

**CENTRALIZED CLINICAL
PLACEMENTS
FOR NURSING STUDENTS
A REVIEW OF EXISTING MODELS
AND
CONSIDERATIONS FOR
MASSACHUSETTS**

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Overview

Board of Higher Education Nursing Education / Practice Partnership Survey

In January 2005, as part of the *Massachusetts Board of Higher Education Nursing Initiative*, the Board of Higher Education (BHE) published the results of the Nursing Education/Practice Partnership Survey.¹ The Survey examined partnerships beyond clinical placements between publicly funded schools of nursing and health care facilities and agencies. Of particular interest to the Survey process were partnerships that served to rapidly increase the supply of skilled nurses; increase the nursing faculty and/or partnerships that served to meet the future demand for health care personnel. Moreover, the Survey sought to identify characteristics and elements common among “*Successful Partnerships*” and factors and characteristics that contributed to “*Least Successful Partnerships*.” Participation in the survey process by both the academic and service communities was broad and enthusiastic: one hundred sixteen (116) organizations expressed initial interest in participation; one hundred three (103) interviews were conducted for a response rate of eighty-nine (89) percent. Survey respondents included fifty (50) hospitals; fourteen (14) long-term care facilities; fourteen (14) home care agencies, and all twenty-five (25) publicly funded schools of nursing.

The current clinical placement process in which each school of nursing arranges its own clinical placements independent of other schools, coupled with the need for more clinical placement sites was identified by both schools of nursing and health care facilities as a mounting pressure point for each. In addition, an inadequate number of sites for pediatrics, behavioral/mental health, obstetrics, and the time to arrange and manage clinical placements were also identified as stressors for both schools and health care facilities. The intense competition among nursing programs for clinical placement sites was also noted as a factor that made partnerships less successful. As a follow up measure to the Survey, the BHE sought an exploration of alternative clinical placement models.

The Clinical Placement Experience in Massachusetts

The clinical placement experience is a significant learning component within the nursing curriculum. It provides nursing students with the opportunity to use the theory and skills that they have learned in the classroom and laboratory settings. It is also the place in which nursing students see the art of nursing applied and begin to develop their unique style. The clinical placement experience is the synthesizer for nursing education, affording students the opportunity to develop nursing skills, time management skills and become socialized into the role of the professional nurse.

The Massachusetts Board of Registration in Nursing in its Guidelines For Clinical Education Experiences, 244 CMR 6.04(4) (a) stipulates, among other conditions, the following requirements for clinical education experiences: “program faculty shall develop a nursing curriculum plan which shall provide a variety of learning experiences consistent with the program’s mission or philosophy, and outcome goals. The sciences, arts and humanities, and foundations of the

¹ Massachusetts Board of Higher Education. Nursing Education/Practice Partnership Survey. Executive Summary and Statewide Analysis. Retrieved June 18, 2005 from: http://www.mass.edu/p_p/home.asp?id=9&iid=9.4

profession shall be an integral part of the nursing curriculum plan.”² The Guidelines, section 244 CMR 6.04(5) (f), also address parameters for the agreements between nursing programs and health care agencies, and include a series of factors that need to be considered when selecting clinical settings.³

From the schools’ perspective, the current process to arrange and supply clinical placement sites is precariously balanced and challenging on several different fronts. The schools need access to more clinical placement sites. Moreover, the current process often forces them to compete with other schools for clinical experiences. It can also limit a school’s ability to increase class size, as the school must be able to arrange clinical placements for all of its students. The situation is described in the following excerpt from the Survey’s Statewide Analysis:

“Trends in comments indicate that while fifty-six (56) percent of the schools (14 schools) report having an adequate number of clinical sites, this number is deceiving. Seven (7) of the fourteen (14) respondents who answered with a “yes” said “yes, but...”:

- their program is at its maximum capacity and cannot expand because of the paucity of clinical placement sites.
- next year when they need to find additional clinical placements for their expanded freshmen and sophomore classes, they anticipate being short on placements.
- there is concern about the competition for even one clinical placement due to neighboring or bigger nursing programs.
- some schools are already doing weekend clinical rotations and will soon need to move to evenings as well.
- the schools need more health care facilities making clinical experiences available to students.”⁴

For health care facilities and agencies, managing clinical placement rotations often means an ongoing stream of requests from multiple schools and perhaps even multiple requests from the same nursing program. In Survey questions 19 and 25, health care facilities and agencies also noted the need:

- for more clinical placement sites.
- to decrease the competitive nature of clinical placements.
- for more collaboration between schools of nursing and health care facilities.
- for more opportunities to “improve communication and relationship building between school and faculty leadership including: regular meetings between CNO and Directors and faculty; and focus on joint problem solving.”⁵

² Massachusetts Board of Registration in Nursing, Guidelines for Clinical Education Experiences. Retrieved June 18, 2005, from: http://www.mass.gov/dpl/boards/rn/forms/clin_guidelines.pdf .

³ *Ibid.*

⁴ Massachusetts Board of Higher Education, Nursing Education/Practice Partnership Survey, Executive Summary & Statewide Analysis, page 15. Retrieved June 18, 2005 from: http://www.mass.edu/p_p/home.asp?id=9&iid=9.4.

⁵ *Ibid.*, 22, 25

The Centralized Approach to Clinical Placements

Massachusetts' nursing programs and health care facilities are not alone in their struggles with the clinical placement experience. States across the country are cognizant of the need to restructure the clinical placement process and, where possible, expand the number of clinical placement opportunities available. One concept that is being developed is that of regionalized, centralized clinical placement (CCP) processes. Nationally, regions in four states have implemented a centralized clinical placement process. The regions are: Maricopa County, Arizona; two in California - the San Francisco Bay Area and San Diego, and Willamette Valley in Oregon. Groups in nine additional states are also considering a centralized clinical placement approach. Those states are: Colorado, Florida, Hawaii, Idaho, Ohio, Utah, Minnesota, Mississippi and Washington.

In an effort to describe and analyze the centralized clinical placement approach, a review of the literature and in-depth telephone interviews with the four regions that have fully implemented centralized coordinated systems were conducted, (Interview Guide, Appendix 1). The following describes the currently operating centralized clinical placement systems in San Diego, California, Maricopa County, Arizona, the Willamette Valley, Oregon, and the San Francisco Bay Area, California.

San Diego Nursing Service-Education Collaborative

Of the four projects included in this report, the San Diego Collaborative is the longest-running project having been established in 1996 "to solve a problem common to all of the San Diego County nursing education institutions and service providers. Multiple schools were competing for limited clinical opportunities at the same time the schools were increasing their nursing classes to respond to California's severe nursing shortage. The service industry was frustrated with the multiple telephone calls and competitive results for placements."⁶

The region for the Collaborative is San Diego County, the third largest county in the state, with 18 cities including San Diego. The Collaborative includes 20 schools of nursing, and 120 service areas. The service areas include any location where nursing students could be placed: hospitals, all high schools, and public clinics. Agreed operating and organizing principles of the Collaborative include:

- Group decisions are reached by consensus.
- Collaboration and cooperation guide interactions.
- Health care facilities need to make clinical placement opportunities available to students.
- A school of nursing cannot request a clinical placement unless they have a contract with that health care facility.
- The health care facility decides with whom it wants to establish a contract by accepting or rejecting a request for clinical placement from a nursing program.

The Collaborative began as a pencil and paper system; evolved into a relational database system with manual data entry and comparison of the requests and available clinical placement openings. In the next few months it will become a web-based, read-only system. The web-based

⁶ Maximizing Student Clinical Placement Through a Nursing Service-Education Collaborative, page 1
Retrieved June 18, 2005, from: <http://www.phf.org/Link/Academia-Practice-Linkages/sandiego.pdf>

system will be hosted at the Regional Health Occupations Career Center that is based at Grossmont College. The system was initially developed with a grant of \$8,487 from the Chancellor's Office of the California Community Colleges. Over the nine years that the system has been in place, it has been supported by additional grants and much volunteer time by the Project's Co-Directors. At present it costs approximately \$14,000 a year to run. This covers the approximate two hundred fifty (250) hours put in by the Project Co-Directors to input the request data, develop the master schedule; identify conflicts and conduct Scheduling Conflict-resolution Meetings with school representatives.

The San Diego Nursing Service-Education Collaborative is a non-profit organization, and sustains the system through an annual schedule of user-fees:

- Schools of nursing - \$300.
- Agencies that take fewer than 25 students – no charge.
- Agencies that take 26-100 students - \$300.
- Facilities with more than one location - \$600.
- Large health care systems (multiple hospitals and/or free-standing clinics, etc) - \$1,500.

San Diego Clinical Placement Process

Each participating organization appoints a spokesperson. The placement process begins in February. Health care agency spokespeople provide a description of the placements they will be able to offer for the upcoming three semesters (e.g. June 2005-May 2006 for this immediately past scheduling session). These descriptions are made available to the schools of nursing. Each school spokesperson collects all clinical rotation requests for the upcoming three semesters from faculty. The request information is electronically sent to one of the Project Co-Directors. She then develops an Access database of clinical placement requests and identifies redundant requests or conflicts. A Scheduling Conflict-resolution Meeting is then held, typically in April, with just nursing school representatives. One of the Project Co-Directors facilitates that meeting. The meeting is 1-3 hours long with an "open arena" format that is conducive to networking. It is an expectation of this region that the schools of nursing will review the Access database schedule before the Scheduling Conflict-resolution Meeting; identify the school(s) with whom it has a conflict; seek out that school's representative and resolve the conflict. A revised database is then constructed by the Project Co-Director and sent to the healthcare agencies. The health care agencies then have one of three options: (1) approve the request as submitted; (2) approve the request with modification; (3) decline the request. If a reason for decline is not given the school and/or one of the Project Co-Directors will ask for one. Schools who receive a rejection can go back to the database and see what clinical placement options remain open and request and schedule accordingly. The Project Co-Directors are available to work with individual schools and/or facilities to troubleshoot and enhance communication between the two.

Schools of nursing and health care agencies meet twice a year, typically in May and November. Now that the centralized clinical placement process is fairly routine, the Collaboration Group uses these meetings as an opportunity to discuss mutually shared concerns such as compliance with HIPPA regulations; nametags for students; a dress code for students and orientation procedures. Schools of nursing faculty are responsible for documenting student compliance with CORI checks, and immunization regulations.

The San Diego Nursing Service-Education Collaborative won the 1st Place 2004 Linkages Award from the Council on Linkages Between Academia and Public Health Practice. The

Council notes; “the Award recognizes exemplary community-based collaborative activities between public health agencies and academic institutions of higher learning.”⁷

Maricopa County Cooperative Clinical Planning Pilot Project for Nursing Programs

The Cooperative Clinical Planning Pilot Project (CCPPP), of Maricopa County Arizona, was established and a half-time Clinical Coordinator appointed in the fall 2000. Full implementation of the program occurred in spring 2001. The Cooperative Clinical Planning Pilot Project is part of the Health Care Integrated Educational System (HCIES), which is an integrated system for health care education in Maricopa County. CCPPP was developed to “ensure quality clinical learning experiences for nursing students from colleges and universities in Maricopa County. A second goal of the project was to streamline the process of requesting and approving clinical learning spaces for both the participating colleges and health care agencies.”⁸

The region for the CCPPP is Maricopa County, a highly populated county including the cities of Phoenix, Scottsdale and Tempe. The CCPPP system includes more than 125 health care facilities⁹ and 10 schools of nursing. From its inception, the system was envisioned as a web-based system because of the web’s efficiency and utility as a communication tool. The system is hosted and housed at the Maricopa District Support Office Center in Tempe, Arizona. It is comprised of an Access database and a series of templates on which schools and health care facilities enter their requests or information, which is then sent to the Clinical Coordinator. Using the computer application Cold Fusion, the information submitted to the Access database is converted to the web pages that users see. The Maricopa County Community College system had all of the software they needed to build their system.

There is no user fee or service charge to organizations to participate in the Cooperative. The Cooperative is a function and service of the Maricopa County Community College System. The annual cost for this system is approximately \$45,000. This includes a half-time salary allocation of approximately \$38,000 for the Clinical Coordinator’s time, with the remaining expense supporting the Systems Programmer and the Administrative Secretary. Participants in the Cooperative support the system with in-kind donations that include copying of materials and the hosting of meetings.

Maricopa County CCPPP Clinical Placement Process

In this system all communications are processed electronically. Schools of nursing and health care facilities enter their own data. Agreed upon organizing and operating principles for the system and group include the following ten points:^{10, 11}

⁷ The Council on Linkages Between Academia and Public Health Practice, 2004 Awards. Retrieved June 18, 2005 from: <http://archive.naccho.org/NACCHO-Annual2005/2004Linkageawardsfornaccho.pdf>

⁸ Cooperative Clinical Planning Pilot Project For Nursing Programs in Maricopa County. Retrieved June 19, 2005 from: <http://www.dist.maricopa.edu/marketing/innovation/2002files/doinnovation02.doc>, page 1

⁹ Participating Health Care Facilities. Retrieved June 19, 2005 from:

<http://web1.dist.maricopa.edu/CFIDE/docs/hcies/clinical/agencyList.cfm>

¹⁰ Cooperative Clinical Planning Pilot Project For Nursing Programs in Maricopa County. Retrieved June 19, 2005 from: <http://www.dist.maricopa.edu/marketing/innovation/2002files/doinnovation02.doc>

¹¹ Maricopa County Colleges, Health Care Integrated Educational System, Health Care Education Department Annual Report 2002-2003.

The CCPPP is based on cooperation, collaboration and teamwork across the college/university campuses and 125 participating health care agencies.

1. The Project Clinical Coordinator is the point/contact person. All requests and communications for clinical placements are processed through the Project Clinical Coordinator.
2. Preference is given to in-county students. Health care agencies are the gatekeepers, if they are approached by an out-of-county school of nursing with a clinical placement request they will not work with them.
3. The health care agency has final say on acceptance or rejection of a school's request for a clinical placement.
4. All hospitals will consider all clinical placement requests made to them.
5. The number of students in a clinical placement can be negotiated.
6. Elements of cooperation and collaboration are used to resolve conflicts.
7. Colleges/universities collaborate to secure fair placement of students into key specialty learning experiences, giving each student equal and fair opportunity for clinical learning.
8. Scheduling Conflicts/ duplication/overloads are resolved before the requests are sent to the health care agencies.
9. A signed, official contract must exist between the school of nursing and the health care facility before the school may request placement at that agency.

The Project Clinical Coordinator begins collecting data approximately nine months before the clinical placements are needed, for example schools must send requests for clinical placements to the Project Clinical Coordinator by September 1, 2005 for spring and summer 2006 placements.

The system includes a directory of all participating health care agencies; a set of information collection templates, and a computer algorithm that develops the master schedule and identifies scheduling overloads and/or conflicts. The Project Clinical Coordinator sends the information collection templates to the schools of nursing. The schools then submit requests for clinical placements back to the Project Clinical Coordinator.

Information collected via the templates includes: name of college; level of student; type of experience; beginning and ending dates; days of the week; hours; number of student and faculty. The computer program then develops a master schedule and identifies scheduling conflicts. The Project Clinical Coordinator also reviews the entire master schedule, and sends it back to the schools of nursing for proof-reading and confirmation. A Resolution Meeting with the schools of nursing is then held. The Project Clinical Coordinator manages and facilitates that meeting. Nursing school faculty network and negotiate resolutions to their conflicts and schedule overloads. The Resolution Meeting is approximately two hours long. Health care agencies then receive the requests, and have a month to review them with managers and then report acceptances or rejections to the Project Clinical Coordinator. The following chart summarizes the above description:

| | |
|---------------------|---|
| February 16, 2005 - | Last day for schools to submit clinical requests to Clinical Coordinator. |
| March 02, 2005 - | Master schedule to schools for proofing. |
| March 09, 2005 - | Proofing completed with feedback to Clinical Coordinator. |
| March 23, 2005 - | Resolution Meeting @ 1 p.m. |
| April 06, 2005 - | Requests to Clinical Agencies. |
| May 04, 2005 - | Approval from agencies to Clinical Coordinator. Feedback shared with schools. |

Web-based survey tools are used to continually assess the satisfaction of project partners and gather feedback for future refinements. Schools of nursing faculty are responsible for documenting compliance with regulatory requirements including CORI checks, immunization regulations and HIPPA training. A task force of schools of nursing and health care facilities of the Maricopa County CCPPP developed the *Clinical Experience Requirements Form*¹² for faculty members to print out and bring to the health care agency with each clinical placement. Students pay an approximate fee of \$45.00 for a CORI and finger print report.

The Maricopa Cooperative Clinical Planning Pilot Project won the 2002 District Office Innovation of the Year award. Co-sponsored by the Maricopa Community College District and the League for Innovation in the Community College, the award “recognizes an individual or a team of employees who have designed and implemented a significant innovation that has had a positive impact on the education of students.”¹³

Oregon Regional Nursing Clinical Placement Workgroup

The Oregon Nursing Clinical Placement Workgroup (RNCPW), (www.ocnplacement.org) was started in 2003. It was established: “to improve the efficacy and capacity of nursing education through innovative, collaborative, centralized coordination of regional student clinical placements.”¹⁴ Year One and Two goals are presented as they provide an overview of the tasks that the group worked toward as they developed and operationalized the system. The group established three goals for Year One (2003-04):

1. “Establish a database of 2002-03 nursing student clinical placements in hospital settings as a basis for investigating maximum capacity for acute inpatient student experiences.
2. Roll over the 2002-03 placements as a baseline for 2003-04 placements and negotiate requests for additional placements.
3. Create a public web site to house the clinical placements database, to submit or request an opportunity, to post shared documents, and to link to education and clinical partners’ web pages.”¹⁵

Year Two Goals (2004-05):

1. “Determine hospital units where capacity for student nurses can be increased, add these opportunities to the database as “open” line items, and announce these opportunities to the member schools.
2. Match course outcomes with hospital-based experiences, and investigate non-hospital opportunities that could provide experiences to meet course outcomes.
3. Invite community partners (home health, hospice, county health departments, clinics, long-term care) to participate in the investigation of non-hospital education opportunities.

¹² Maricopa Community Colleges. CCPPP. Clinical Experience Requirements Form, (http://web1.dist.maricopa.edu/CFIDE/docs/hcies/clinical/CERF_blank.cfm?ver=sid). Retrieved June 8, 2005.

¹³ Maricopa Community Colleges. League for Innovation in the Community College. Retrieved June 19, 2005 from: <http://www.dist.maricopa.edu/marketing/innovation/elegibility.htm>

¹⁴ Regional Nursing Clinical Placement Workshop Project Overview. Retrieved June 22, 2005 from: <http://www.ocnplacement.org/documents/Other%20Documents/RNCPW%20Overview.doc>

¹⁵ *Ibid.*

4. Investigate simulation education as a means to meet course outcomes.
5. Hire a 0.5 FTE Nurse Coordinator to manage the web site and placement system.
6. Seek grant funding to upgrade the web site with a reservation engine.
7. Develop a strategy for marketing the product to create an avenue for sustainability.”¹⁶

The region for the RNCPW is the Willamette Valley, an area 25-40 miles wide and 120 miles long. It is the most populated area in Oregon and includes the cities of Eugene, Salem and Springfield. There are fourteen (14) schools of nursing and sixteen (16) hospitals within the system. Larger long-term care facilities have just begun to be added as well. They hope to add health departments, home health and hospice agencies and outpatient clinics. The system was started with grant funding. It was built by and is hosted at Pop Art (www.popart.com), a commercial vendor. The cost to build the Oregon system was \$30,000. The system was developed using ASP.net technology. This is the latest set of web development technologies developed by Microsoft. The system is comprised of an Access database, and a series of web-based forms that participants use to enter and submit their data. The school sends an electronic request to the hospital. The hospital, in turn, sends a confirmatory email to the person managing the Oregon CCP database and copies the school on the email as well. This serves as the schools confirmation that their new placement/correction/changed request has been approved.

The RNCPW, while hosted at Pop Art, is presented as a part of and is linked to the Oregon Center for Nursing’s web site. This was done to create a partnership with, and to increase the visibility of the Oregon Center for Nursing.

The RNCPW is a non-profit organization. The annual operating budget for the program is approximately \$56,000. Many people donate much time to this project. There is a part-time Coordinator with a salary of \$34,000, and part-time administrator and various other consulting, office and legal expenses. The RNCPW plans to sustain the system through an annual schedule of user fees:

- Schools of nursing: \$14.00 per student FTE headcount.
- Health care facilities: \$14.00 per Average Daily Census.

The database/system, as developed by the Oregon RNCPW, may be purchased for \$5,000, plus an annual licensing fee. The overall look of the system can be customized to match/blend in with any existing logos, color schemes or web site design. The RNCPW has developed a Users Manual to go with the system.

Oregon Regional Nursing Clinical Placement Process

In this system all communications are processed electronically. All participants enter their own data. Agreed upon organizing and operating principles include:

- Collaboration is key.
- Everyone had to have access to clinical placement opportunities.
- As organizations entered into this system, existing placements/relationships remained intact.
- The placements need to be shown on the grid; there could be no informal arranging of placements.

¹⁶ *Ibid.*

- Hospitals need to honor the commitments they make.
- Student/faculty drive time to clinical placement sites can be 45-60 minutes.

The system allows users to generate reports for the faculty or health care facility manager. The site also includes a list of participating nursing schools¹⁷ and health care facilities.¹⁸ Two of the health care facilities, Legacy Health System¹⁹ and the Portland VA Medical Center,²⁰ link specifically to a section on their own web sites dedicated to the nursing clinical placement experience. Both sites provide driving directions; student and faculty check lists and information about their individual hospitals. Legacy Health System specifically mentions the RNCPW:

“This section of our website contains information for nursing school faculty and students about the kinds of clinical experiences available for nursing students at Legacy Health System. This information has been developed by Legacy's Department of Clinical Practice Support in cooperation with the Regional Nursing Clinical Placement Workgroup (RNCPW).”²¹

From the participant lists users are able to access information on partners' sites. In the spring schools of nursing determine their clinical placement needs and send those into the system. Health care facilities determine their available clinical placement opportunities. They send these into the system. In May, with conflicts identified, a negotiating meeting/luncheon is held. In June hospitals receive the requests from the schools and then send out approval notices.

From Oregon's perspective the advantages of a centralized clinical placement system are:

- “Everyone has access (read and print) to database information for all clinical placements for all schools and hospitals.
- New opportunities can be quickly utilized.
- There is a significant reduction in percent FTE necessary to negotiate and secure clinical placements for both schools of nursing and hospitals.
- Faculty and student clinical requirements can be standardized to avoid repetition and increase efficiency.
- Membership meetings provide a forum for discussion of issues facing nursing education and workforce development.”²²

The Oregon RNCPW site provides students with a set of clinical requirements (<http://www.ocnplacement.org/SharedDocuments.aspx>) that they must meet prior to participating in a clinical placement experience. These include: RNCPW HIPAA Module; RNCPW Bloodborne Pathogen Training Module; Student Clinical Passport; Criminal Background Check;

¹⁷ Participating Schools of Nursing. Retrieved June 22, 2005

from: <http://www.ocnplacement.org/PartnerLists.aspx?partnertype=education>

¹⁸ Participating Health Care Facilities. Retrieved June 22, 2005 from:

<http://www.ocnplacement.org/PartnerLists.aspx?partnertype=clinical>

¹⁹ Legacy Health System. Retrieved June 22, 2005 from: <http://www.legacyhealth.org/body.cfm?id=744>

²⁰ Portland VA Medical Center. Retrieved June 22, 2005 from:

<http://www.va.gov/portland/Education/SON/index.htm>

²¹ Legacy Health System. Retrieved June 23, 2005 from: <http://www.legacyhealth.org/body.cfm?id=744>

²² Oregon Center For Nursing. Regional Nursing Clinical Placement Workgroup. Student MAX. Retrieved June 23, 2005 from:

<http://www.ocnplacement.org/documents/Other%20Documents/RNCPW%20Overview.doc>

Student Health Assessment Report; and OSHA Training Module. It costs students approximately \$22.00 to obtain a notarized copy of their CORI report and finger print report. School of nursing faculty is responsible for documenting student compliance with CORI checks, and immunization regulations.

San Francisco Bay Area Centralized Clinical Placement System

The Bay Area Centralized Clinical Placement System (CCPS) (<http://www.bayareanrc.org/>) was launched in June 2005. It was established to: “optimize and expand nursing student clinical placements within the nine-county San Francisco Bay Area, resulting in:

- Improved utilization of existing clinical placement capacity and increased access to new clinical sites.
- Improved and streamlined processes for matching nursing students with clinical placements.
- Increased alignment and collaboration between clinical agencies and schools to ensure a flexible system that is able to quickly change to meet the ever-changing workforce needs of the health care system.
- Increased capacity of Bay Area schools of nursing, which will result in an increased number of new nurses.”²³

The region for the Bay Area CCPS is the nine counties of the San Francisco Bay Area. There are two hundred thirty three (233) cities in this region including San Francisco, Sacramento and Oakland. To date, eighteen (18) nursing schools and thirty-eight (38) hospitals are participating in the program.

The CCPS is the result of the California Institute for Nursing and Health Care’s Education Service Partnership Initiative (E/SPI).²⁴ The Initiative was funded by the California Health Care Foundation in partnership with the Hospital Council of Northern and Central California. In a 2003 E/SPI Survey of Bay Area Chief Nursing Officers, sixty-two (62) percent reported that they could take more students in clinical placements. The Hospital Council of Schools and hospitals in San Francisco County also conducted a survey and found concurring results: hospitals could take more students and schools of nursing needed more clinical placements to meet the increasing enrollments.

In 2004, the Gordon and Betty Moore Foundation awarded the Foundation for California Community Colleges (FCCC) a \$1.77 million grant to develop a group of three web-based services to be called the Bay Area Nursing Resource Center (<http://www.bayareanrc.org/>). The three web-based services are: a centralized clinical placement system, creation of a faculty registry and development of regional simulation labs.

The Foundation for California Community Colleges and the California Institute for Nursing and Health Care (CINHC) are jointly administering this centralized clinical placement project. The FCCC serves as overall manager of the project, the project’s fiscal agent and developer of the web-based system services. The CCPS is hosted by and housed at the FCCC. The CINHC works with the Operating Committee (representatives from schools and clinical agencies), serving to

²³ Bay Area Nursing Resource Center. CCPS Operating Manual. Retrieved June 24, 2005 from: <http://bayareanrc.org/files/OpManual.htm>

²⁴ The California Institute for Nursing and Health Care (CINHC) is California’s state nursing workforce development center. Its counterpart in Massachusetts is the Massachusetts Center for Nursing.

contact, inform, train and encourage use of the CCPS. The CINHC also coordinates daily operations and serves as the content and stakeholder partner. The Operating Committee provides direction on “system requirements, usability and acceptance within the community.”²⁵

San Francisco Bay Area Clinical Placement Process

This is a web-based system with staff members working to manage the project and system and expand use of the CCPS. It is designed to automatically place student cohorts, a group of 8-10 students, into clinical settings. Schools and health care facilities appoint coordinators who input their own data then use the system to match requests. Both schools and health care facilities may identify a preferred match, in cases where such a designation makes sense for either party. Schools are also able to identify preferred times for the clinical placement experience. The CCPS uses auto email to notify schools of an agency’s acceptance or rejection their request. School of nursing faculty is responsible for documenting student compliance with CORI checks, and immunization regulations.

The *CCPS Operating Manual, June 2005*²⁶ provides much information about the system including agreed upon organizing and operating principles, which are divided into general rules; rules for schools; and rules for clinical agencies. The Operating Manual also includes definitions of user and eligibility; schedule conflict resolution process, sign-up procedures, help desk contact information and technical standards. As described in the *Operating Manual, June 2005*,²⁷ this Region involves health care facilities in the conflict resolution process earlier and more actively than the other Regions. General organizing and operating principles for the San Francisco Bay Area are:

“At the time that a facility is given access to the site, training will be scheduled for the new user. This training may be conducted at the facility’s site, online or as part of a large group training session. Users are required to complete training prior to utilizing the system for clinician placements. General rules:

- Existing clinical placements shall be honored at the initiation of the CCPS process.
- Clinical placements among users shall not take place outside of the CCPS process.
- Both the Agency and the School shall appoint at least one coordinator, with responsibility for entering information in the system and coordinating placements.
- Schools and Agencies shall agree to adhere to a CCPS Master Calendar and provide all relevant data for the purposes of submitting a clinical placement request. The Master Calendar will include timing for entering data, such as when all data needs to be in the system, when schools make their proposals, agencies accept or reject requests and when any and all conflicts must be resolved. The Calendar will be created by the Content Coordinator and will be posted on the main menu page.
- All users shall agree that students receiving placements shall be selected without discrimination on account of race, sex, color, religion, national origin, age, physical or mental handicap or veteran’s status.²⁸

The San Francisco Bay Area Group has an active outreach program to encourage participation in the CCPS program. The Outreach Activities are conducted mainly by the California Institute for Nursing and Healthcare, and include a newsletter; site visits by the project team; project team attendance at nursing association meetings; encouragement and support to use

²⁵ *Ibid.*

²⁶ *Ibid.*

²⁷ *Ibid.*, p. 9

²⁸ *Ibid.*, p.6

the CCPS as the main clinical placement process and regular meetings of the Executive Committee.

The Bay Area CCPS expects to implement annual users fees of approximately \$1,000-2,000 in 2007 when grant funding expires. The Bay Area CCPS is available for purchase for \$5,000-10,000, with an expected annual maintenance charge of approximately \$1,000. The overall look of the system can be customized to match or blend in with any existing logos, color schemes or web site design.

Commonalities of Current Centralized Clinical Placement Models

Common Goals

Each of the four described centralized clinical placement systems is unique and reflects the needs, and personality of their individual areas and partners. They are also quite similar, however, having identified several common goals for their systems. The centralized clinical placement approach was implemented to:

- Ensure an adequate supply and the quality level of clinical placements. The regions want and need to make good use of each clinical placement slot that is available. Participants in these regions felt that a centralized approach to clinical placements would help them to determine clinical capacity and quickly identify unused capacity.
- Streamline the process of requesting and approving clinical placements for participating schools of nursing and health care agencies to decrease the stressors on each. All noted the competitiveness and duplication of effort under previous systems and their intent to use computer technology to improve their ability to manage clinical placements.
- Utilize the principles of collaboration, cooperation and teamwork to build and strengthen each region and the region's collective problem-solving capability. In essence, by working together, the whole is greater than the sum of its parts.
- Maintain established relationships. None of the regions wanted to dismantle existing relationships; rather they wanted to respond to the call for an increased number of clinical placements.

Common Practices

As the regions operationalized their centralized clinical placement systems they adopted a set of rules and parameters to guide their work. Several common practices were used by all four systems as they implemented the programs:

- All systems are regionally based. Three out of the four regions used the county designation, either a single county or contiguous counties, to define their borders. Oregon used the geographic designation of the Willamette Valley to define its range.
- No system is statewide. Arizona is working to implement the model statewide, but will do so under a system of three regional systems.

- A school proposes or requests a clinical placement at a specific health care agency; the health care agency accepts or rejects that proposal or request. While health care facilities issue the approval and contract that allows schools of nursing into their facilities, it is established that they will review all placement requests and that they, as members of the centralized clinical placement system, have a responsibility to make clinical placement opportunities available.
- All of the systems are web based. All recognize the value of the Internet as a streamlined and efficient tool to collect, display, aggregate, analyze and/or communicate information.
- Each group has a Coordinator. The Coordinator serves as a manager for the project and facilitates the work of the group.
- Each group meets on a scheduled basis to identify needs, gaps and problems and to engage in joint problem solving. The shared discussions and meetings have allowed each group to see the other's perspective, and have created a forum in which shared concerns will be addressed.
- Each group has established a set of operating principles. The operating principles include:
 - Collaborative efforts to place students and expand the number of clinical sites.
 - Specified decision-making processes
 - Specified conflict resolution processes
 - Specified processes to meet regulatory requirements
 - Contractual arrangements between the school of nursing and health care agency
 - Establishment of a "participant group" - participants of the centralized clinical placement groups may request or accept clinical placements from those in their regional group rather than institutions outside of the centralized clinical placement group.

Decision Points for a Centralized Clinical Placement System

Each region that considers establishing a centralized clinical placement system has the opportunity to design a model that best suites its needs and goals. Based on the reported experiences of the current models the following identifies major decision points that groups will want to consider as they develop a centralized clinical placement system.

- Determine the region that the centralized clinical placement system will serve. The region needs to be large enough to ensure a mix of clinical placement opportunities, yet small enough to cultivate and support shared perspectives and reasonable travel times. In three of the four reviewed systems (San Diego, Bay Area and Maricopa) "county" (or counties in the case of the Bay Area) served as the boundary for the group. Oregon used another geographic entity – the Willamette Valley to determine its regional boundaries.

- Collaboration/Partnership Parameters
 - Who to include in the group? (e.g. acute care; long-term care; home health care)
 - Exclusivity of the group – must all clinical placements be done with group members or can group members make clinical arrangements outside of the group?
 - Where to:
 - o house the support staff of a centralized clinical placement system?
 - o host the system's database?
 - o locate the system's web site?

- Establish operating principles to guide the:
 - decision making process.
 - conflict resolution process.
 - handling of existing clinical relationships.
 - handling of regulatory (CORI/HIPPA, etc.) issues.
 - handling of contracts with hospitals.
 - representation of each institution.
 - meeting schedule of the group.

- Create and design the database
 - Information collection process via web forms/templates.
 - Process to get initial information into database
 - Process to disseminate the information to participants
 - Process to go from year 1 to year 2; year 2 to year 3, etc.

- Establish a Fee Structure
 - Implement a fee structure?
 - Who to charge?
 - How to design the fee structure?
 - How much to charge?
 - When to implement the fee structure?

Focus Group

The Board of Higher Education (BHE) invited a group of Deans and Chairs from associate and baccalaureate degree publicly-funded nursing programs and nursing executives from large and small hospitals (Invitees, Appendix 2) from across the state to participate in a presentation and focus group on the centralized clinical placement model and process (Meeting Agenda, Appendix 4). The BHE, cognizant of the considerable impact that organizing and managing clinical placements has on nursing programs and health care facilities, and also aware of the need for more clinical placement opportunities, convened the focus group to gain reaction to and foster an initial dialogue on the use and development of a centralized clinical placement process in Massachusetts.

The first segment of the program consisted of a PowerPoint Slide Presentation that reviewed the BHE Nursing Education/Practice Partnership Survey results on the current clinical placement process in Massachusetts and presented a description of each of the four regions that are currently using a centralized clinical placement process. The Group then participated in a conference call and real-time, web demonstration of the Oregon system presented by Linda Snow, Clinical Facilities Administrator and Chair of the Oregon RNCPW (Oregon Hyperlinks, Appendix 5).

Focus Group Responses for a Massachusetts Model

All agreed that the nursing faculty shortage is a significant issue that will continue to receive attention. There was also agreement that a centralized clinical placement model is a strategic initiative that the Commonwealth can implement to ensure a robust and well-trained nursing workforce.

The Group discussed various decision points and considerations for a Massachusetts centralized clinical placement model. These decision points included:

Design Elements

Region

- The Group expressed the need to look at the state as a whole first as many clinical placements cross regional lines, then think about “regions”.
- The Group suggested a flexible model that somehow includes the ability to cross regions so that student needs for specific kinds of clinical placements are met.

Participants and Participation

Broad stakeholder involvement is critical to a responsive and representative CCP. Stakeholder groups who need to be included in the planning and development are:

- The Massachusetts Board of Higher Education
 - The Massachusetts Association of Colleges of Nursing
 - The Massachusetts/Rhode Island League for Nursing
 - The Massachusetts Extended Care Federation
 - The Home and Health Care Association of Massachusetts
 - The Massachusetts Organization of Nurse Executives
 - The Massachusetts Hospital Association
 - The Massachusetts Center for Nursing
- Use a broad definition of “clinical placement site” to maximize the number of participating sites.
 - All agreed that the concentration of hospitals in Greater Boston makes it different from the rest of the state.
 - All agreed that maximum institutional participation would be driven by the institution’s assessment of the value of a CCP model to the fulfillment of their mission. Value measures include:
 - the cost to participate in a CCP
 - the cost savings achieved by participation in a CCP
 - the ability to streamline the clinical placement process using standardized forms, and compliance to protocols and regulatory matters
 - improved communication and conflict resolution among participants
 - increased quality of clinical placements

Location

- The Group agreed that the CCP system should be located on the Massachusetts Center for Nursing's web site.

Operation

- Give the CCP project a generous amount of start up time.
- The CCP project will need a communication plan.
- It was noted that some of the areas that have implemented a centralized clinical placement model maybe more comfortable using a district or county approach to program development and implementation than Massachusetts is. The Group agreed that attention must be paid to a variety of cultural issues that exist in Massachusetts:
 - stronger ties to town and city rather than county.
 - more fluid regional boundaries.
 - varied cultural groups represented within student populations.
 - traditional versus non-traditional scheduling models to accommodate student scheduling needs.

System Components

- Use the clinical affiliation information collected by the Board of Registration in Nursing (BORN) to start the database.
- Centralize and standardize the information collection forms or templates as needed.
- The group felt that planning should start with the present student enrollment and a determination of the location of resources to establish a comfort level with the process and baseline of capacity. This will help to foster better buy-in for participants.

Funding

- The Group agreed that funding sources for model development should be identified. It was also agreed that initially, there should be no user fees to participate in a centralized clinical placement system.
- During initial implementation it is important to demonstrate the value of a CCP and encourage institutions to use the CCP system.
- Once the CCP model is established, a fee structure, with or without a ceiling on fees, can be determined.

Potential Barriers to Development and Implementation

- Insufficient funding could derail the project.
- The complexity of such a system and fears that institutions will lose something by participating in the centralized clinical placement system were mentioned impediments. The control that institutions now have when establishing or maintaining clinical placements or the loss of a positive working relationship are the kinds of worries that

might keep an institution from participating. The time commitment, the cost or fees charged to participate and the process of managing change within an institution were also noted as possible barriers to development.

- The Group felt that failure to involve the “right people”, i.e., stakeholders and all of the groups mentioned in the Participant section, would negatively impact implementation of the project. Hospitals are seen as critical stakeholders whose participation is very important to a successful Massachusetts-based CCP program.
- Concerns about the inclusion of out-of-state schools of nursing in the system, or Massachusetts nursing programs that travel to other states for clinical placements, the need for one hundred percent participation or “opting out” by an institution(s) were also raised.
- The need to plan clinical placements six months in advance suggests that fall 2006 would be the earliest possible pilot start date. The fall semester, however, requires the most clinical placements. Given this, the Group felt it better to look to implementation of the CCP for spring 2007. The time between now and then would allow for planning and development.

Focus Group Opinions

- The live web demonstration and phone conference approach provided a very informative way to illustrate and discuss the CCP model.
- Massachusetts should develop and pilot a Centralized Clinical Placement model.
- The Group was more comfortable with a statewide model rather than a regional one; they were not sure that there are distinct regions in Massachusetts.
- Broad participation by health care organizations, nursing programs and public policy groups and wide distribution of the Centralized Clinical Placement Report will enhance understanding of and inform the discussion on a Massachusetts model.
 - Solid support from hospital Directors of Education, Chief Nursing Officers and Chief Executive Officers is critical for successful implementation.
- Develop and gather more data from the states/areas that are using a centralized clinical placement process. Explore and describe the experience of system users in the four centralized clinical placement programs currently in use.
- Establish a small task force to review the data and identify barriers to successful implementation of a pilot centralized clinical placement program in Massachusetts.

Conclusion

The need for a more streamlined, expandable and responsive nursing student clinical placement system in Massachusetts is real and growing among nursing programs and health care

organizations. Based on the discussions and presentations that have occurred since the release of the BHE Nursing Education/Practice Partnership Survey, there is growing agreement that new ideas and approaches to clinical placements deserve consideration and trial. The BHE Centralized Clinical Placement Focus Group expressed much positive energy and enthusiasm about the work that has been done in other states and about a plan to develop a new approach to clinical placements in Massachusetts.

Next Steps

The Board of Higher Education is encouraged to develop a formalized Centralized Clinical Placement (CCP) Plan. By using the data gathered on centralized clinical placement programs and the opinions expressed by members of the BHE Centralized Clinical Placement Focus Group, such a Plan will provide a framework for ongoing discussion and action. The Massachusetts CCP Plan should include, but not be limited to:

- Establishment of a small CCP Task Force to continue work on a Massachusetts-based CCP model.
- A statewide CCP communication and information sharing plan.
 - Report on the experience of system users from the other regions.
 - Widely distribute the Centralized Clinical Placement Report among health care facilities, nursing programs, public policy Boards and groups and the Massachusetts legislature.
 - Strong hospital participation is necessary for successful implementation of a Massachusetts CCP. Use a two-tiered approach to include hospitals in the CCP discussions.
 - Host a breakfast to share the CCP models and additional data with Massachusetts CNOs and Directors of Education; then present the CCP models to hospital CEOs.
- Selection of a “region” to serve as a pilot site for the CCP program.
- Development of a collaborative centralized clinical placement model for Massachusetts using the common themes and practices of other states, and the feedback of the BHE Focus Group.
- Development an ongoing funding source and plan.

Appendix 1 Interview Guide

Questions for States/regions with centralized clinical placement systems

1. How did you go about designing your centralized clinical placement system (CCP)?
 - a. What were the basic assumptions you started with?
2. What are the components of your CCP system?
3. Is your system completely web based?
 - a. Where is it hosted?
4. How many hospitals, LTC facilities and/or home health agencies participate in your system?
 - a. Schools of nursing -
 - b. Hospitals -
 - c. LTC -
5. Is your system statewide? Regional?
 - a. What kind/size of region?
6. What did it cost to build your centralized clinical placement system?
 - a. How long take to build?
7. What does it cost annually to run?
8. Do you have any cost data on what participating organizations have saved?
9. What is your most expensive item?
10. How do you sustain the system?
 - a. Charge users?
 - b. Fee structure?
11. How do you handle the regulatory issues?
 - a. CORI checks?
 - b. Student immunizations, etc?
12. Who contacts you?
 - a. Individual Faculty member?
 - b. SON Placement coordinator?
 - c. Hospital
 - d. Other
13. How does your system handle schedule conflicts?
14. Did you meet resistance as you developed? What kinds of resistance did you meet? How did you handle it?
15. Are you aware of any other regionalized or centralized clinical placement programs?

Please share any additional information regarding clinical placement management.

Appendix 2 Invitees BHE Centralized Clinical Placement Presentation and Focus Group

(*) Participant

| | |
|---|--|
| Deborah Morsi Baystate Medical Center | Ann McNeil Massasoit Community College |
| Michelle Barella * Boston Medical Center | Maureen Lanzoni Mercy Medical Center |
| Kathleen Lucas * Cambridge Health Alliance | Ann Montimony * Middlesex Community College |
| Susan Miller Cape Cod Community College | Deborah Oree * Mount Wachusett Community College |
| Dianne Kennedy Cape Cod Health Care | Valerie Hunt North Shore Medical Center |
| Maureen Sroczynski * Farley Associates | JoAnn Mulready-Shick * Roxbury Community College |
| Andrea Wallen Fitchburg State College | Mary Farrell * Salem State College |
| Mary Farrell Holyoke Community College | Joanne Turco * Salem State College |
| Gayle Gravlin * Lahey Medical Center | Maria Liggin Southcoast Hospital System |
| Lilly Hsu * Massachusetts Bay Community College * | Fran Knoll * UMASS Memorial Medical Center |
| Judith Pelletier * Board of Registration in Nursing | Roberta Sundstrom * UMASS Memorial Medical Center |
| Carol Silveria * Board of Registration in Nursing | Carol Picard * UMASS/Amherst |
| Nancy Conboy * Massachusetts Board of Higher Education | Monique Austen * UMASS/Boston |
| David McCauley * Massachusetts Board of Higher Education | Doreen Harper UMASS/Worcester |
| Marie Tobin * Massachusetts Center for Nursing | Linda Luty Winchester Hospital |
| | Helen Rogers * Worcester State College |

Appendix 3 Centralized Clinical Placement Interviewees

San Diego, California

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Willamette Valley, Oregon

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Clinical Facilities Administrator
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Bay Area, California

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Appendix 4 Meeting Agenda

**Massachusetts Board of Higher Education
Focus Group on Centralized Clinical Placements for Nursing Students
June 27, 2005
9 AM – 1 PM**

- | | |
|---|-------------|
| I. Introductions and Overview | 9:00-9:15 |
| II. Review of Current Models | |
| Descriptions, common elements; differences, and decision points | |
| ▪ <u>Oregon</u> Willamette Valley | |
| ▪ <u>California</u> San Diego Bay Area | |
| ▪ <u>Arizona</u> Maricopa County | |
| III. Web Demonstration of the Oregon System | 10:00-11:00 |
| Linda Snow, RN, BSN Clinical Facilities Administrator Linfield Good Samaritan School of Nursing and Chair, RNCPW | |
| IV. What Would a Massachusetts Model Look Like? | 11:00-12:00 |
| ▪ Design Elements | |
| ▪ Location/operation | |
| Break | 12:00:12:15 |
| V. Next Steps | 12:15-1:00 |
| Where Do We Go From Here? | |

Appendix 5 Oregon Centralized Clinical Placement System Handouts

Oregon Home Web Page – www.ocnplacement.org

Oregon Shared Documents Web Page – www.ocnplacement.org/SharedDocuments.aspx

Appendix 6 Massachusetts Board of Registration in Nursing Guidelines For Clinical Education Experiences

http://www.mass.gov/dpl/boards/rn/forms/clin_guidelines.pdf