

Lessons Learned from an Academic-Practice Collaboration to Increase Capacity of Local Public Health Nursing Workforce to Provide Enhanced Health Services

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Background

Nurses make up one of the largest disciplines within the local health department (LHD) workforce, comprising nearly 20% of the total LHD workforce. These public health nurses (PHNs) carry out core public health services including communicable disease control, maternal and child health services, primary prevention programs and chronic disease screening or treatment. The passage of the Affordable Care Act emphasizes operating at “top-of-license” (or practicing to the full extent of an individual’s education and training) so that staff can spend effort on the highest-skilled work that each care team member is capable of.

This concept is particularly important in local health departments where high level (MD) or mid-level (NP, PA) providers are challenged to meet the demand for sexually transmitted disease (STD) screening/treatment and physical screening of adults and children. To assure the accessibility and quality of these services, a partnership between the NC Division of Public Health (NCDPH) and the University of North Carolina Gillings School of Global Public Health (UNC SPH) was developed in 1996 to create the Enhanced Role Registered Nurse (ERRN) Program which allows ERRN nurses to provide a higher level of nursing services under standing orders in compliance with Medicaid billing guidelines and the North Carolina Nurse Practice Act.

Partnership

The development of this program required a strong collaboration between NCDPH and UNC SPH, founded on a long-standing continuing education partnership. The North Carolina Institute for Public Health at UNC SPH has extensive experience with on-site and distance learning instructional design, enabling NCDPH the flexibility to tailor programs to maximize accessibility to working PHNs.

NCDPH partners with the UNC SPH to provide ERRN training programs with each partner having different responsibilities (Figure 1). Some courses receive partial support via a state-funded contract to UNC SPH which off-sets the cost for local agencies. Other courses are fully supported by registration fees.

Enhanced Role Registered Nurse Program

The competency-based ERRN program includes population health, evidence-based practices, and standards of care along with a clinically supervised practicum. The sequence begins with a foundational course, *Introduction to Public Health Nursing*, followed by a Child Health or Physical Assessment of Adults/STD rostering track (Figure 2). The introductory course is required by NC law for all newly employed PHNs at local health departments within one year of employment.



Physical Assessment of Adults (PAA)/STD Combined Practicum

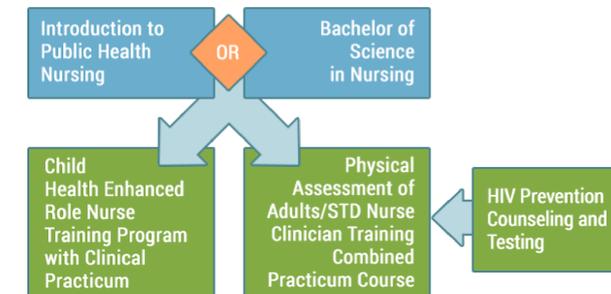
Course: This 21 week blended learning course and 5-month clinical practicum qualifies PHNs for dual certification for providing routine physical exams and STD services. The first part focuses on performing a complete physical assessment and the second part focuses on comprehensive STD screening and management. HIV Prevention Counseling and Testing training (offered by a separate entity) is a co-requisite.



Child Health Training with Clinical Practicum

Course: This 20 week (2 weeks on-site) blended learning course and 3 month clinical practicum focuses on comprehensive pediatric history and the complete physical assessment using the American Academy of Pediatrics *Bright Futures* evidence-based recommendations framework.

Figure 2. Enhanced Role Registered Nurse Training Sequence



Instructional Approach

- **Online delivery** of course materials employs live cohort-based webinar sessions, a learning management system (Sakai) which provides a repository of course materials, tools for submitting assignments and facilitates interactive group work.
- **On-site learning** includes expert lectures, skills demonstration, and Q&A sessions with course faculty and NCDPH nurse consultants.
- **Clinical practicums** where participants work with clinical advisors/preceptors to meet a set of required client encounters which are checked-off during a final clinical examination by course faculty.
- **Ongoing continuing education** required once rostered to ensure continuing competence/skills verified by NCDPH and client evaluation/hour requirements.
- **Continuous quality improvement** ensures courses are aligned with current clinical guidelines and are responsive to evaluation feedback.

Figure 1. Summary of Partner Responsibilities

NCDPH

- Fiscal support
- Subject matter expertise
- Rostering of ERRNs statewide with notification to Medicaid
- Ensuring ongoing skills competence

UNC SPH

- Course administration
- Instructional design and technical support
- Subject matter expertise and faculty
- Evaluation

Lessons Learned

Since 1996, the ERRN program has credentialed almost 700 PHNs in Physical Assessment of Adults, STD, and/or Child Health. The ERRN program has been the most cost efficient way to provide mandated services within the local health department. The overall impact of the ERRN program includes:

- **For the public:** Increased access to well-child and well-woman exams that include breast and cervical cancer screenings. Also increased access to communicable STD screenings, testing, and standing order treatment per CDC guidelines with health promotion and risk reduction services to decrease the incidence of STDs.
- **For the ERRNs:** Opportunities for increased education, performance, responsibility, and pay.

Key Factors for Success

- **Close collaboration** between partners to ensure course content stays aligned with current clinical guidelines.
- **Adaptation** to changing LHD circumstances such as moving from a strictly on-site learning program to a blended curriculum to accommodate reduced travel budgets and clinical staff shortages.
- **Clear communication** outlining roles and responsibilities for participants, supervisors and preceptors regarding time commitments and expectations.

Ongoing challenges to administering the ERRN training program include assuring continuing competence of program participants, staff turnover at LHDs, funding cuts forcing program efficiencies, and administrative effort to support roster record-keeping. In addition, evolving state legislation in North Carolina around Medicaid reform is likely to significantly alter funding mechanisms around clinical services such that the ERRN program may require some reformulation to adapt to changing reimbursement policies.

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