MARYLAND ACTION COALITION
Creating a Healthier Maryland
FUTURE OF NURSING™ CAMPAIGN FOR ACTION

An Academic-Practice Partnership to Create a Home Healthcare Transition to Practice Program

Sabita Persaud PhD, RN, PHNA-BC
Notre Dame of Maryland University

Sarah McGann MSN, RN
Johns Hopkins Home Care Group

Lisa Ryan MSN, RN
Project Consultant

Overview

The AACN *Advancing Healthcare Transformation: A New Era for Academic Nursing* report has called for an "enhanced partnership between academic nursing and academic health centers(AHC) around the imperative to advance integrated systems of health care, achieve improved health outcomes, and foster new models for innovation". A collaboration between Notre Dame of Maryland University and Johns Hopkins Home Care Group seeks to develop a Home Healthcare Transition to Practice Model that will mirror and build on existing Nurse Residency Programs in the State. Notre Dame of Maryland is an academic leader in creating a pipeline of baccalaureate-prepared nurses. Johns Hopkins Home Care Group has the clinical expertise and knowledge of the specialty of home healthcare. This partnership seeks to provide nursing faculty and clinicians the opportunity to collaborate on curriculum development, provide shared opportunities, and create a transition to practice model that supports the transition of new graduates across Maryland into home healthcare. This two-year project is funded by a Nursing Support Program II planning grant.

Rationale

Practice settings report turnover rates within the first year of employment has caused consternation among healthcare organization administrators. As new graduates enter diverse and highly specialized practice settings, offering effective, evidence-based curricula for clinical and professional development, tailored to the practice setting, is important to nurse satisfaction and retention. The Institute of Medicine's 2010 *Future of Nursing* report calls on healthcare organizations to "support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a pre-licensure program or when they are transitioning into new clinical practice areas." However, existing residency programs are primarily focused on new graduate nurses entering acute care settings. While the fundamental components of a nurse residency program are skills consistent across practice settings, how these skills are acquired and reinforced should be expanded to practice areas such as home health. The increasing need for home and community - based services makes supporting new nurse graduates who enter home healthcare more important than ever.

Demonstrated Need

In Maryland, the percentage of people over the age of 65 is projected to grow about 60% from 2010-2040 (U.S. Census, Maryland Department of Planning, Maryland Department of Aging. 2014). With a rapidly growing population of older adults, the health system is beginning to observe a shift from providing facility-based care to home-based care to patients for chronic disease management. Recognizing this demographic shift and the challenges it presents, the state of Maryland has taken steps, in partnership with the Centers for Medicare and Medicaid Innovation (CMMI), to align incentives to address the shift to home-based care in tandem with actively addressing rising costs in healthcare. Approximately two-thirds of the nursing workforce are employed in acute care settings with less than 18% working in community-based settings such as home health care. According to the Bureau of Labor Statistics (2015), from 2014 to 2024, home care occupations are projected to add more jobs than any other single occupation, with an anticipated need of 343,500 nurses. In contrast, the supply of home health nurses is decreasing as nurses reach retirement age and not being replenished with new graduates. Generally, home care agencies do not actively recruit graduate nurses, but rather require a minimum of two years of experience due to the independent nature of the home care setting. Given the shift to home healthcare and the diminishing supply of nurses interested in home healthcare, this may be an ideal time to re-envision how academia can introduce and entice nursing students to learn about home healthcare via a structured curriculum.

Project Goals and Objectives

Project Goals:
1. Academic practice partners will form a Consortium of key stakeholders.
2. A *Home Healthcare Transition to Practice Model* and related toolkit for implementation will be fully developed..
3. A white paper, *"Academic Practice Partnership: Creating a Home Healthcare Transition to Practice Model"* will be developed and presented throughout the State.

Objectives and Related Strategies:

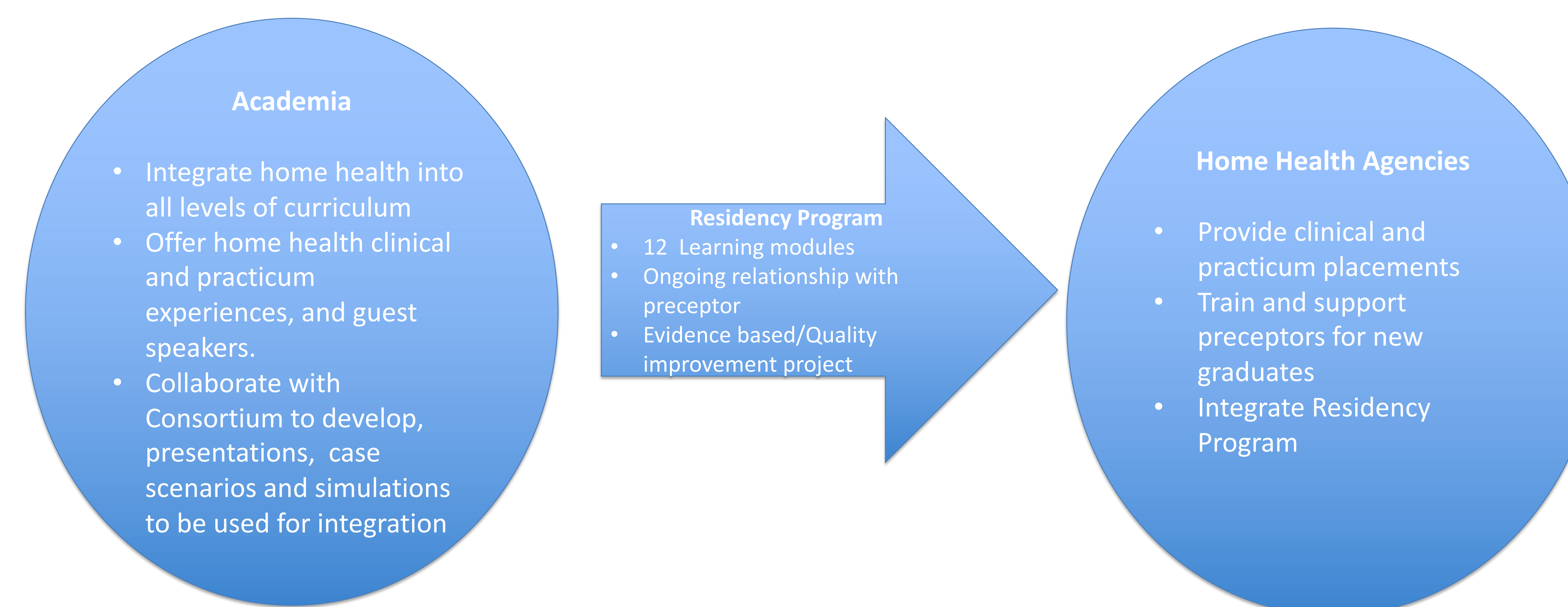
1. Develop a blueprint for implementation and benchmarks to monitor progress.
   a. Convene Consortium on a recurring basis rotating both in person and via web- based platforms.
   b. Create "bylaws" that outline vision, expectations, timeline and deliverables.

2. Complete a thorough assessment that describes feasibility and achievability of a Home Health Care Transition to Practice model.
   a. Conduct a focus group with key stakeholders, to include home care agencies, academic leaders, nursing students, and nurse residency coordinators across the State.
   b. Complete an environmental scan assessment of current approaches, such as orientation, internship, or residency for nurses new to home healthcare.

3. Design a formalized, evidence-based *Home Health Care Transition to Practice* model supporting newly graduated RNs.
   a. Create model and define modules for a new graduate nurse transition to practice into home healthcare.
   b. Develop template for modules to include overview, objectives, and expected outcomes.

4. Evaluate and measure performance.

Model



Learning Modules

Month 1 | Module 1
Professional Role Development
History of Home Health Nursing and Current Trends in Home Care
Professional Role of the Home Health Nurse

Month 2 | Module 2
Safety
Medication Management
Infectious Disease | Infection Control

Month 3 | Module 3
Communication
Health Literacy, Health Numeracy and Digital Literacy
Person-Centered Communication Strategies

Month 4 | Module 4
Critical Thinking
Management of Chronic Illnesses

Month 5 | Module 5
Resource Utilization
Wound and Ostomy Care

Month 6 | Module 6
Collaboration
OASIS
Case Management | Integrated Care Management

Month 7 | Module 7
Health Teaching and Health Promotion
SDOH | Health Promotion and Wellness

Month 8 | Module 8
Coordination of Care
Palliative Care | End of Life | Hospice

Month 9 | Module 9
Quality of Practice
Ethical Care in Home Health Nursing
Research

Month 10 | Module 10
Leadership
Leadership at Point of Care

Month 11 | Module 11
Evidence-Based Practice and Research
Dissemination of Evidence

Month 12 | Module 12
Education and Professional Practice Evaluation
Professional Development

Accomplishments to Date

As of May, 2021 the following strategies have been accomplished:

- Consortium of 7 members from both academia and practice formed.
- Consortium convened on monthly basis.
- "Bylaws" that outline vision, expectations, timeline and deliverables created.
- Focus group with key stakeholders, including home care agencies, academic leaders, nursing students, and nurse residency coordinators across the State completed.
- Environmental scan assessment of current approaches, such as
- orientation, internship, or residency for nurses new to home healthcare completed.
- All assessment data collated and analyzed.
- Transition to practice model developed.
- Learning module topics identified.
- Learning module template developed.
- Subject matter experts identified from both academia and practice.

Future Steps

- Develop and refine modules.
- Create and populate an online repository for toolkit and related content.
- Develop sample case scenarios and activities for integration into nursing curricula.
- Develop a sample preceptor orientation program.
- Present Model to Nursing programs and Homecare agencies throughout the State.
- Evaluate performance measures against established benchmarks.
- Develop a white paper that reflects the process and results.
- Disseminate planning grant conclusions Statewide.

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