

FINAL NARRATIVE REPORT UTAH SIP 3 PROGRAM

RWJF Grant ID# 72503

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Question #1. What goals did you set for this project and how well do you think the project met these goals? Do you have measures of your performance?

Goals were set for the five major project areas in our SIP 3 grant, and we are pleased to report all were met and completed. In several project areas our performance well exceeded our grant goals. The five project areas and the accomplishments to date are listed below.

Project Goal #1:

To increase the number of formalized, evidence-based, yearlong, residency programs (from seven to 14) in Utah, supporting registered nurses in the transition to practice.

A total of 27 new nurse residency programs were started during the SIP 3 grant. In addition, the type of program sites were expanded from that of acute care hospitals to long-term care facilities and outpatient/ambulatory care.

Table 1. Utah Nurse Residency Program Sites

Settings	Total Number of Programs
Acute Care Hospitals	14 (3 additional site to launch in 2017)
Long-Term Care Facilities	5
Outpatient/Ambulatory Care	5

Nurse residency programs are operational in all acute care corporations in the state (IASIS Healthcare Hospitals, University of Utah Hospitals, MountainStar Hospitals, Veteran's Administration Hospital and Intermountain Healthcare Hospitals). A statewide consortium of RN residency program partners (Nurse Residency Steering Committee), consisting of schools of nursing and hospitals, guided the planning and implementation efforts of this task. Participating schools of nursing partners include Weber State University, University of Utah, Westminster College, Brigham Young University, Southern Utah University and Dixie State University.

Coaching and resources were provided to facilitate design, implementation and evaluation of each residency program. A toolkit was developed, distributed and used by all residency programs. The toolkit contained practical items to help new programs development curriculum, data collection systems, program evaluation, RN education progression/leadership, and increase the gender, ethnic, and racial diversity of Utah's RN workforce. A SharePoint site was created so individual programs could share and highlight best practices. This site was valuable in supporting the development of new residency programs. Technical assistance meetings included both on-site visits by the grant coordinator to answer questions and provide recommendations, along with nurse residency steering committee meetings held every two months (with participation from the nursing schools and hospital sites). A program evaluation plan was completed and

implemented at each residency site. The REDCap system supported the collection of nurse residency metrics at all sites. Tools used for data collection were the Casey-Fink scale, Evaluation of Preceptor, Resident Competency Assessment and demographics. Some of the key data findings are as follows:

Demographics

- Total number of SIP 3 nurse residents is 359.
- Average age is 32.
- Age range 21-51 years.
- Ninety-five percent are Caucasian, with 5 percent being other races/ethnicity.
- Average grade-point average was 3.67.
- Fifty percent were graduates of Weber State University (RN-BSN and generic BSN programs).
- Thirty-two percent are male, and 68 percent are female.
- Sixty-eight percent are urban nurse residents and 32 percent are rural nurse residents.
- Twenty-seven percent are first-generation college students.
- Fourteen percent had no health care experience other than attending nursing school.

Casey Fink Scale

- Arterial/venous lines/swan ganz and vent care management/intubation-extubation were the two procedures nurse residents were most uncomfortable performing (63 percent at beginning of residency, decreasing to 13 percent at 12 months/conclusion of nurse residency).
- Nurse residents reported they were not independent in skills at the beginning of the residency program (81 percent) versus 83 percent reporting at the end of the residency program. This may be due to nurses thinking they have mastered everything after graduation and then realizing when practicing many skills have to be acquired.
- Nursing skills and areas showing improvement over the span of the nurse residency program include the following:
 - Feeling RN staff is available to help during new situations and procedures.
 - Feeling comfortable in making suggestions for changes to the nursing plan of care.
 - Feeling my manager provides encouragement and feedback about my work.



- Satisfaction with salary and benefits.
- Week-ends off per month.
- Amount of encouragement and feedback.
- Opportunities to work day shifts.
- Increase in confidence in communication skills, delegation, knowledge and critical thinking.
- Decrease in fears about patient safety.
- Nursing skills and areas showing lack of improvement over the span of the nurse residency program include the following:
 - Feeling overwhelmed with workload and responsibilities.
 - Confidence in communicating with physicians.
 - Knowing what to do with a dying patient.
 - Feeling supported by the nurses on my unit.
 - Feeling expectations of the job are realistic.
 - Organizing patient care needs.
 - Feeling my work is exciting and challenging.
 - Hours working.
 - Role expectations, autonomy, more responsibilities, and being a preceptor or in charge.
 - Workload.
 - Improved work environment.
 - Increased support.
 - Unit socialization.

The Nurse Residency Steering Committee must analyze this data and determine the factors and causes of this decline. These areas may be indicative of general trends in the Utah nursing workforce as a whole. Quality improvement and corrective action strategies need to focus on improving outcomes in the above areas.

Resident Competency Assessment

- At 6 months and 12 months, preceptors rated nurse residents at higher levels on all competencies and skills, with many showing significant double digit percentage increases. Fifty four nurse resident competencies were rated by the preceptors working with the nurse residents.
- There is a strong correlation of increases in nursing skills and competencies as the residents progress through the year-long nurse residency programs.
- There is a strong correlations of increases in the number of skills and competencies being done by the nrse residents as they progress through the year-long program. The residency programs provide an opportunity for the nurses to practice all 54 skills/competencies with the help and oversight of a preceptor.
- Qualitive evaluation comments were very favorable of the nurse residents.
- Involved and caring preceptors are an important component to mastering nursing skills and competencies.

Preceptor Evaluation

- At 6 months and 12 months, nurse residents rated preceptors very highly with scores ranging between 3.6 -3.7 on all criteria. This is based on a Likert scale of 1 to 4, with 1 being strongly disagree and 4 being strongly agree.
- Qualitive evaluation comments were very favorable and appreciative of the preceptors' assistance with the nurse residents.
- Involved and caring preceptors are an important component to a successful nurse residency program.

Core components and resources, such as educational materials, tools, teaching strategies and best practices, were developed for shared use by the residency coordinators in implementation and evaluation of programs. The curriculum model is grounded in core content with flexibility in incorporating site-specific content, which best meets the needs of individual residency programs. The core curriculum content was based on nurse residency content for accreditation from the Commission on Collegiate Nursing Education (CCNE). During the SIP 3 grant, the Salt Lake City Veteran's Administration Hospital successfully completed CCNE accreditation of their nurse residency program. Lessons learned from this experience have helped other hospital sites with obtaining future CCNE accreditation.

The nursing school partners assisted in curriculum development, use of teaching methods (such as simulation labs and interprofessional education models) and ensured that duplication of educational content (previously learned in nursing school) did not occur.

During the SIP 3 grant, the following additions to nurse residency curriculum occurred through the recommendations of the Nurse Residency Steering Committee:

1. Working with Veterans and Military Service Members and Families: Utah has several large military bases and a significant population of veterans. This content was helpful in meeting the needs of this population.
2. Delivery of Culturally Competent Nursing Care: Patient and family advisors recommended this for inclusion in the nurse residency curriculum because their review findings found that present offerings were insufficient in this important area of practice.
3. Improvement of Preceptor and Preceptee Skills: Having effective preceptors are key to a successful nurse residency program. Hence, emphasis on skill development in this area was needed.
4. Increasing Nurse Resident Resiliency and Positive Psychology: Boosting nurse resident's ability to manage stress and burn-out are important for nurse retention and satisfaction.

In the SIP 3 grant, we continued to refine and implement a targeted recruitment strategy to support the successful recruitment of a diverse pool of nurses. The Nurse Data Center, Utah Medical Education Council is the agency charged with collecting nursing workforce, education and supply data, and was integrally involved with the SIP 3 grant in tracking diversity trends. This data was shared with the Nurse Residency Steering Committee and served as benchmarks on our diversity efforts.

Nurse residency coordinators participated in our Diverse Mentors Workshop held in September 2016 and conducted by the Colorado Center for Nursing Excellence. This workshop had content that was applicable to all new mentors and mentees, not just for those of a diverse background. Finally, a leadership internship for new nurse leaders has been planned and will be launched in spring 2017.

Project Goal #2:

To design and develop a yearlong APRN residency/fellowship for new APRN graduates with pilot testing in at least one selected health care delivery system in Utah.

An environmental scan/review of the literature was conducted by a doctoral student at the University of Utah, College of Nursing. This served as the foundation for the development of Utah's APRN fellowship programs. An APRN Steering Committee was formed in March 2015 to oversee the development and implementation of fellowships. The APRN Steering Committee members were from a variety of practice and education partners across the state.

The following sites are participating in the APRN fellowship program:

1. University of Utah Birthcare/Healthcare: Fellowship for Certified Nurse Midwives
2. Primary Children's Medical Center/Intermountain Healthcare: Fellowship for Neonatal Nurse Practitioners
3. Federally Qualified Health Center/Family Health Center with offices in Hurricane, Cedar City and St. George: Fellowship for Family Nurse Practitioners

The recommended timeframe for APRN fellowships is one year, and most fellowships will be of that length. However, some fellowship programs that are tied to the academic year of the University of Utah will be nine months in length. The University of Utah Birthcare/Healthcare Certified Nurse Midwife fellowship is currently operational with two fellows participating. Two additional fellows are scheduled to begin in late spring 2017. The other sites will become operational in 2017.

The following four key concepts are reinforced and woven through all of the components of the APRN fellowship program:

1. Professionalism: Becoming a systems thinker, effective team member, patient advocate and valued contributor to the provision of quality health care.
2. Role development: Developing advanced practice role within the team and practice setting. Increasing professional autonomy and expanding awareness of professional and ethical issues.
3. Patient management: Enhancing medical decision-making, clinical judgment and health promotion. Developing and refining clinical procedural skills and proficient management of complex medical and psychosocial needs.
4. Cultural competency: Developing skills necessary to work with diverse patients, families, communities and populations.

The common Utah APRN curriculum common components are as follows:

1. Clinical: Most of the fellow's time (approximately 80 percent) is spent in direct patient care management by developing a caseload, panel or assignments as appropriate. A dedicated, or lead mentor, is a key element of this clinical, direct patient care component. This clinical time also includes relevant specialty rotations. These rotations are customized based on the specialty or type of APRN fellowship. Specialty rotations are also mentored experiences with an assigned specialty mentor.
2. Simulation: One or more interprofessional team-based, simulated patient care/complex procedure/leadership experiences may also be provided during the fellowship. These simulations should be consistently complex, professional challenges that require intense team communication and interaction.
3. Didactic: Formal learning constitutes 20 percent of the fellowship program. Didactic experiences may include, but are not limited to, grand rounds, case reviews, chart reviews, medical resident education sessions, telehealth-based offerings, quality assurance reviews, workshops and local/national conferences. Content of the lectures offered should include curriculum in the APRN Fellowship competencies.
4. Mentoring: An approved or designated mentor is identified for each fellow. Monthly meetings, at a minimum, are scheduled to discuss and review clinical cases and general acclimation to the team and care setting. Mentor and mentee training is provided so that both are oriented and develop skills for a successful and productive experience.

5. Peer Support: Monthly contact with other APRN fellows is also a critical component for support and reassurance. These may be face-to-face coffee breaks, brown bag lunches or online chat rooms that can be synchronous or asynchronous.
6. Scholarly Project: A practice improvement or quality improvement project can be conducted as an individual or group effort. The key evidence is reviewed and evidence-based recommendations developed for an issue that is important for the team or the care of their patients.

The following evaluation tools will be completed at six months and program completion (nine or 12 months).

- APRN Fellow Clinical Confidence Assessment
- Demographic information (e.g., age, gender, degree, ethnicity, geographic location)
- Readiness to Practice Scale (modified to reflect individual practice settings), which includes a survey before the program and one after completion of the program.
- Preceptor Evaluation

Another evaluation tool being vetted for potential use is:

- NP Clinical Confidence Assessment Self-evaluation Tool adapted from Benner, “Novice to Expert” (JONA Sargent & Olmeda, 2013)

Outcome metrics to evaluate include the following:

- Satisfaction of fellows
- Turnover rate of NPs

The above evaluation tools are currently being implemented, and we anticipate evaluation data to be available by summer 2017.

Project Goal #3:

Increase the proportion of baccalaureate prepared nurses to 80 percent by 202.

Four Associate Degree in Nursing (ADN) and Bachelor of Science in Nursing (BSN) educational partnerships are operational through interagency agreements. These programs have been operational since fall 2015. They are as follows:

- University of Utah College of Nursing (BSN program) and Salt Lake Community College (ADN program)
- Weber State University/College of Nursing (BSN program) and Davis Applied Technology and Weber Applied Technology (ADN programs)

- Westminster College/School of Nursing (BSN program) and Ameritech College (ADN program)
- Southern Utah University/College of Nursing (BSN program) and Snow College (ADN program)

Effective September 2016, a dual admission program with Salt Lake Community College (SLCC) and the University of Utah, College of Nursing is operational. Students entering the SLCC ADN program are offered the opportunity of entering the Nursing Express Program, in which they are dually admitted to both SLCC and the University of Utah. Because SLCC is the only community college in Utah and produces a high number of ADN graduates, we are confident that this program will accelerate the increase in percentage of BSN nurses in Utah's workforce. In addition, the SLCC nursing program has a more diverse student body compared to other nursing programs. Hence this program is critical to increasing the diversity of Utah's RN workforce.

Table 1. Programs Operational and Student Participation Numbers – Years 2015-16

RN- BSN Sites	U of Utah College of Nursing (linked with Salt Lake Community College)	Weber State University College of Nursing (linked with Davis Applied Technology and Weber Applied Technology)	Westminster College and Ameritech College	Southern Utah University College of Nursing and Snow College	Nursing Express Program/Dual Admission Program with the University of Utah College of Nursing and Salt Lake Community College
Number of RN- BSN Students Participating	210	432	46	47	96

An important SIP 3 outcome measure for the Associate Degree Early Assurance Program was to have 20 to 30 percent of associate degree nursing program students participating in these RN-BSN programs. Currently the percentage of associate degree nurses students participating in an RN-BSN program, or enrolled in the dual admissions program at Salt Lake Community College, are 32 percent. Hence we have met this grant outcome measure. We plan on increasing this percentage of participating associate degree nursing students annually.

Project Goal #4:

Increase the proportion of BS prepared RNs in Utah's workforce by launching the breakthrough to baccalaureate campaign.

All acute care hospital corporations in Utah are participating in the Breakthrough to Baccalaureate (BTB) initiative by actively promoting the RN education progression message and promoting/showing the BTB video in RN orientation and in-services sessions. The program sites participating are as follows:

- Intermountain Healthcare
- IASIS Healthcare
- MountainStar
- University of Utah Hospital
- Veteran's Administration Hospital

Sixty-one percent of Utah's RNs work full time and in the hospital setting compared with 56 percent nationally. Therefore, we are targeting our BTB interventions to hospitals to launch our BTB videos/education progression messages. Other sites, such as long-term care and home health settings will be targeted for implementation in 2017.

Table 1. Trends in Utah Hispanic Nursing Students in Post License BSN Programs¹

	Total Number (Year 2012)	Total Number (Year 2014)	Actual Increase in Number	Relative Percentage Rate Increase
Hispanic Post-License <u>Baccalaureate</u> Students	65*	85*	20	<u>31%</u>

*Assuming 40 percent are BSN students with 0.75 of Hispanics enrolled in RN-BSN programs (Academic Leadership Committee).

Our goal in the SIP 3 grant was to demonstrate a 10 percent increase in the number of diverse students enrolled. The 31 percent increase of Hispanic postlicense students is well above the SIP 3 goal.

The BTB was evaluated by three methods:

1. Method: Review and modification of video script and intervention efforts by the Academic Leadership Committee, UONL and the BTB Steering Committee members.

¹ Source: Nursing Education in Utah: A Summary of Utah's Nurse Training Program Capacity. Utah Medical Education Council/Nurse Data Center, 2014. Utah Organization of Nurse Leaders Education Database, 2013.



- a. Action: Comments and edits from all groups completed by December 2016 and included in the video product.
2. Method: BTB video focus groups of ADNs conducted by the Intermountain Health Care/Research Department. Please reference Appendix 1 for a summary of the Focus Group Findings.
 - a. Action: Focus group comments included in second and third revision of the BTB video.
3. Method: Tracking of the metrics in the biannual Utah Nursing Education and Workforce surveys conducted by the Nurse Data Center/Utah Medical Education Council.
 - a. Action: Completed.

Project Goal #5:

Increase the diversity of the nursing faculty, students and the Utah RN workforce.

The outcome measure for Utah's SIP 3 diversity initiative (goal five) was to demonstrate a 10 percent rate increase in the number of diverse nursing students enrolled and a five to 10 percent rate increase in the diversity of Utah's nursing workforce. Hispanics are Utah's largest minority group at 13.4 percent.² The next largest diverse groups are Asian-Americans and people with two or more races, at 2.4 percent respectively.³

The main focus of Utah's SIP 3 grant work on increasing RN workforce diversity is on increasing the number of Hispanic nurses, because they make up our state's largest diverse group. Targeting our grant interventions to future and current Hispanic nurses was the most-cost effective and direct pathway to boosting our state's RN workforce diversity. Our key SIP 3 grant diversity interventions include, but are not limited to:

1. Tracking data on Hispanic RN education and workforce numbers through the UMEC. Publishing the data and disseminating our progress through the UACH and other nursing partners.
2. Creation and sustainability of the Unidos en Utah/National Association of Hispanic Nurses Chapter.
3. Working with high school and middle school counselors and science teachers to encourage Hispanic and other minority students to consider a nursing career.
4. Conducting a diverse mentor's training/workshop, and implementing a diverse mentors program. Currently, all but two of our mentors are of Hispanic descent.
5. Emphasizing the importance of diversity in the SIP 3 nurse residency and advanced practice registered nurse (APRN) programs and developing plans to increase our metrics in this area.

² U.S. Census Data (Utah), 2010

³ Ibid

Increasing the diversity of Utah's smaller minorities and groups will be an emphasis in the future for the UACH and other nursing partners.

The table below describes our progress-to-date in increasing the number of Hispanics in Utah's nursing programs and workforce.

Table 1. Trends in Utah Hispanic Nursing Students⁴

	Total Number (Year 2012)	Total Number (Year 2014)	Actual Increase in Number	Relative Percentage Rate Increase
Hispanic Associate Degree and <u>Baccalaureate</u> Nursing Students	214	282*	68	<u>32%</u>

*From the UMEC 2014 Nursing Education Report, the total number of Hispanics enrolled in 2014 was 314. Assuming a 90 percent graduation rate, the total number of Hispanic nursing students graduating in 2014 is 282.

Our goal in the SIP 3 grant was to demonstrate a 10 percent increase in the number of diverse students enrolled. Given the data in the table is based on graduating students, the 32 percent increase in Hispanic students is well above the SIP 3 goal.

Our second SIP 3 diversity goal was to demonstrate a five to 10 percent increase in diversity of the RN workforce, which was met with a demonstrated 10 percent increase.

Table 2. Trends in Utah RN Hispanic Workforce⁵

	Total Number of Hispanic RNs in Utah's Workforce	Total Number of RNs in Utah's Workforce	Proportion of Hispanics in Utah's Workforce	Relative Percentage Rate Increase
Year 2012	487	24,370	2%*	N/A
Year 2014	601	27,330	<u>2.2%</u>	<u>10%</u>

*Based on a special UMEC data run, we calculated the proportion of Hispanics in Utah's workforce to be 2 percent.

⁴ Source: Nursing Education in Utah: A Summary of Utah's Nurse Training Program Capacity. Utah Medical Education Council/Nurse Data Center, 2014. Utah Organization of Nurse Leaders Education Database, 2013.

⁵ Source: Nursing Education in Utah: A Summary of Utah's Nurse Training Program Capacity. Utah Medical Education Council/Nurse Data Center, 2014. Utah Organization of Nurse Leaders Education Database, 2013.

These numbers are encouraging; however, more work must be done. Utah's nursing workforce remains primarily Caucasian (92.9 percent), whereas the census data show Utah's Hispanic population at 13.4 percent, and the most rapidly growing segment of the population.

Future efforts will focus on tracking RN academic faculty diversity. These data are not being presently collected and the SIP 3 grant coordinator has requested that the Nurse Data Center/Utah Medical Education Council begin doing so with the next survey of nursing education.

Question #2. Do you have any stories that capture the impact of this project?

Yes. The SIP 3 grant developed videos to encourage new associate degree nurses, and seasoned associate degree nurses in the workforce, to continue their education and obtain a bachelor's degree in nursing. These videos contain stories and testimonials from students and nurses who have obtained their BS degree. These videos are provided as part of our 24 month grant deliverables.

Question #3. Did RWJF assist or hinder you in any way during the grant period?

I received technical assistance from Center for Campaign for Nursing in American (CCNA) on all of our grant projects. Of particular importance to highlight was the technical assistance by CCNA on the development of our Action Coalition website, which provides information on the SIP 3 projects. The CCNA and the RWJF were very helpful to me on this grant project and provided timely and helpful assistance. The national meetings hosted by CCNA were well done and allowed the SIP 3 grant coordinator to network with other states with SIP 3 funding. Bringing key Utah partners to these meetings accelerated our education progression efforts considerably.

Question #4. Did the project encounter internal or external challenges? How were they addressed? Was there something RWJF could have done to assist you?

No significant internal or external challenges were encountered, which can be largely attributed to the support of the grant from University of Utah, School of Nursing Dean Emerita, Maureen Keefe and HealthInsight Executive Director, Juliana Preston. Necessary resources, guidance and help in planning the project's implementation were available from the two grant co-leads. It was ideal to have a neutral nonhospital-based organization, such as HealthInsight, lead the statewide planning and implementation of the SIP 3 grant. Overall, the grant's effect has been very positive with hospitals, nursing education programs and nurses in general. We have received ongoing support from the Utah Action Coalition for Health and the other nursing professional organizations, such as the Utah Nurses Association and the Utah Organization of Nurse Leaders. The CCNA and RWJF staff was available during the grant to help on any challenges we encountered and were always prompt in answering questions.

Question #5. Has your organization received funding from other foundations, corporations or government bodies for the project RWJF has been supporting?

Utah's SIP 3 grant received \$75,000 in matching funds from the Utah Hospital Association (UHA). The UHA was integrally involved in our nurse residency and APRN fellowship programs. The SIP 3 grant work in RN academic progression allowed for a grass root messaging on this important message, instead of a top-down hospital administrator requirement for the BSN as the entry level position. Having RWJF, a well-trusted grantee, helped in obtaining the matching funds for the grant.

Question #6. When considering the design and implementation of this project, what lessons did you learn that might help other grantees implement similar work in this field?

- Interagency agreements aligning ADN and BSN programs are the first step in encouraging RN academic progression.
- Interstate alignment of ADN and BSN programs.
- Using the term "Shared Curriculum" was problematic.
- Recruiting diverse nursing students to pursue academic progression needs more work.
- Careful messaging of RN academic progression in our videos is essential.
- Begin by obtaining buy-in of nursing deans and the Academic Leadership Committee/Utah Organization of Nurse Leaders.
- Develop champions for the RN academic progression efforts.
- Data collection is key to monitor RN academic progression.
- Target high schools with high minority concentration for future nursing students.
- Involve for-profit ADN academic programs in the RN academic progression initiative.
- Publish Breakthrough to [Baccalaureate](#) program resources for one-stop-shopping on the Utah Action Coalition for Health website.
- Involve patient and family advisors in the design of the curriculum. Listening to the patient and family voice is important to building a curriculum that is meaningful and "spot-on" to the patients nurses serve.

- Tailor the delivery and content of curriculum to the needs of the millennial generation. Bite-sized webinars, self-paced learning and using technology to deliver content suits the needs of young nurse residents well.
- Emphasize the impact and needs of diverse and underserved populations when teaching the curriculum. A one-size-fits-all model is not applicable, and variations need to be discussed so that nursing care is delivered in a culturally sensitive manner.
- Use a steering committee composed of representatives from the nurse residency programs to vet the new curriculum needed and the specific content. This will ensure that all voices are heard and the new curriculum is widely accepted.
- Develop a core curriculum of content that is appropriate to all settings. Allow individual variation in curriculum to occur so that health care site-specific needs are met.
- The model of an academic-practice partnership is sound. The academic representative is a valuable resource in developing content by serving as the nurse residency site subject matter expert.

Question #7. What impact do you think the project has had to date? Who from outside the project could be called on to comment on it?

Utah's SIP 3 grant was highly successful in demonstrating the importance of nurse residency programs to acute care hospitals, academic institutions and nurses alike. This success spread to other sites for development of nurse residency programs, such as long-term care and ambulatory care/outpatient facilities. Utah's acute care hospitals continue to expand their residency programs in other sites within their corporate network. We continue to receive positive comments from residents who have completed the program, and the data demonstrating program effectiveness is very encouraging. Given the data findings on skill levels and confidence of the nurse residents, we are encouraged that patients and families will be the beneficiaries of improved care outcomes. Outcome metrics on increasing the diversity of nursing students and the RN workforce are very encouraging. We are hopeful that with the implementation of the Salt Lake Community College Express program that RN academic progression will be accelerated and Utah will be close to meeting the IOM goal of 80 percent of the RN workforce being BS prepared by 2020. Please contact Larry Garrett, RN, Ph.D, HealthInsight, (LGarrett@healthinsight.org), who is available to comment on the project in the future.

Question #8. What are the post-grant plans for the project if it does not conclude with this grant?

Sustainability of all five SIP 3 projects is ensured by the Utah Organization of Nurse Leaders, the Academic Leadership Committee, and the Utah Action Coalition for Health taking the lead on these projects in the future. HealthInsight will continue to be the backbone organization for the Utah Action Coalition for Health, which will serve as the steering committee for these nursing initiatives in the future.

Question #9. With a perspective on the entire project, what were its most effective communications and advocacy approaches?

Two key areas for successful advocacy for the project included the following:

- Having a strong and engaged SIP Oversight Committee, and a broad-based representation of practice partners and nurse educators.
- Ensuring the program has dynamic SIP leaders, and having the SIP Grant Coordinator be employed by an independent organization (no vested interests).

Effective communication includes involving all of the various nursing professional organizations in the planning of the grant projects, such as the Utah Nurses Association and the Utah Organization of Nurse Leaders. Ensuring transparency of data, along with a quality improvement focus, was imperative to breaking down institutional barriers, which then promoted sharing of learning and best practices. Presenting information about the SIP 3 grant projects at professional conferences and membership meetings was also another successful strategy. Finally, it is critical to have a supportive and engaged Action Coalition throughout the life of the entire grant project.