

Doing More Through an Innovative Consortium Partnership

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Presenters

Paula McNeil, MS, RN

**NEXus Project Director and Executive Director, Western
Institute of Nursing, Portland, OR**

Ginette A. Pepper, PhD, RN, FGSA, FAAN

**President, National Hartford Center of Gerontological Nursing
Excellence; and Professor, University of Utah College of
Nursing, Salt Lake City, UT**

Mary E. Kerr, PhD, RN, FAAN

**Dean and Endowed Professor, Frances Payne Bolton School of
Nursing, Case Western Reserve University, Cleveland, OH**

Purposes of Presentation

1. Review the purposes and functions of the partners: NEXus: The Nursing Education Xchange; and NHCGNE: National Hartford Center of Gerontological Nursing Excellence.
2. Describe a new cooperative relationship between NEXus and the National Hartford Centers for Geriatric Nursing Excellence (NHGNE) to address a nationally recognized gap in geriatric nursing education.
3. Describe a new member's perceived outcomes from joining through the new cooperative.

Background

- ✓ There is a chronic nursing shortage in the US. Some factors include the aging population, healthcare reform, and increasing need for health care.
- ✓ Bureau of Labor Statistics estimates occupational growth of 526,800 (19%) and 525,000 replacements, for a total increase of 1.05 million by 2022.

Background

- ✓ US nursing schools turned away 78,089 qualified applicants from baccalaureate and graduate nursing programs in 2013. (AACN)
- ✓ One significant factor is an insufficient number of qualified faculty. Almost 2/3 of nursing schools responding to an AACN survey cited faculty shortages as a reason for not accepting all qualified applicants in BSN programs. (AACN)

Background

- ✓ A 2013 report showed a total of 1,358 faculty vacancies in 680 nursing schools. (AACN)
- ✓ An additional 98 faculty positions were needed to accommodate student demand.
- ✓ Most vacancies were in positions requiring or preferring a doctoral degree.
- ✓ Aging professoriate: Average ages for professor, associate professor and assistant professor were 61.3, 57.7, and 51.5

Why Should the Public Care?

- ✓ Numerous studies show that the nursing shortage presents a major problem for the quality of patient care, medication error rates, and the amount of time nurses spend with patients.
- ✓ Studies also show a correlation between educational levels, staffing levels, and staffing mix and the quality of patient care.

Why Create a Collaborative?

- Shrinking resources in doctoral nursing education provided an impetus for a collaboration to expand course offerings for doctoral nursing students through distance education.
- Nursing doctoral programs have focal areas of expertise. In view of shrinking resources, schools cannot offer all courses their students may need.

NEXus Growth

- NEXus began with 4 select Western universities offering distance (online) doctoral courses in nursing to students enrolled in collaborating universities.
- The project has now expanded nationally to include 20 institutions granting PhD and/or DNP degrees in nursing.

Members

- Academic Collaborators
 - Schools both send and teach students within the collaboration.
- Academic Affiliates
 - Schools only send students to take courses from academic collaborators.



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Member Institutions

Academic Collaborators (* = founding member)

Arizona State University
Case Western Reserve Univ.
Idaho State University
Loma Linda University
Oregon Health & Science Univ.*
The Ohio State University
University at Buffalo
University of Colorado*
University of Hawaii, Manoa
University of Iowa

University of Kansas
Univ. of Nevada Las Vegas
University of New Mexico
University of No. Colorado*
University of California San
Francisco
University of Texas at Tyler
University of Utah*
Virginia Commonwealth Univ.
Washington State University

Member Institutions

Academic Affiliates

The University of Oklahoma

NEXus Core Documents

- **Guiding Principles:**
 - the document outlining philosophical approach and principles underlying the collaborative
- **Memorandum of Understanding:**
 - the agreement signed by campus deans and administrators
- **Bylaws, Policies, and Procedures:**
 - the operating procedures that provide structure to the collaborative

NEXus...

- Is a well-established and innovative collaboration of 20 member schools;
- Is a course-sharing collaboration in which members offer high-quality distance education courses to students of other member institutions;
- Dramatically increases course options for PhD and DNP students.

NEXus Operations

- The student's transcript is developed and degree awarded at the home institution.
- Courses are exempt from transfer credit policies.
- Students pay the "Common Price" per credit hour regardless of the home or teaching institution.
- Revenue is distributed among the home institution, teaching institution, and NEXus central to ensure sustainability.

NEXus Common Price

- Tuition Common Price and Tuition Split:
reflects efforts of teaching courses, sending
students from home institution, and
sustaining the collaborative
 - **75%** tuition returns to teaching institution
 - **10%** to home institution
 - **15%** to NEXus administration



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NEXus Common Price Distribution

NEXus Revenue Distribution Per Credit Hour

Per Credit Hour NEXus Price	Academic Calendar	Teaching Institution 75.0%	Home Institution 10.0%	NEXus Administration 15.0%
\$ 775	Semester	\$581.25	\$77.50	\$116.25
\$ 517	Quarter	\$387.75	\$51.70	\$77.55

Membership Dues 2014-15*

Academic Collaborators

- Base Dues \$5,000
- First-year New Member's Premium \$1,000
- Each Additional Program \$1,000

*See further discussion on NHCGNE membership.

Project Outcomes

- NEXus has been fully self-sustaining for the last 3 years;
- The consortium has grown from 4 to 20 schools/colleges of nursing across the US;
- Eighty-five (85) of the students who took NEXus courses have graduated;



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- Evaluation data from 62 current students who completed a survey over the past year indicate:
- 1) 94% took a course not offered at their home institution;
 - 2) 82% said the NEXus course helped them stay on time in their progression through their course of study;
 - 3) 85% said that, without the NEXus course, their progression would have been delayed by 1-2 semesters.

- 4) 80% report that graduation would have been delayed by a semester (80%);
- 5) Access to course content would have to have been sought through another institution, with higher tuition and complications with transferring credit;
- 6) NEXus provided access to a course not offered anywhere else.

251 Courses Organized into Clusters

- Nursing Education
- Diverse and Vulnerable Populations
- Gerontology and Geriatric Nursing
- Systems, Leadership Informatics, and Policy
- Nursing Knowledge Development: Theory, Philosophy and Science
- Chronic & Disabling Conditions & Palliative Care
- Research Methods
- Scholarship and Writing
- Advanced Nursing Practice*
- Scientific Underpinnings for Advanced Nursing Practice*
- Ethics and Interprofessional Collaboration*
- Children, Parents & Family

***DNP Specific**



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The NEXus Business Model is beneficial to all involved:

1. Schools expand the elective courses available to their students without bearing the cost of developing the courses;
2. Faculty can teach the courses in which they have expertise;
3. Classes without sufficient enrollment can be taught because NEXus students enroll;
4. Students can stay on track with their program of study.

Benefits to Students

- Schools joining through NEXus-NHCGNE will make all courses within the NEXus course catalogue available to their students.
- NEXus will support 'off-sequence' students with needed coursework.
- Students learn a variety of distance education models and delivery methods.
- Courses provide access to leaders and expert faculty nationally recognized in their fields.

Strengths of the NEXus Doctoral Collaboration

- Trust built among collaborators
- Support of institutional team
- New partners and their administrators are oriented to, and accept, *Guiding Principles*, policies and procedures
- Student friendly
- Administrative model and staffing

New Members Enrich Collaborative

- NEXus welcomes new members
- Expanding variety of course offerings and specialties (e.g. gerontology)
- Expanded opportunities for students
- Expanded networking for faculty
- Enriches value of the collaborative

NEXus: A Faculty Shortage Solution

- The NEXus course exchange provides access to courses to keep students on track in their progression;
- Assures that content is available while alleviating the need for every school to provide every course;
- Relieves the pressure for faculty to teach Independent Study courses for students.



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For more information on NEXus:

Please contact:

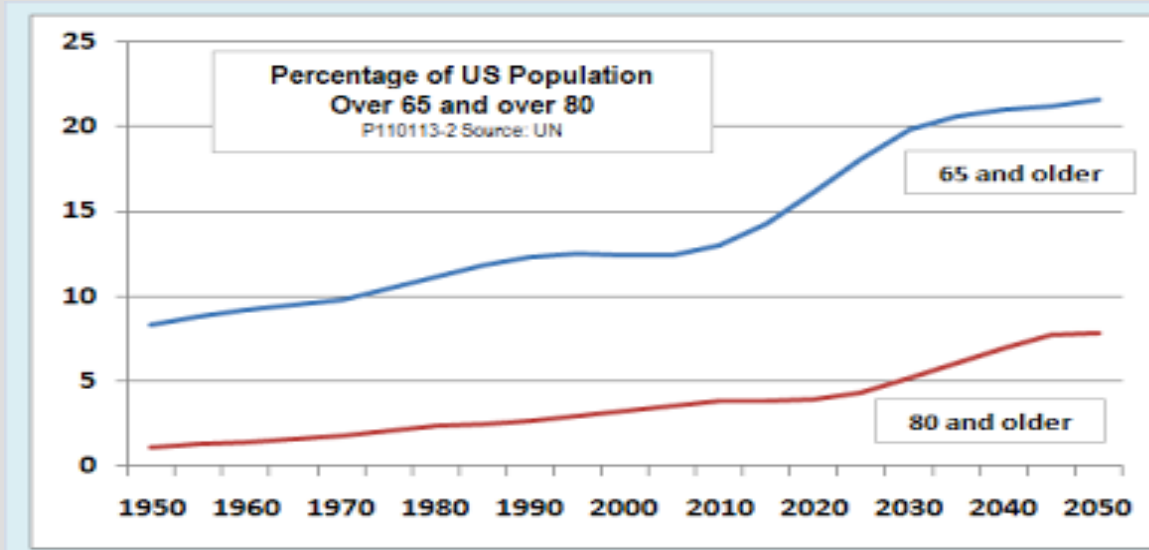
Paula McNeil, RN, MS,
NEXus Project Director

503-494-0869

mcneilp@ohsu.edu

Origins Of NHCNE

- Rooted in the same problem as NEXus: faculty shortage
- In 2000 serious shortage of nursing faculty- amplified in geriatric nursing
- Silver tsunami of 2011 was just 11 years in the future



Academic Geriatric Nursing in 2000

- Only 3% of advanced practice nurses were certified in gerontological nursing; fewer general practice were certified
- <10% of nursing programs had courses in elder care
- 91% of vacant faculty positions require or prefer a doctorate (AACN survey, 2007)

John A. Hartford Foundation (JAHF)

- Identified geriatric nursing faculty shortage as a public health imperative
 - ultimately invested >\$80 million
- JAHF founded in 1929 originating from the Atlantic and Pacific Tea Company (A&P Groceries)
 - Funded geriatric education in medicine, nursing, and social work



Building Academic Geriatric Nursing Capacity

BAGNC

- 1999- JAHF convened expert panel
- Recommendations in white papers:
 - Expand scholarly and research base
 - Establish centers of excellence at leading schools
- July, 2000 BAGNC program established
 - Coordinating Center
 - 5 Hartford Centers of Geriatric Nursing Excellence (HCGNE) @UPenn, UCSF, OHSU, Univ Iowa, UAMS
 - 2007: Four additional HCGNE added in 2007 (Utah, MN, PSU, ASU)

BAGNC/HCGNE 10 yr Accomplishments

- Predoctoral (new gerontological nurse faculty)
 - 129 BAGNC predoctoral funded centrally
 - Estimated 2 times as many funded by local HCGNE
 - Nearly 400 new faculty (estimate)
- Postdoctoral fellowships
 - 87 Postdoctoral fellows
 - Assuming leadership positions
- 3-fold increase # and \$ of NIH grants
- > 40% basic programs have geriatrics course
- 19 of 110 PhD programs have a geriatric focus

Gaps Persisted

- In 2010 there were 1937 accredited schools of nursing
 - Averaged < 1 faculty per school with formal preparation in gerontology
- Adults over 65 were 13% of population but consume 34% of health care resources including nurses
 - 5X greater expenditures than children
 - Nearly 2/3 of nurses not getting a geriatrics course
- Growing body of research, but lack faculty to teach it, prepared workforce to implement it.

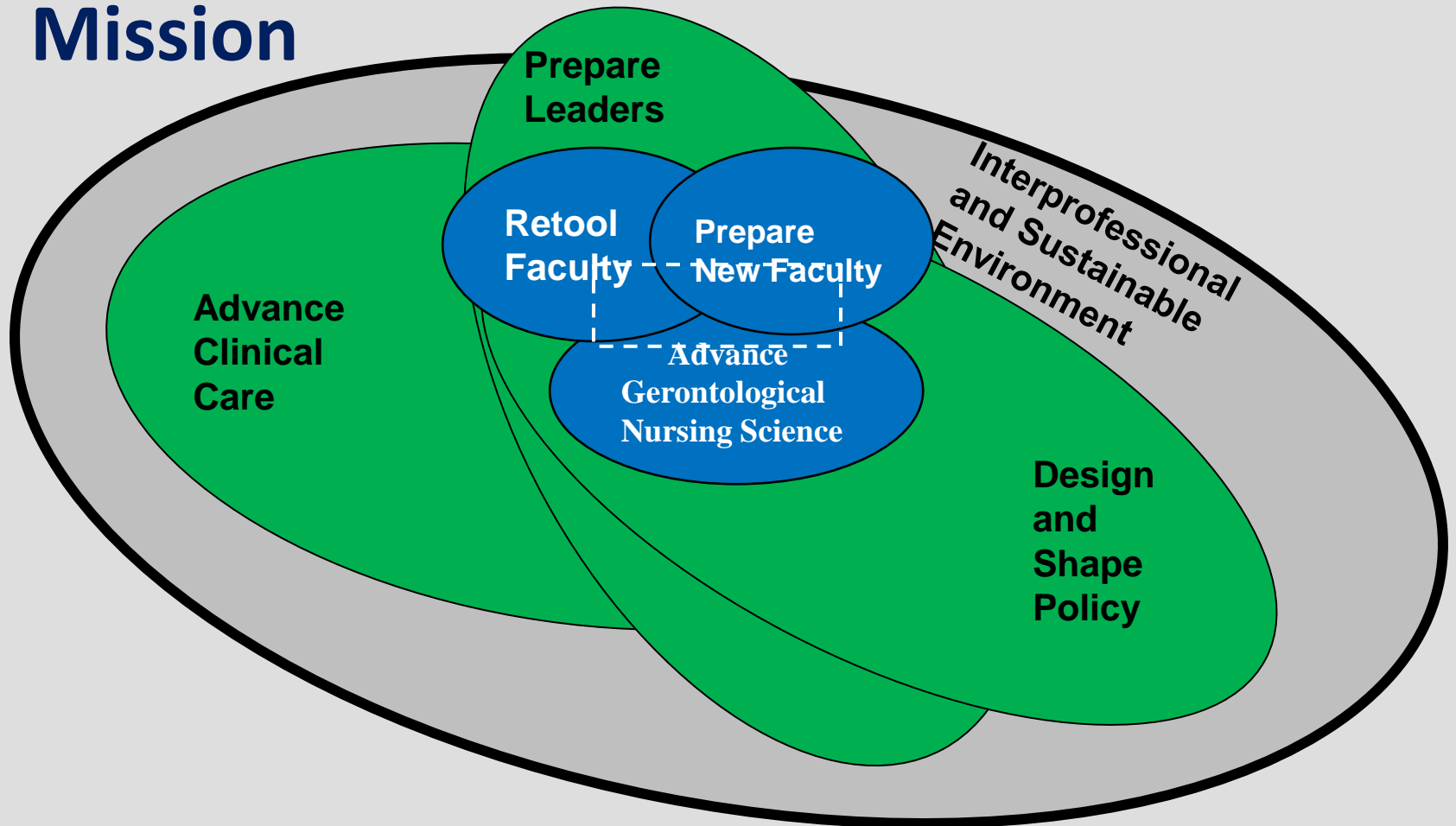
A New Era

- 2011- Centers decided to expand to national impact
 - JAHF declined to fund additional Centers
 - Existing Centers not evenly distributed in US
 - Increased attention to global aging
- JAHF changed funding strategy in 2012
 - “Downstream” focus
 - Interdisciplinary
 - Building on the capacity developed in previous decades
 - “Exit grants” with focus on sustainability after funding

Formation of NHCNE

- Moved to Gerontological Society of America (GSA)
 - JAHF made 4 year grant to GSA
- Striving for Unit status like AGHE
 - Agency memberships (schools and organizations)
 - Alumni association-> HGNL
 - Founding members
 - 8 of the HCGNE
 - 1 Reynold's Center

Mission



Membership

- 2012- 9 Founding Centers
- 2013- +3 members= 12 members
- 2014- 38 members including 3 international members representing Canada, China (Hong Kong) and an international society
- <http://www.nhcgne.org/membership/member-institutions>

The NEXus-HCGNE Partnership

- Critical strategy for NHCNE to accomplish “preparation of new faculty” goal
 - Increase the number of doctoral level offerings available nationally
 - Help sustain gerontological nursing offering no longer grant supported
 - Allow BAGNC-trained faculty to share expertise
 - Membership
- Advantages to NEXus
 - Enhance offerings
 - Increase membership

How it Works

- NEXus provided reduced initial member fee to NHCNE members
- \$10,000 incentive if completed by 12/31/2014
 - Complete NEXus MOU
 - Pay NEXus membership fee
 - Pay NHCNE dues
- 10 incentive awards were available
 - 4 schools applied (2 founding schools)
 - 4 has completed MOU

Collaborative Activities

- Joint recruitment
 - AACN Doctoral Conference
 - Western Institute of Nursing Meetings
- 2 rounds of recruitment conference calls
- 1 technical assistance call
 - Recording available for those not participating
- NEXus staff do individualized coaching

Barriers and Pitfalls

- Many schools lack distance education
- Competing consortiums
- Schools with single price vs. per credit tuition
- Schools with a tuition benefit that pays home courses but not NEXus courses
- Administrative inertia/opposition (NEXus, Schools, NHCNE)

Ongoing and Future Activities

- Development of jointly taught courses through the “Gero Cluster”
- Branding courses of members that have been reviewed by NHCNE education committee with NHCNE logo as the “seal of approval”



NURS 6050 Best Practices in Geriatric Nursing

- Badging program
 - Gero Educator Competencies
 - NEXus courses in education and aging

For more information on NHCONE:

Please contact:

Taylor Harden, PhD, RN

NHCONE Executive Director

202-779-1439

jtaylor_harden@geron.org

Conclusions

- Partnerships hand help organizations with shared objectives and values meet mission and margin.
- Grant funding was critical in the initiation of both of these innovative organizations.
- Sustaining partnerships is one key to sustainability (we hope).



Academic Collaborator Member Institutions

[Arizona State University](#)

[Case Western Reserve University](#)

Case Western Reserve University Joins NEXus

FIRST Recipient of the John A. Hartford Foundation NHCNE-NEXus Grant

Case Western Reserve University, Frances Payne Bolton School of Nursing is the 17th institution to join NEXus and the first recipient of the John A. Hartford Foundation NHCNE-NEXus Grant. Mary E. Kerr, PhD, RN, FAAN Dean and May L. Wykle Endowed Professor stated she is pleased about this endeavor. The Frances Payne Bolton School of Nursing is looking to offer courses as early as Fall 2014.

Joining NEXus: Decision Points and Opportunities

NEXUS

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WHY CWRU?



Why CWRU?

- Meeting with Hartford Leadership to discuss strategic planning
- Joined following joint agreement between NEXus & National Hartford Center of Gerontological Nursing Excellence (NHCGNE)
- Very distance friendly



History of Doctoral Education

Long legacy of doctoral education

- PhD since 1972 – 42 years
- DNP (as ND) since 1979 – 35 years



NEXUS

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University Center on Aging and Health

For Excellence in the Gerontological and Geriatric Arenas



- Long interdisciplinary history of gerontology
- SON houses University Center for Aging – began in 1978
- Goal – build & maintain excellence in gerontological and geriatric research, education, and practice.

Process

- Dr. Diana Morris, Director of our University Center on Aging & Health was instrumental
- Brainstormed ideas with nursing faculty & faculty from other disciplines on how this could be integrated
- Reviewed the pros and cons
- Sign a memorandum of understanding with the consortium
- Based on trust among consortium institutions

Pros

- Belief in the basic tenet of the NEXus – serve the scholarship needs of nurses in research practice and education
- Access to a developed and tested infrastructure
WICHE-INTERNET Course Exchange
- Enthusiastic faculty
Dr. Evanne Juratovac,
Ms. Rachel Grdina



Rachel Grdina
CWRU

Evanne Juratovac
CWRU

Pros (cont)

- Connect faculty across the US interested in advancing the science of gerontological nursing
- Benefits to our students
 - Greater options
 - Courses from partner schools
 - Expands the variety of courses
- Welcome students from other universities into our courses
 - NURS 474: Psychopathology of adults and older adults
 - NUND 510: Informatics
 - NUND 601: Evidence-based practice
- Share distance techniques and technologies across schools

Cons

- Cost of membership to join NEXus
- Brings in less tuition per course
- Potential programmatic philosophical differences
 - For PhD education – CWRU has a strong experiential hands-on philosophy for developing scientists

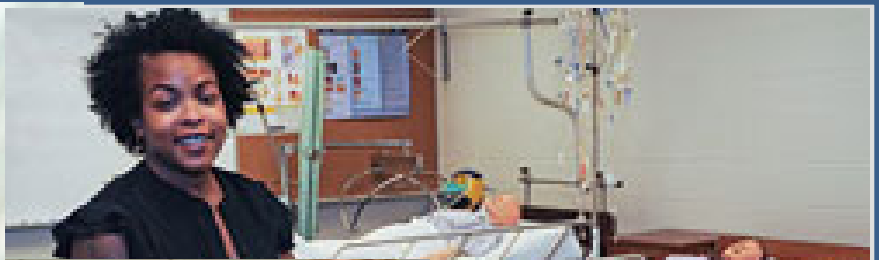
Conclusion

- Great opportunity for faculty
- Great opportunity for students

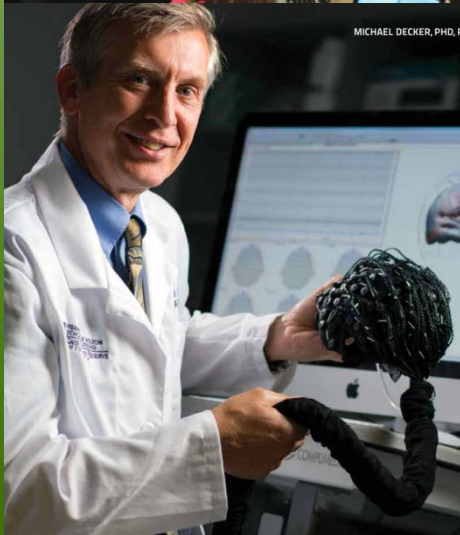


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Thank you



MICHAEL DECKER, PHD, RN



MATTHEW PLOW, PHD

