
- Southeast Iowa Area Health Education Center
- St. Ambrose University
- Trinity College of Nursing & Health Sciences
- Trinity Regional Health System
- United Township Area Career Center
- University of Illinois-Chicago, College of Nursing, Quad City Regional Program
- Quad Cities Chamber
- Western Illinois University

www.cfgrb.org

PATHWAYS AND PERCEPTIONS: A LIFE SPAN MODEL FOR NURSING WORKFORCE
Community Foundation of the Great River Bend

Pathways and Perceptions: A Life Span Model for Nursing Work Force Development is a collaborative community partnership working to increase the number of nurses who study, practice, teach, and lead to improve the health and well-being of people in the Quad Cities region.

The project brought together 19 competing community and healthcare organizations, and nursing to focus on two Quad City challenges: the predicted nursing faculty shortage, and the clinical placement barriers for nursing students.

Successes
- **Increased awareness** about potentials to add clinical experiences for nursing students.
- **Added to the pool of practicing nurses** prepared to serve as adjunct clinical faculty in the Quad Cities.
- **Increased clinical education capacity** by minimizing existing barriers and identifying gaps within the current educational infrastructure.
- **Received a $20,000 grant from the local Riverboat Development Authority** to create a model for community-based clinical experiences for nursing students.
- **Joined forces with the Central Illinois Nursing Triad** (the PIN6 partnership) to increase the ratio of baccalaureate-degree nurses in Illinois and Iowa.

Lessons Learned
- It is **important to develop and frame messages about nursing** workforce challenges as community health and economic development issues.
- In a collaborative, it is **challenging to find time to fully commit to the partnership** among other competing priorities.
CENTRAL ILLINOIS NURSING INITIATIVE (CINI)
Community Foundation for the Land of Lincoln

The Central Illinois Nursing Initiative (CINI) was designed to align nursing education opportunities with the goal of rapidly increasing the nursing workforce. The partnership focused on three main elements to increase the nursing workforce in central Illinois: 1) increasing nursing educational capacity; 2) increasing diversity in nursing; and 3) increasing nursing faculty.

**Successes**
- Launched an interactive web site: centralillinoisnuring.
- Teamed with the Illinois Center for Nursing and the Metropolitan Chicago Healthcare Council to host a Faculty Open House and Faculty Academy in Springfield.
- Partnered with Sangamon County Medical Society to begin identifying Master’s prepared nurses in Sangamon County.
- Designed and began recruitment on an ADN-BSN Mentoring program.
- New nursing education programs were started to serve the region’s workforce: a second degree accelerated Bachelor’s program, an ADN-MSN program, and a Masters in Nursing hybrid program.
- Established partnerships and articulation agreements between the local community college and BSN programs for concurrent enrollment.
- Twenty participants enrolled in the Diversity in Nursing program housed at the Urban League.
- Developed and hired a Diversity Caseworker/Coordinator position.
- Increased awareness in the community on the importance of having a healthy, skilled nursing workforce as well as better understanding of what challenges exist as a barrier to successes in nursing.
- Awarded a PIN6 grant to move forward with the next stage of the project which focuses on Illinois and Iowa.

**Lessons Learned**
- While goals were met and in some cases exceeded, the challenge was having to scale the programs back to be manageable.
- Financial barriers still exist. While the students may be able to find tuition dollars, many times they have additional issues (transportation, babysitting, and etc.) that are not covered under scholarships or grants.
- Organizations that take the time to foster and grow trust among stakeholders will ultimately be more successful than those groups who rush into a project for the sake of needing something to do.
- Awarded a PIN6 grant to move forward with the next stage of the project which focuses on Illinois and Iowa.

**MATCHING FUNDS**
In addition to the grant awarded to Community Foundation for the Land of Lincoln by Partners Investing in Nursing’s Future, funding partners contributed $295,000 to the project.

**KEY PARTNERS**
- The Greater Springfield Chamber of Commerce
- St. John’s Hospital
- Memorial Health Systems
- Kindred Healthcare
- Lincoln Land Community College
- St. John’s College
- Benedictine University at Springfield

www.cfll.org
CREATIVITY AND CONNECTIONS: BUILDING A REGIONAL NURSING EDUCATION FRAMEWORK

The Tufts Health Plan Foundation Inc.

The Tufts Health Plan Foundation and its partners linked three states to build a regional nursing education collaborative among Massachusetts, Rhode Island, and New Hampshire. The goals of this regional collaborative were to increase the numbers and diversity of nursing faculty, to increase nursing school capacity using a centralized database to coordinate clinical placements, and to evaluate and redesign nursing education curriculum models to prepare nurses for the current, and future health care environment. Ideas and promising practices to achieve these goals were shared across the three states within the network.

Successes
- Awarded 56 scholarships ranging from $5,000 to $10,000 to nurses who committed to staying and teaching in their states after completing of their masters or doctoral education.
- Nineteen recipients of the scholarships are now actively engaged in teaching.
- Implemented a computerized clinical placement system in all three states, to increase the availability of clinical placements.
- Each state worked to create seamless education progression models through partnerships of ADN and BSN nursing programs and clinical partners.
- The collaboration achieved from this grant served as the foundation of a new grant that links the three states in the development of an inter-professional education collaborative.

Lessons Learned
- A clear collaborative structure and a consensus decision-making process are key components in engaging a variety of stakeholders across three states.
- Facilitated structured collaboration allowed each project partner to successfully progress in meeting the project defined goals.
- Development of nursing curricula between different nursing programs is a challenge that can be overcome by actively involving both education and practice partners focusing on mutually agreed upon outcomes.
- Online orientation programs within the centralized clinical placement systems decrease time and utilization of organizational resources spent in orientation sessions for students.
- Development of centralized clinical placement systems provides a mechanism to increase the availability of clinical placements.

MATCHING FUNDS
In addition to the grant awarded to The Tufts Health Plan Foundation Inc. by Partners Investing in Nursing’s Future, funding partners contributed $355,000 to the project.

KEY PARTNERS
• Massachusetts Department of Higher Education
• Massachusetts Hospital Research and Educational Association
• The New Hampshire Nurses Foundation
• The Rhode Island Nurses Association
• The Rhode Island Nursing Foundation
• Tufts Health Plan Foundation
• The Edward J. and Virginia M. Routhier Foundation of Rhode Island
• The University of Rhode Island Center for Nursing Excellence and Faculty Development

www.tuftshealthplanfoundation.org
BUILDING FACULTY CAPACITY IN GERIATRIC NURSING FOR CENTRAL MINNESOTA PARTNERS INVESTING IN NURSING – GERIATRICS (PIN-G)

West Central Initiative (WCI)

West Central Initiative (WCI) partnered with the Central Minnesota Area Health Education Center (AHEC) and the University of Minnesota School of Nursing Hartford Center of Geriatric Nursing Excellence to increase the number of registered nurses in central Minnesota who are competent in providing nursing care to elderly persons. They worked to bring together 10 schools of nursing and targeted their efforts on faculty development in geriatric and long-term care.

Successes
- Created strong bonds between the three key partners: WCI, AHEC, and the University of Minnesota School of Nursing Hartford Center. The partners are committed to continued partnerships.
- Fifteen organizations and individuals provided funding for the initiative.
- Faculty from the regional schools of nursing collaborated to organize two student events to raise student interest in geriatric nursing and are currently working to sustain and build upon the event.
- Long-term relationships between schools of nursing and long-term care facilities in the region were strengthened by a co-learning event.
- Increased the number of school of nursing faculty partners enrolled in the Faculty Learning About Geriatric Nursing (FLAG) program.
- Nursing faculty now have more tools and resources to help them include geriatric nursing in the curriculum.
- Many of the partners now have a plan in place to institutionalize geriatric curriculum, including intentional geriatric clinical experiences in a variety of settings.

Lessons Learned
- Limited face-to-face interaction makes bonding between partners difficult.
- Nursing faculty have many competing demands on their time and workload. Maintaining their engagement in this project was challenged by those demands.
- The inherent differences in program length, flexibility and capacity between two-year and four-year schools of nursing impacted their ability and level of participation in the project.
- Finding and engaging champions in the regional schools of nursing was key to the level of student participation from each institution.

MATCHING FUNDS
In addition to the grant awarded to West Central Initiative by Partners Investing in Nursing’s Future, funding partners contributed $192,240 to the project.

KEY PARTNERS
- Minnesota Area Health Education Center (AHEC)
- West Central Initiative
- Otto Bremer Foundation
- Central Minnesota AHEC
- Frank W. Veden Charitable Trust
- CentraCare Foundation
- Anonynous Donor
- Dakota Medical Foundation
- The Initiative Foundation
- Lake Region Healthcare Corporation
- Minnesota Area Geriatric Education Center
- Minnesota Area Health Education Center Care Ventures
- Tri-County Hospital Foundation
- Otter Tail County Public Health
- Wilkin County Public Health

www.wcif.org
MISSISSIPPI GERIATRIC DEDICATED EDUCATION UNIT INITIATIVE (MGDEU)
Hinds Community College Development Foundation

The goal of the Mississippi Geriatric Dedicated Education Unit Initiative (MGDEU) was to develop and implement a unique approach to improve the recruitment and retention of new and experienced nurses to care for geriatric patients in various settings. Local schools of nursing and health care institutions partnered to pilot the Dedicated Education Unit (DEU) learning model with geriatric patients in acute and long-term care, in-patient rehabilitation, and geriatric psychiatric settings. In addition, emphasis was placed on addressing themes of diversity, education, geriatric, and collaboration.

Successes
• The DEU model was implemented in five hospitals and one long-term care facility in partnership with four schools of nursing.
• The Clinical Facilitator training is online and being utilized by each facility for training of new facilitators.
• Student nurses who participated expressed a positive experience with skills gained and an increased interest in geriatrics.
• The DEUs are continuing in the hospitals and long-term care facility.
• Plans are in place to replicate the program throughout the state.

Lessons Learned
• Communication is key to a successful partnership of this kind.
• Clinical facilitator training is critical to implementing a DEU model.
• Maintaining clinical sites for students not involved in DEUs was challenging.
• Implementing DEUs in long-term care facilities was challenging and required commitment by staff and faculty leadership.
MIDWEST PARTNERS FOR GERIATRIC NURSING QUALITY IMPROVEMENT

The Vetter Foundation, University of Nebraska Medical Center College of Nursing and their partners sought to improve the quality of geriatric nursing care and leadership in Nebraska’s long-term care (LTC) facilities. They focused on three goals: 1) Increase the geriatric clinical and management competencies of RNs and RN administrators through web-based Continuing Education; 2) Create a Geriatric Leadership Academy and 3) Develop a Career Ladder incentive program for RNs based on educational advancement.

Successes
- The Academy held four statewide conferences.
- Developed a Best Practices for Quality RN Care document for LTC Administrators.
- Over 100 long term care nurses became American Nurses Credentialing Center (ANCC) certified as Gerontological Nurses and/or Nurse Executives.
- The Academy was accepted as a Special Interest Group for the National Gerontological Nurses Association.
- The “Gero Nurse Prep” online course is now sponsored by the American Health Care Association (AHCA).
- There are 500 RNs from California and nationwide enrolled in the AHCA course.
- RNs that completed the courses gained greater computer skills and were more prepared to pass Gerontology or Nurse Executive ANCC certification.
- Statistically significant increases in RN competence, empowerment, and intent to remain.

Lessons Learned
- Long-term care RNs love receiving specialized training that enhances their competency.
- Specialized education dramatically impacts long-term care nurses confidence to do their jobs.
- The traditional “Career Ladder” does not work well in the LTC industry due to reimbursement limitations and finance.
- Associate degree nurses are unable to sit for the ANCC Nurse Executive exam. Baccalaureate degree nurses found the ANCC Nurse Executive exam to be very disappointing because it focused exclusively on acute care administration.
- Much of the project’s success was due to having (1) a well-connected and highly visible LTC business partner who had a vested interest in the outcomes and, (2) a well-respected educational institution to provide the education.

MATCHING FUNDS
In addition to the grant awarded to the Vetter Foundation by Partners Investing in Nursing’s Future, funding partners contributed $250,000 to the project.

KEY PARTNERS
- Blue Cross/Blue Shield of Nebraska
- College of Nursing Class of 1960
- Golden Living
- Hitchcock Foundation
- Iowa West Foundation
- Madonna St. Jane de Chantal Health Care
- Nebraska Health Care Foundation
- Nebraska Hospital Foundation
- NYE Senior Living
- Tabitha Health Care
- UNMC College of Nursing
- University of Nebraska Foundation
- Vetter Health Services

www.vetterhealthservices.com/foundation.htm
PREPARE AND RETAIN

John T. Vucurevich Foundation

The John T. Vucurevich Foundation and its partners worked together to find solutions to retain western South Dakota’s best nurses to fill critical nursing shortages at Rapid City Regional Hospital. The partnership developed and implemented two programs: a 12-month RN Residency program (RNR) for all newly licensed RNs and the Education Service Partners (ESP) program at Rapid City Regional Hospital (RCRH). The primary goals were to assist nursing students in demonstrating higher levels of safe, quality patient care, to increase job satisfaction, and ultimately, to retain new and existing nurses.

Successes

• 182 nursing students participated in the ESP program.
• Students participating in the ESP project scored higher than their non-participating peers in the six survey competencies.
• The ESP program had a positive impact on the clinical education of students and improved the clinical environments at the hospital.
• Students reported marked growth in clinical judgement and confidence in nursing roles.
• Staff nurses are now more engaged with nursing students learning.
• Communication and information sharing has increased among staff nurses, nurse managers, clinical instructors and education administrators as a result of this project.
• RCRH committed to continue both programs.
• Four cohorts of the RNR completed the program. 99 new nursing graduates have been hired at the hospital since the beginning of the Program.
• Cooperation between the schools and the hospital.

Lessons Learned

• A residency program in the transition from student to nurse is critical to their success and retention.
• Collaboration between nursing services and nursing education is invaluable.
• Staffing differences, patient loads, patient acuity levels, work-flow, and student level of expertise must be considered when implementing an ESP model.
• The most valuable attributes about the nurse residency program included mentor support, peer support, patient stories, budget assistance and monthly presentations on various topics.
• The PIN model of having a private foundation as a neutral organization in the leadership/facilitation role of a project can work to make a significant impact in any topic area.
WEST VIRGINIA NURSING LEADERSHIP INSTITUTE:
TEAM LEADERSHIP DEVELOPMENT PROGRAM
The Greater Kanawha Valley Foundation

The Greater Kanawha Valley Foundation, the West Virginia Center for Nursing, and project partners collaborated to launch the West Virginia Nursing Leadership Institute: Team Leadership Development Program. The program focused on providing nursing teams from various health care settings the skills necessary to lead change. The primary goals of the institute were to increase nurse empowerment, and nurse satisfaction and retention, and improve patient outcomes by increasing team leadership skills and team effectiveness.

Successes
• Eleven teams of 3-4 nurses per teams representing hospitals, long-term care facilities, public health and other health care settings completed the 12 month program.
• There is more focus on funding health care leadership programs due to this project partnership.
• The University of Charleston School of Business MBA program partnered with the Team Leadership Program to develop a return on investment model and to assist in making a case for program continuation.
• Nurse participants rated the skills learned in the program as very high.
• The leadership team continue to work together long beyond the completion of the program.

Lessons Learned
• Measuring organizational return on investment for team leadership programs is challenging but necessary.
• Learning occurred across individual teams, but also across the entire cohort and throughout the partnership at large.
• Team projects seem to be more sustainable than those developed in an individual leadership program.

MATCHING FUNDS
In addition to the grant awarded to The Greater Kanawha Valley Foundation by Partners Investing in Nursing’s Future, funding partners contributed $148,785 to the project.

KEY PARTNERS
• Arthur B. Hodges Education Endowment
• Charleston Area Medical Center
• Charleston Division
• Claude Worthington Benedum Foundation
• EMBA Program
• RWJ Executive Nurse Fellows Alumni Association
• University of Charleston School of Business
• West Virginia Center for Nursing
• West Virginia University School of Nursing

www.tgkvf.org
It was an honor to be a part of the PIN community and I continue to play a role within our Foundation and the community as a “non nurse” nurse advocate. I can also say that we have used the lessons learned from our project to inform our practice with partnerships. We have been able to work better with our grantees and other funders, and at least one local multi-agency collaborative is thriving thanks to adjustments in our approach. While that collaborative is not directly nursing-related (it focuses on refugee-serving organizations), I think of it as a great example of the many ripples stemming from the PIN project.

Paul Putnam, The Cleveland Foundation 2010
HUMBOLDT BAY REGIONAL SIMULATION CENTER
Humboldt Area Foundation

The Humboldt Bay Regional Simulation Center (HBRSC) enhances the safety and quality of patient care provided in Humboldt County and the northwest region of California by expanding access to nurse-training in the region. The two major goals of the partnership were to: 1) Increase the number of health care professionals skilled in the use of simulation and other clinical teaching techniques and 2) Incorporate patient safety goals and local risk management data into simulation scenarios.

Successes

• **Established a Sim Center** that operates under a collaborative leadership and fiscal sponsorship model and negotiated a permanent location for the center.

• **50 instructors of all user types participated** in the “Train the Trainers” program.

• **53 health care providers became simulation resource experts**.

• **Developed 58 unique scenarios** for clinical training.

• **ADN and BSN faculty collaborated to create core simulated clinical experiences** that could be adapted to varying levels of learners.

• Simulation-based learning was **integrated into the pre-licensure nursing curriculum**.

• Simulation expansion has successfully targeted the RN market in the acute clinical setting and has grown the regional simulation instructor pool.

• Instructors indicated that the **training contributed to student critical thinking skills**.

Lessons Learned

• **Role modeling and encouragement by the Simulation Center manager is invaluable** to helping to increase instructor confidence.

• A **strong marketing plan is essential** to long term buy-in and success.

• Having paid staff to lead and execute a robust marketing and development plan is necessary.

• **An entirely volunteer effort to recruit clients is challenging**.

• It is **important to explore long-term funding support during the early stages of a project**.

• **Issues in nursing, education and health care change almost faster** than they can be planned for and addressed.

• It is **critical that local workforce initiatives stay aligned** with state and national objectives for nursing education and training.
CARE AND CAREER TRANSITIONS: INNOVATIONS IN HOME HEALTHCARE, THE “MISSING LINK”
The Caring for Colorado Foundation

The Care and Career Transitions: Innovations in Home Healthcare project is a collaborative of the Caring for Colorado Foundation, The Colorado Center for Nursing Excellence, home health care organizations, nursing educators and other community stakeholders to develop new and innovative ways to strengthen and increase the home health nursing workforce in Colorado.

Successes

- Partners increased their understanding of the unique challenges facing home health care and helped to identify ways to address them.
- Increased visibility for home health nursing workforce priorities in the state.
- Partners collaborated beyond their own individual agencies to create greater impact.
- New partnerships were created between schools of nursing and home health agencies.
- Curriculum changes within the 5 Schools participating to increase content, simulation and clinical placements for home health.
- Orientation program online tools and simulation program now being used to develop a new grad transition to home care program.
- Provided support for student learning and faculty development to expedite inclusion of home health care within nursing education curriculum.
- Implemented web-based tools and training programs for recruitment and retention specific to home care.
- Oriented 51 new nurses to home health care.
- Completed Frontline Leader Development training, capstone and coaching for 80 frontline leaders in home care.
- Developed Home Care Preceptor Development program with an online course and simulation event and trained 26 preceptors.

Lessons Learned

- Home health is often overlooked, even though it plays a vital role in health care reform, decreasing costs and providing a positive patient experience.
- Leadership development is lacking in home health and is a high priority as health care reform continues to impact this industry.
- Online recruitment tool reduces time for hire and helps more effectively identify qualified candidates.

MATCHING FUNDS
In addition to the $250,000 grant awarded to the Caring for Colorado Foundation by Partners Investing in Nursing’s Future, funding partners contributed $262,000 to the project.

KEY PARTNERS
- Centura Health at Home
- Center for Advanced Professional Excellence (CAPE)
- Central Colorado Area Health Education Center
- Colorado Center for Nursing Excellence
- Colorado Christian University
- Colorado Community College System
- The Colorado Health Foundation
- Colorado Mesa University
- Colorado Northwestern Community College
- The Colorado Trust
- Complete Home Health Care
- Grand County Home Health Care
- Home Care Association of Colorado
- Home Care of the Grand Valley
- Knowledge Factor
- SphereIt and Abacus Solutions
- University of Colorado, Denver, College of Nursing
- Visiting Nurse Association of Colorado

www.caringforcolorado.org
PARTNERS INVESTING IN NURSING’S FUTURE

MAINE PARTNERS IN NURSING EDUCATION AND PRACTICE

The Bingham Program

The Maine Partners in Nursing Education and Practice (MPNEP) project serves to break down the barriers that exist between nurse leaders in practice and those in education by focusing on educational infrastructure and faculty development, nursing competencies, and long-term care and geriatric issues to ensure a competent Maine nursing workforce for the future of health care needs in Maine.

Successes

• Partnered with Maine HRSA nursing grant project to develop a strategic plan for the future of Maine’s nursing workforce.
• Completed a gap analysis between academic learning and experiences in practice.
• Hosted a statewide nursing forum to share gap analysis and focus group data.
• Developed evidenced based gerontological nursing competencies entitled Maine Nursing Core Competencies, which will be adopted by 14 nursing education programs.
• Created the www.mainenursepartners.com web site to share project information and be a resource for nurses and nurse educators across the state.
• Participated in implementing a centralized clinical placement program involving 24 health care organizations and all 13 nursing schools.
• Formed a new partnership, the Maine Nursing Education Collaborative, of the 13 nursing schools in Maine working to transform nursing education.
• Took a lead role in Maine’s Campaign for the Future of Nursing State Action Coalition.
• Piloted a highly successful online and in-person Nurse Preceptor Training Program that built attendees’ precepting knowledge and skills.

Lessons Learned

• A funder is a critical partner, and engaging a funder works best when a partnership is formed, has mutual goals, and well-defined roles.
• Nurses are doing creative work to address workforce issues but their knowledge and experiences are often not shared.
• Objectives and projects rooted in the very specific world of nursing education and practice do not always resonate with public partners.
• Creating group cohesiveness through humor and fun activities can help to strengthen partnerships especially during long and difficult meetings.
• It is critical in areas with limited funders to engage an institutional partner.
• Having a project team with a variety of perspectives and skills allows for enhanced strategic development.
LEADING TOWARDS TOMORROW
Community Foundation of Southeast Michigan

The Leading Towards Tomorrow (LTT) project is an educational leadership program designed to help novice nurse managers from a variety of care settings develop leadership skills that contribute to more effective systems of care with a focus on working in environments with geriatric patients and the unique challenge this gives nursing staff and nurse managers. The major goals of the project were: 1) Design and implement a leadership curriculum for nurse leaders that can be delivered in a variety of modalities and settings, 2) Increase the leadership capability of current and aspiring nurse leaders, and 3) Improve retention of nurses in diverse care settings.

Successes
- Participation was better than expected with a total of 136 nurses and an additional third session offered.
- Nurses in the program cited improvements in increased confidence in managing change; a more positive attitude; better delegation skills; increased self awareness; better team building skills; and process improvement.
- Project partners increased awareness about LTT by presenting at local, state and national meetings and conferences, and printed publications.
- The program was sustained using a tuition-based model.
- Nurses from different organizations chose to collaborate on joint projects.

Lessons Learned
- Recruiting nurses from long term care to participate in the leadership program was a challenge due to low RN staffing and the inability to free up time to attend.
- The program’s multiple-day session time commitment made it difficult for some nurses to attend.
- Organizational culture varies in health care and understanding how to engage different constituencies is important for success.
- An experienced, well-connected project manager and a proficient administrative assistant are important to the success of a project.
- Pre- and Post-assessments of referring nurse supervisors and nurse participants are valuable in aligning expectations and project content.

MATCHING FUNDS
In addition to the $125,000 grant awarded to the Community Foundation of Southeast Michigan by Partners Investing in Nursing’s Future, funding partners contributed $125,000 to the project.

KEY PARTNERS
- Blue Cross/Blue Shield Foundation of Michigan
- Community Foundation of Southeast Michigan
- Michigan Health Council and the Michigan Center for Nursing

www.cfsem.org
NEW HAMPSHIRE NURSING DIVERSITY PIPELINE PROJECT
Endowment for Health

The New Hampshire Nursing Diversity Pipeline Project, led by the Endowment for Health, brought together health care providers, nursing schools, professional associations, and other community organizations to expand the ethnic and racial diversity of the nursing workforce and nursing education faculty in New Hampshire.

Successes
- Enhanced the understanding of and the interest in nursing careers and nursing higher education among diverse youth and high school students.
- Worked with nursing schools to identify ways to attract, support, and retain nursing students from diverse backgrounds.
- Developed a set of “guiding principles” to guide work and to support minority individuals based on known best practices.
- Supported three practicing nurses from diverse backgrounds to advance their education and skills and become educators.
- Developed the website (www.diversenursingnh.org) a venue for nurses and nursing students of diverse racial, ethnic, and linguistic backgrounds to connect, share and be informed.
- STEM discovery labs are now available for students in grades 4-12 in Manchester to advance education and career opportunities.

Lessons Learned
- A philanthropic-led effort can catalyze change and innovation, but sustainability requires strong buy-in from the nursing field and health care providers.
- Readiness for developing more welcoming and supportive campus for diverse nursing students was lower than initially expected.
- There is a significant population of diverse entry-level health care workers who want to be nurses but have been unable to advance for a variety of reasons.
- It is important to have a pipeline that has multiple entry points for nurses to follow to advance their nursing credentials.
- Multiple supports are needed for young people seeking to become nurses and achieve economic success.
- Institutional change must be supported from the top.
PARTNERS INVESTING IN NURSING’S FUTURE

NURSING ACADEMIC RESOURCE CENTER OF NEW JERSEY
The Horizon Foundation for New Jersey

The Nursing Academic Resource Center (ARC) of New Jersey seeks to improve the academic performance of first-year graduate nursing students through a web-based educational support program that focuses on writing and research citation skills. The partnership brings together 11 nursing schools in New Jersey.

Successes
- **87% of the nursing schools in New Jersey** with a Master of Science in Nursing (MSN) program participated in ARC.
- **ARC built cooperation between the schools of nursing**, which traditionally consider themselves competitors.
- Faculty from schools of nursing reported **better understanding of the needs of adult learners**.
- Having this resource for their students empowered faculty to increase their standards for writing quality.
- **Students reported greater confidence** in their writing and academic performance after using the program.
- Many faculty incorporated the tool into their curriculum as a class requirement or an option for extra credit.
- **$447,500 was contributed to the project by New Jersey foundations.**

Lessons Learned
- **Having a central program office that liaised with all the partners was critical** to success.
- **MyCompLab (MCL)**, the specific educational tool used by ARC, allowed for **greater focus on content** rather than writing basics.
- **The academic nursing world can be resistant to change**. This can be overcome by frequent communication and demonstrating progress to maintain momentum.
- **A mix of funders with different levels of engagement is perfectly appropriate**.
- **Funding collaboratives are possible** and a viable way of funding areas of critical need.
- **Striking the right balance** of keeping partners informed of progress without drowning them with data was key.

MATCHING FUNDS
In addition to the $245,000 grant awarded to the Horizon Foundation for Nursing’s Future, funding partners contributed $447,500 to the project.

KEY PARTNERS
- The College of New Jersey
- The Edward W. and Stella C. Van Houten Memorial Fund at Wells Fargo National Bank
- Fairleigh Dickinson University
- Felician College
- FM Kirby Foundation
- The Healthcare Foundation of New Jersey
- Johnson & Johnson Corporate Contributions
- Kean University
- Monmouth University
- New Jersey Chamber of Commerce Foundation
- New Jersey Nursing Initiative
- The Provident Bank Foundation
- Rutgers University
- Saint Peter’s College
- Seton Hall University
- Thomas Edison State College
- University of Medicine and Dentistry of New Jersey
- Verizon Foundation of New Jersey
- William Paterson University

www.njni.org
NORTH DAKOTA PARTNERS IN NURSING GERONTOLOGY CONSORTIUM PROJECT
Dakota Medical Foundation

Dakota Partners in Nursing Gerontology Consortium Project brought together nursing educators, health care providers, business leaders, local and state government, tribal colleges, professional and trade associations, and community organizations to improve access to a well-prepared and available geriatric nursing workforce needed to care for North Dakota’s aging population. The Consortium addressed strengthening geriatric nursing education; implementing a marketing plan that provides a positive image of gerontological nursing career opportunities; motivation and preparing high school students, especially rural and diverse students, to pursue a career in nursing and be interested in caring for older adults.

Successes
- Facilitated networking, partnering, and collaboration with key entities and health care professionals in support of gerontological nursing.
- Helped bring the importance of geriatric nursing to the attention of many nurses, organizations and community partners in North Dakota.
- Created professional development opportunities and training for nurses to obtain geriatric nursing certification.
- 88 percent of the faculty who attended the Facilitated Learning to Advance Geriatrics (FLAG) training had integrated or attempted to integrate new gero-components into their institution’s nursing curriculum development.
- 78 percent of FLAG attendees took on additional leadership roles – specific to geriatrics – in their institution and 33 percent did so in their community.
- Designed an Adopt-A-Grandparent Toolkit with the goal of changing perceptions that youth have about aging, and to highlight potential nursing career paths for students.
- Produced a four-video DVD titled Nursing: Making a Difference in People’s Lives to be used as classroom-based PSAs to promote nursing in health-care settings that serve older adults.
- Provided Summer Nurse Camp Adventures and Adventure in Nursing to motivate high schools students interested in a career in nursing.
- Created a project website (www.ndsu.edu/pin), and developed handouts and educational resources, and implemented a social media strategy to promote geriatric nursing.

Lessons Learned
- Solving the gerontology nursing workforce shortage takes a long-term commitment and collaborative approach.
- It is important to identify consortium members’ expectations in the beginning, and then to execute memorandums of understanding.
- Development of a solid organizational structure, a skilled, independent facilitator, and active partners are key to a project’s success.

MATCHING FUNDS
In addition to the $250,000 grant awarded to the Dakota Medical Foundation by Partners Investing in Nursing’s Future, funding partners contributed $250,000 to the project.

KEY PARTNERS
- North Dakota State University
- North Dakota State College of Science
- Dakota Nursing Program (Bismarck State College; Dakota College at Bottineau, Fort Berthold Community College, Lake Region State College; Williston State College)
- Sanford College of Nursing
- University of North Dakota College of Nursing
- Migrant Health Services, Inc.
- ND AARP
- ND Area Health Education Center
- ND Department of Commerce Workforce Development Division
- ND Department of Career and Technical Education
- ND Long-Term Care Association
- ND Center for Nursing
- ND Home Care Association
- ND Hospital Association
- University of Jamestown
- University of Mary
- Minot State University
- ND Department of Health
- ND Department of Human Services

www.ndsu.edu/pin
ONLINE NURSING EDUCATION FOR NON-TRADITIONAL FACULTY
The Cleveland Foundation

The purpose of the Online Nursing Education for Non-Traditional Faculty (ONEP) is to reduce the national nurse faculty shortage by developing masters-prepared non-traditional nurse educators (NTNEs) to become part-time supplementary online faculty at U.S. Schools of Nursing. ONEP provides nurse educators with evidence-based preparation for the online education environment.

Successes
• To prepare a cadre of NTNEs available for U.S. Schools of Nursing, nursing faculty from five universities successfully completed the Methods of Online Education course. Subsequently they taught the course to new NTNEs.
• The delivery of the Methods course resulted in the development of 80 NTNEs and 8 new regular nursing faculty. Participants came from 24 different health care systems in northeast Ohio, New England, Chicago, North Carolina, and the Republic of Yemen.
• Project leaders established and convened local and national advisory councils and developed plans to take the program to scale nationally.
• Created a national database of 88 online faculty available for part-time teaching at Schools of Nursing.
• Acquired additional grant support of $33,000 from the Ohio Board of Nursing, used to create a website of the NTNE database accessible of any School of Nursing.
• Instructors perceived that both they and their students significantly expanded their knowledge of online pedagogy and increased their professional networks through course participation.
• The Methods of Online Education course is certified by Quality Matters©.

Lessons Learned
• Because the program offers a new model for expanding nurse faculty, it is as yet “unproven” in the field.
• Variations in interstate and national regulations related to online instruction introduced some uncertainties into national dissemination.
• Since the NTNEs offer a new faculty staffing strategy, it has been challenging to help schools of nursing understand the potential benefits of including online NTNE instructors as part of their faculty mix.
• While the initial goal was to recruit and educate 120 NTNEs and 24 TNEs, 88 proved more feasible.
• It is important to continue to nurture the partnership while we advance project activities.
• As partners are recruited during the project life cycle, it is valuable to continue communicating the project vision and strategy.

MATCHING FUNDS
In addition to the $190,000 grant awarded to The Cleveland Foundation by Partners Investing in Nursing’s Future, funding partners contributed $210,000 to the project.

KEY PARTNERS
• The Mount Sinai Health Care Foundation
• Cleveland State University College of Nursing
• Kent State University (KSU)
• The University of Akron College of Nursing
• Ursuline College Breen School of Nursing

www.clevelandfoundation.org
TEXAS/OKLAHOMA NURSING ADVANCEMENT AND LEADERSHIP

Texoma Health Foundation

The Texas/Oklahoma Nursing Advancement and Leadership project is a collaborative effort led by the Texoma Health Foundation in partnership with safety net health care clinics and nursing education and other healthcare workforce partners to create a regional network of clinical and education support to increase the capacity of nurses through career building, educational advancement, and leadership development.

Successes

• Successfully purchased and installed equipment needed to provide virtual training.
• Developed a dedicated website to host curriculum to educate nurses in the region.
• The collaborative built a strong forum of healthcare providers to support nurses in the region.
• Most partners remain actively involved in the effort and additional organizations have expressed interest in joining.
• The project was awarded an additional $60,000 grant by the Texoma Health Foundation for continued development and sustainability.

Lessons Learned

• Consistent, reliable connectivity is a challenge when coordinating geographically diverse sites with no homogenous technical infrastructure.
• Having access to the right IT expertise needed to coordinate the infrastructure is imperative for a regional network like this.
• Shared leadership across the partnership is necessary in order for each organization to feel equal responsibility, ownership and power.

MATCHING FUNDS

In addition to the $250,000 grant awarded to the Texoma Health Foundation by Partners Investing in Nursing’s Future, funding partners contributed $250,000 to the project.

KEY PARTNERS

• Denison ISD Nursing Offices, Denison, TX
• East Central University Nursing Program at Southeastern, Durant, OK
• Grayson County College Nursing Program, Denison, TX
• Grayson County Emergency Management, Sherman, TX
• Grayson Home Health, Sherman, TX
• Prairie Area Health EducationCenter, Decatur, TX
• Texoma Medical Center, Denison, TX
• West Africa Fistula Foundation, Sierra Leon, Africa
• Workforce Solutions Texoma, Sherman, TX

www.texomahealth.org
“Thank you for your commitment to health care and nurses. These grants gave many of us across the country the opportunity to think outside the box and try some creative approaches to improving health care for our target population. These programs along with the culture change inching forward with levers like the IOM Future of Nursing efforts are resulting in change for the better—incremental but moving in the right direction.”

PIN nursing partner excerpt from PIN evaluation report.
IMPLEMENTATION OF THE ARKANSAS NURSING EDUCATIONAL PIPELINE
Arkansas Community Foundation

The Arkansas Nursing Educational Pipeline was designed to improve the educational preparation of registered nurses caring for frail older adults, promoting a seamless academic progression for nurses working to achieve higher levels of education and to specialize in the care of the older adult. The goal of the project was to encourage nurses to achieve higher levels of education by implementing “pipeline” recruitment and individualized support programs for LPNs, AD and diploma-prepared RNs from long-term care settings into baccalaureate and higher degree nursing programs throughout the state of Arkansas.

Successes
- Exceeded education pipeline goals by recruiting and enrolling 57 Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants and a few others pursuing advanced nursing degrees.
- Conducted Readiness Assessment Survey for each student to understand demographics, academic goals and real and perceived barriers such as finances and time.
- Orchestrated individualized preparation and mentor program for each pipeline student.
- PIN6 project showcased at various partner meetings, trainings, and conferences increasing the interest in project engagement.
- Created partnership with Future of Nursing Action Coalition to sustain objectives of the PIN6 project.

Lessons Learned
- Early identification and engagement of key partners and stakeholders who benefit from the project is vital to project success.
- It is much easier to garner buy-in and support during the planning phase of a project and to identify early barriers and generate consensus on strategies to strengthen relationships.
- Personal relationships developed with the students can lead to student referrals to PIN6 to help expand recruitment within their peers.
- Innovative strategies are the key to keeping students engaged. The majority preferred communication through personal outreach via phone, email and text.
- Tailored incentive programs to help achieve individual student success.

MATCHING FUNDS
In addition to the $225,000 grant awarded to the Arkansas Community Foundation by Partners Investing in Nursing’s Future, funding partners contributed $280,000 to the project.

KEY PARTNERS
- Arkansas Community Foundation
- Department of Workforce Services
- Arkansas Foundation for Medical Care
- Arkansas Assisted Living Association
- Arkansas Health Care Association
- Arkansas John A. Harford Center for Geriatric Nursing Excellence
- UAMS College of Nursing

www.arcf.org
STEP BY STEP, HAND IN HAND: EXPANDING PIN SYNERGY IN THE PACIFIC
The Rogosin Institute / Dreyfus Health Foundation

The Rogosin Institute / Dreyfus Health Foundation and their U.S. Affiliated Pacific Islands (USAPI) colleagues collaborated to strengthen the nursing education infrastructure in the Northern Pacific region through intentional partnerships, utilizing the participative Problem Solving for Better Health™ approach. The project also supported leadership development for local nursing faculty.

Successes
• All PINNED members were trained in the Problem Solving for Better Health® (PSBH®) methodology.
• Created a draft regional strategic plan for advancing nursing education in the USAPI.
• Completed preparatory steps that provide the structure for the University of Guam to design a distance-based Bachelor of Science in Nursing completion program for seamless articulation with the USAPI associate degree programs.
• Increased knowledge and skills from preceptor and program management training.
• PINNED recognized as a group and invited to sit at the table with several regional entities and senior local officials.
• Increased alignment of healthcare goals with a diverse multisectoral range of partners including the Ministries of Health from all USAPI jurisdictions.
• Key partnership established with Pacific Islands Health Officers’ Association that unites the nursing education sector with the health officers in the region.

Lessons Learned
• Team work plays an important role is moving work forward, and there is strength in numbers and partnerships.
• Practicing patience is important. Even if work progresses slower than expected, it is still moving in a positive direction.
• As a foundation, it is important to approach new partnerships and projects with an open mind.
• Appreciate what diverse partners’ bring to the partnership such as different cultures, varied level of knowledge, values, work ethics, skills, and attitude, and be willing to learn from your partners.
• It is important to stay action-oriented throughout the project.

MATCHING FUNDS
In addition to the $75,000 grant awarded to the The Rogosin Institute / Dreyfus Health Foundation by Partners Investing in Nursing’s Future, funding partners contributed $330,790 to the project.

KEY PARTNERS
• American Pacific Nursing Leaders Council (APNLC)
• American Samoa Government; Governor Togiola
• Area Health Education Centers: Guam-Micronesia and Hawaii/Pacific
• Friends of the College of Marshall Islands Foundation
• Hawaii State Center for Nursing Health Resources Service Administration, U.S. Department of Health and Human Services
• Mississippi Office of Nursing Workforce
• Office of the Regional Health Administrator-Region IX; U.S. Department of Health and Human Services
• Pacific Islands Health Officers’ Association
• Pacific Islands Primary Care Association
• Pacific Postsecondary Education Council
• Pacific Islands School of Nursing and Dental Hygiene
• U.S. Department of the Interior
• University of Guam Library, School of Education and Telecommunication and Distance Education Operation
• University of Hawaii Translational Health Science Simulation Center
• University of Hawaii School of Nursing and Dental Hygiene University of Maine–Fort Kent
• University of Mississippi Center for Population Studies
• World Health Organization/ Western Pacific Region

www.dhfglobal.org
MATCHING FUNDS
In addition to the $75,000 grant awarded to the Community Foundation of the Land of Lincoln by Partners Investing in Nursing’s Future, funding partners contributed $75,000 to the project.

INITIAL PROJECT PARTNERS
- The Greater Springfield Chamber of Commerce
- Memorial Medical Center
- St. John's Hospital
- Kindred Hospital
- Benedictine University at Springfield
- St. John’s College
- Lincoln Land Community College
- Community Foundation of the Great River Bend
- Mennonite College of Nursing

EXTENDED COLLABORATORS AND FUNDING PARTNERS:
- Illinois Nurses Foundation
- Community Foundation of Decatur/Macon County
- Kishwaukee Health System
- Kishwaukee College
- DeKalb Community Foundation
- Blessing-Reiman College of Nursing
- University of St. Francis
- St. Mary's Hospital, Decatur
- Kish and Valley West Hospitals
- Northern Illinois University
- Millikin University

www.cfll.org

CENTRAL ILLINOIS REGIONAL NURSING TRIAD
Community Foundation of the Land of Lincoln

The Central Illinois Regional Nursing Triad (CIRNT) is an organization developed through three past PIN projects in Illinois. Partners in Nursing of Central Illinois (PIN 2007; Bloomington, IL), ILOWA Project (PIN 2009; Quad Cities, IL) and the Central Illinois Nursing Initiative (PIN 2009, Springfield, IL) came together to create, develop and strengthen new and existing relationships and structures in their region through the Academic Pathways and Leadership in Nursing Initiative (APLNI) model. By developing a transformative regional collaborative model, the partners were able to enhance nurse leadership capabilities and competencies of professional nurses and nursing students.

Successes
- Completed and made available an online RN-to-BSN asset map for nurses and nursing students.
- Created the Nursing Leader Fellowship program – through Illinois Organization of Nurse Leaders (second cohort accepted, Fall 2014).
- Expanded partnerships and funding across sectors and regions.
- Spawned many new collaborations such as the Illinois Healthcare Action Coalition.
- Conducted qualitative research project studying the nature of this collaboration, uncovering why it was so successful (publication planned).
- Created Guiding Principles for the partnership.

Lessons Learned
- Building trusting relationships between individuals and institutions is an arduous process, but a task that must be completed before any substantial work can be done.
- Foundations play an instrumental role in developing relationships and leveraging support.
- Maintaining a common goal for the group is essential; the creation of our Guiding Principles was instrumental in keeping the partnerships on track.
- The partnership must have one central point for disseminating information to the group.
- Regular, on-going communication is a must for partners to feel engaged in the process.
THE CARE TRANSITIONS EDUCATION PROJECT
Massachusetts Senior Care Foundation

The Care Transition Education Project (CTEP) is an implementation project designed to prepare and empower nurses to lead collaborative efforts to redesign the healthcare system. The project focused on improving the care transitions process, when patients are transferred from one care provider or setting to another. CTEP complements ongoing regional and statewide initiatives to reduce avoidable hospital readmissions, improve quality care and reduce costs.

Successes

• Created an interactive, competency-based training curriculum to provide nurses from across the care continuum with the foundational knowledge, skills and attitudes needed to lead and improve patient-centered care transitions.

• Piloted training with 32 acute care, post-acute care and academic partners with over 350 nurses and nursing students.

• Shared curriculum across Massachusetts with over 200 nurse educators, administrators and health care leaders via participation in CTEP’s statewide launch event, a webinar and 2 train-the-trainer sessions.

• Development and launch of the www.CareTransitionsEducation.org website providing access to CTEP curriculum and other care transitions resources.

• The Massachusetts Senior Care Foundation (MSCF) awarded the State Affiliation Innovation Award by the American Healthcare Association, owing in part to the CTEP project.

• Convening statewide CTEP Advisory Board with representation across health care service, academia, nursing, government, and consumers.

• MSCF committed to CTEP post PIN6 funding and hired PIN6 project director to oversee program as Director of Labor and Workforce Development.

Lessons Learned

• A well-regarded foundation’s role as a catalyst, convener, and nonpartisan player is as important as the money they contribute to an endeavor.

• The healthcare landscape is rapidly changing so projects and partners must continually assess the relevancy of their work in order to sustain impact.

• Storytelling is an important strategy for sustaining partner engagement as well as making your issue relevant to new stakeholders.

• Making meaningful, systemic change requires lots of time and energy and some of the IOM recommendations are easier to measure than others. In order to get people excited about abstract recommendations, a project is well served by tying it to things stakeholders are passionate and care deeply about.

• Our success as a partnership and a project is due to achieving tangible results, developing and leveraging relationships, maintaining a clear planning and implementation process and having a resilient attitude.

MATCHING FUNDS
In addition to the $225,000 grant awarded to the Massachusetts Senior Care Foundation by Partners Investing in Nursing’s Future, funding partners contributed $226,000 to the project.

KEY PARTNERS
• Commonwealth Corporation
• Healthcare Workforce Partnership of Western Massachusetts
• Home Care Alliance of Massachusetts
• Irene E. and George A. Davis Foundation
• Regional Employment Board of Hampden County
• United Way of Pioneer Valley
• Western Massachusetts Nursing Collaborative

EMPLOYERS
• Baystate Health
• Berkshire Health Systems
• Caring Health Center
• Commonwealth Care Alliance
• Cooley Dickinson Hospital
• Genesis Healthcare/Heritage Hall
• Holyoke Medical Center
• Noble Hospital
• Sisters of Providence Health System

EDUCATION
• American International College
• Elms College
• Greenfield Community College
• Holyoke Community College
• Springfield Technical Community College
• University of Massachusetts, Amherst
• Westfield State University
• Sisters of Providence Health System

www.maseniorcarefoundation.org
The Tufts Health Plan Foundation and its multi-state partners designed a project to build on the recommendations of the Institute of Medicine report, The Future of Nursing: Leading Change, Advancing Health. This report recognizes that patients receive safer and higher quality care when health professionals work in inter-professional teams, communicate effectively, and clearly understand and value the roles and responsibilities of the various health professionals that comprise the team. Specifically, the project created a regional collaborative for inter-professional education focused on developing and implementing interactive programs of shared learning, resources, curriculum, and an evaluation methodology across Massachusetts and Rhode Island.

**Successes**

- Increased communication and collaboration within and between both states on inter-professional education (IPE).
- The development of a specific tool to assess faculty readiness/skills and understanding of IPE.
- The development of a specific IPE libguide at the University of Massachusetts Medical School for use by professional programs/schools within both states.
- The establishment of an IPE Wiki within RI for ongoing communication and posting of materials specific to the RI IPE work.
- The development of a case statement for the RI IPE work to be used for ongoing fundraising efforts.
- The development of an IPE curriculum map capturing all the IPE school specific and joint IPE learning activities within RI.
- The hiring of an IPE coordinator to link all IPE clinical activities within RI.

**Lessons Learned**

- Changes in project leadership can directly impact progress of the work.
- IPE education is the first step toward increasing inter-professional collaboration within the clinical setting.
- Cooperation and coordination are necessary for ongoing success of shared IPE learning activities.
- A group of committed professionals can achieve success in linking professional education activities and strengthening shared learning and understanding among professional groups.
NEW MEXICO NURSING DIVERSITY PARTNERSHIP
The Con Alma Health Foundation

New Mexico is a minority-majority state. While minorities make up over 50% of the population in NM, the diversity of nursing workforce does not reflect the diversity of the NM population. The New Mexico Nursing Diversity Partnership Project built upon the work of their previous PIN grant which created a nursing pipeline designed to increase the number of ethnically diverse nurses in New Mexico. The NM Nursing Diversity Partnership Project supported the educational, leadership, and organizational needs of Hispanic and Native American nurses currently licensed in New Mexico.

Successes
- Established the New Mexico Hispanic Nurses Affinity group of the New Mexico Nurses Association under the Institute for Nursing Diversity, Empowerment and Health Equity.
- Developed a database of Hispanic and Native American nurses in New Mexico.
- Created and implemented a survey for Hispanic and Native American nurses in NM to understand their needs for increasing their education, improving their nursing practice, and development of support and leadership skills. Received 102 responses, and questions from the survey continue to be used in evaluation forms at continuing education workshops to determine need.
- Established ongoing, strong partnerships with the Con Alma Health Foundation beyond the grant cycle itself.

Lessons Learned
- Having a foundation partner at the table can play a vital role in fostering collaboration.
- Foundation and nursing community partnerships allow nurses to understand the various roles a foundation can play in engaging the broader community on nursing and healthcare issues.
- It was an imperative to partner with other, existing organizations for economies of scale in order to leverage resources and provide synergy.

MATCHING FUNDS
In addition to the $50,000 grant awarded to the Con Alma Health Foundation by Partners Investing in Nursing’s Future, funding partners contributed $50,000 to the project.

KEY PARTNERS
- University of New Mexico Foundation
- University of New Mexico (UNM) College of Nursing
- Nursing Department at the University of New Mexico Hospitals
- UNM Health Science Center and School of Medicine, Office of Diversity
- New Mexico Nurses Association New Mexico Center for Nursing Excellence
- RWJF Nursing and Health Policy Collaborative at UNM

www.conalma.org
MATCHING FUNDS
In addition to the $225,000 grant awarded to the Daisy Marquis Jones Foundation by Partners Investing in Nursing’s Future, funding partners contributed $225,000 to the project.

KEY PARTNERS
• Daisy Marquis Jones Foundation
• Wegmans School of Nursing at St. John Fisher College
• Senior Health Alliance of Greater Rochester (SHAGR)
• The five SHAGR long-term care organizations – St. Ann’s Community, St. John’s Senior Communities, Jewish Senior Life, Friendly Senior Services, and Episcopal SeniorLife Communities.
• Rochester Senior Care Alliance, Inc.

www.dmjf.org

ACADEMY FOR LEADERSHIP IN LONG TERM CARE
The Daisy Marquis Jones Foundation

The Daisy Marquis Jones Foundation, along with key academic and practice partners, established a sustainable Academy to provide focused leadership training for nurses in long term care as needs change over time. Growing out of their previous PIN project, the Academy expanded programming and broadened the training reach to all local long term care nurses and nursing students. Based in a nationally accredited nursing school, the work will also impact nursing curricula. Ongoing needs assessment, evaluation, and best practices define the Academy offerings.

Successes
• Designed and implemented the Academy for Leadership in Long Term Care (LTC) for nurses committed to improving their clinical, team-work, and leadership skills in long term care settings.
• Developed a marketing plan in order to sustain the Academy beyond the PIN grant.
• Created a website for public access and information regarding the Academy: www.academyltc.org
• Established four Leadership Training Programs available to LTC nurses: RN Leadership training, LPN Professional Development, Clinical Skills Update, Team Training.
• Trained 82 LTC LPNs and RNS working in LTC settings.

Lessons Learned
• Successful partnerships understand the value of team work, shared values, and take time to be sure that assumptions are congruent before programs are developed.
• Attention must be placed on the value of regular communication to keep things moving, maintain stakeholder commitment, and achieve effective outcomes.
A MULTI-REGIONAL MODEL TO INCREASE THE PROPORTION OF BACCALAUREATE NURSES IN THE U.S. (RIBN) EXPANSION IN NEW YORK CITY AND NORTH CAROLINA

The Jonas Center for Nursing Excellence

With a 2008 PIN grant the Jonas Center and their partners initiated the RIBN project to address this shortage of nursing faculty by focusing on seamless AD/BS progression models. The 2011 RIBN Expansion in North Carolina (NC) and New York City (NYC) builds upon the successful outcomes of their first RIBN project. The RIBN Expansion project continued to mainstream the RIBN model in nursing programs throughout the NC community college and university system and in nursing programs throughout the extensive City University of New York (CUNY) system in NYC.

Successes

- Developed and implemented RIBN-E policies and procedures within four additional RIBN Regional Collaboratives in NC.
- Created RIBN website (www.ribn.org) to introduce the RIBN model to prospective RIBN students and academic institutions.
- 190 RIBN students were enrolled across NC regions including 13 partnering community colleges.
- First NC RIBN cohort achieved BSN degrees in 2014, confirming the viability of the RIBN pathway.
- NY RIBN-E involved almost all the nursing programs in CUNY; therefore viewing the CUNY nursing as a system versus individual programs.
- 70 students have been enrolled in the NY RIBN program, and 46 have progressed to universities, and 12 have graduated.
- Queensborough Community College has a second dual degree tract with York College with 20 students enrolled in it at the community college.
- Established the CUNY Nursing Education Consortium, a working group of CUNY nursing faculty focused on developing standardized program policies.

Lessons Learned

- Support from regional foundations that recognize the value of the work is vital to the project and partnerships.
- Local and regional foundations have greater flexibility to initiate change. Not as tied down by the bureaucracy they can be more spontaneous.
- Passion and commitment to long-term project goals are required by leaders at the state and regional levels.
- Willingness to work together in partnership requires “give and take” to find the new pathways.
- Collecting/analyzing/reporting data and keeping all partners/stakeholders fully informed of progress helps build respect across the many levels of partnerships and stakeholders.
- Change is difficult but not impossible!
PARTNERSHIPS FOR PROGRESSION: INSPIRATION FOR ASPIRATIONS
The Richmond Memorial Health Foundation

The Richmond Memorial Health Foundation and their state-wide partners put to life recommendation #4 of the Institute of Medicine’s Future of Nursing report that academic nurse leaders partner with private and public funders and employers to work toward increasing the proportion of nurses with a Baccalaureate Degree from 50 to 80 percent by 2020. The recommendation is an outgrowth of research findings linking significantly improved patient outcomes and care delivered by nurses with baccalaureate degrees. Virginia’s PIN partners catalyzed at least three regions of the Commonwealth to develop partnerships aimed at increasing the numbers of nurses prepared at the associate degree to achieve the baccalaureate degree in nursing.

Successes
• Assessed the current state of ADN/BSN progression models in Virginia:
  • Interviews with AD, BSN, and Diploma programs indicating a strong culture of educational progression for nurses.
  • Survey of enrolled RN-BSN students identifying categories of obstacles and facilitators for academic progression.
• Increased communication among associate degree programs, universities, colleges, health care providers, hospitals, and regulatory agencies by holding two statewide conferences: Models of Academic Progression: What’s Out There What Works, and Academic Progression: Tools for Success.
• Created a Lessons Learned compendium from effective regional progression models shared at two statewide conferences.
• Compiled online Academic Progression Toolkit for developing regional seamless AND/BSN progression models.

Lessons Learned
• The role of philanthropy is to lead from within rather than be directive. The fact that a foundation has money may lead to an imbalance among partners.
• A philanthropic organization engaged in strong community relationships provides enhanced credibility and the opportunity to create new partnerships beyond just financial support.
• Leadership is tenuous. Both vertical and horizontal alignment is critical.
• Flexibility is essential. Assessment findings should guide the process of implementation.
• Doing an early environmental scan to determine what is already being done can facilitate collaboration and avoid redundancy.
• Educational mobility are no longer geographically bound and bringing together statewide associate and baccalaureate programs and creating for shared learning about program partnerships created a synergy and enthusiasm to continue work together to adopt/adapt best practices in program design.
WORKFORCE DATA-DRIVEN MENTAL HEALTH REDESIGN: NURSING’S VOICE:
The Faye McBeath Foundation

Nursing’s Voice is a collaborative partnership led by the Faye McBeath Foundation, and designed to address both the supply and capacity of mental health nurses in close cooperation with educators and employers in the Milwaukee area. Phase 1 involved data collection of the current and future needs for mental health nurses in a redesigned system. Phase 2 was to expose nursing students to the rewards of a career in mental health service work with clinical faculty to prepare students with the knowledge and skills needed to be a successful mental health nurse. Finally the project developed a model to upgrade the knowledge and expertise of nurses currently working in the field.

Successes

• Surveyed behavioral health employers regarding demand and role expectations of mental health nurses.
• Launched partnership with the Jonas Scholars program resulting in research on “The Undergraduate Nursing Students’ Attitudes toward Mental Health Nursing”
• Hosted educators-instructors from 7 local nursing schools to share resources to continue curricular improvement.
• Created a mental health internship for nursing students; placing 14 interns in 10 community-based agencies.
• Developed a “Research Brief on Mental Health Nursing” in Milwaukee County by the Public Policy Forum.
• Wrote a Milwaukee Journal Sentinel op-ed headlining the improvements in nursing education to better meet the needs of the community.
• Developed a model for continuing education and networking for nurses and nursing students interested in mental health addressing mental health stigma, compassion fatigue, dementia, and nurse leadership in mental health reform.
• Aligned several Foundation grants to create a new APRN program in mental health, redesign BSN mental health curriculum, provide for a nursing employer’s mental health orientation manual, and other allied efforts.

Lessons Learned

• Clinical placements, course content and faculty leadership appear to reduce nursing students apprehension and stigma regarding mental health.
• Nursing curricula continues to focus on acute care nursing, while health systems are favoring integrated, community-based care. Employer feedback and network meetings speed reconfiguration of traditional models.
• Fostering communication between educators and employers creates the opportunity for mutual planning and system design.
• Sustainability requires planning and partners who value sustainability.

MATCHING FUNDS

In addition to the national $225,000 grant awarded to the Faye McBeath Foundation by Partners Investing in Nursing’s Future, funding partners contributed $335,000 to the project. This does not fully count employer contributions to the internship project, aligned grants from the lead foundation and in-kind support from many partners.

KEY PARTNERS

• Public Policy Forum
• Wisconsin Center for Nursing
• Aurora Health Care
• Area nursing schools including University of Wisconsin-Milwaukee and Marquette
• Medical College of Wisconsin
• Greater Milwaukee Foundation
• Rogers Hospital Foundation
• A federally qualified health clinic
• Local mental health non-profits serving the community

www.fayemcbeath.org
NURSING EDUCATION AND LEADERSHIP IN WYOMING (NELW)

The Wyoming Community Foundation

Nursing Education and Leadership in Wyoming project transformed nursing education in the state through a shared, competency-based curriculum and promoting leadership development for nurses at all levels in a variety of settings, including isolated rural nursing. The project involved creating a multistakeholder statewide initiative, called REvolutionizing Nursing Education in Wyoming (ReNEW), and the Wyoming Nurse Leadership Institute, which was initiated as a pilot project through the original PIN project.

Successes

- Created the ReNEW curriculum which is in the process of approval and implementation in 2016.
- Brought a number of diverse people and organizations together from around the state who are interested in nursing and health care to support and advocate for the project.
- Expanded the Wyoming Nursing Leadership Institute (WNLI) to include a 5th cohort of 14 nurses completing the 8-month program.

Lessons Learned

- Having a clear, articulated and shared vision is critical.
- A strong Foundation presence and recognition around the state can bring individuals and organizations to the table and provided credibility to a project.
- Establishing and engaging a broad-based coalition is necessary to bring diversity of thought, expanded opportunities, and broader visibility to a project and partnership.
- Attaining broad goals and implementing the recommendations of the IOM Future of Nursing report takes a lot of time and ongoing commitment, well beyond time and funding of the PIN program.

MATCHING FUNDS
In addition to the $225,000 grant awarded to the Wyoming Community Foundation by Partners Investing in Nursing’s Future, funding partners contributed $224,912 to the project.

KEY PARTNERS
- AARP
- Area Health Education Center
- Campbell County Memorial Hospital
- Casper College Foundation
- Cheyenne Regional Medical Center
- Fay W. Whitney School of Nursing
- Ivinson Memorial Hospital
- Ivinson Memorial Foundation
- Memorial Hospital of Sheridan
- Newell B. Sargent Foundation
- Nightingale Center for Nursing Scholarship
- Nurse Educators of Wyoming
- Pioneer Manor
- Quality Health Care Foundation
- Riverton Memorial Hospital
- Sigma Theta Tau, Alpha Pi Chapter
- Tate Foundation
- UW College of Health Sciences
- UW Outreach School
- Western Wyoming Community College Foundation
- Westview Health Care Center
- Wyoming Business Council
- Wyoming Commission for Nursing and Nursing Educators
- Wyoming Community Foundation
- Wyoming Council of Advanced Practice Nurses
- Wyoming Department of Workforce Services
- Wyoming Geriatric Education Center
- Wyoming Hospital Association
- Wyoming Medical Center
- Wyoming Medical Society
- Wyoming Nurses Association
- Wyoming Office of Rural Health
- Wyoming Public Health Nursing
- Wyoming School Nurses Association
- Wyoming State Board of Nursing
- Wyoming Women’s Foundation
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“THE OPPORTUNITY TO PARTICIPATE
IN A LEARNING COMMUNITY,
COLLABORATE WITH FELLOW GRANTMAKERS,
AND DEVELOP A GREATER AWARENESS
OF OTHER PIN PROJECTS
AS WELL AS THOSE ON THE HORIZON
WERE ‘PRICELESS’.”

PIN FUNDING PARTNER