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 purpose 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 (UNC) Gillings School of Global Public Health (UNC SPH) was developed in 1996 to create the Enhanced Role Registered Nurse Program (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.

Enhanced Role Registered Nurse Program

The competency-based ERRN program includes population health, evidence-based practice, and standards of care along with a clinically supervised practicum. The sequence begins with a foundational course, continuing connection 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 (ERRN) Based Clinical Practicum

Course: This 21-week blended learning course comprises the full-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 examination 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: This 20-week (2 weeks on-site) blended course and 3-month clinical practicum focuses on comprehensive pediatric health care of the complete child. The course is using the American Academy of Pediatrics Bright Futures evidence-based recommendations framework.

Figure 1. Summary of Partner Responsibilities

<table>
<thead>
<tr>
<th>NCDPH</th>
<th>UNC SPH</th>
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<tbody>
<tr>
<td>• Fiscal support</td>
<td>• Course administration</td>
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<tr>
<td>• Subject matter expertise</td>
<td>• Instructional design and technical support</td>
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<tr>
<td>Rostering of ERRNs statewide with notification to Medicaid</td>
<td>• Subject matter expertise and faculty</td>
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<tr>
<td>Ensuring ongoing skills competence</td>
<td>• Evaluation</td>
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Figure 2. Enhanced Role Registered Nurse Training Sequence

Since 1996, the ERRN program has credited 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 tests and cervical cancer screenings. Also, increased access to communicable STD screenings, testing, and standing order treatment per CDC guidelines for Chlamydia and gonorrhea. Minimization and risk reduction services to decrease the incidence of STDs.

• For the ERNPs: Opportunities for increased education, performance, responsibility, and pay.

Lessons Learned

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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 commitment, course prerequisites.

• Ongoing collaboration between the ERRN training program staff who can provide ongoing education to program participants, staff turnover at LHDs, funding cuts forcing program efficiencies, and administrative effort to support roster booking. It is likely to significantly affect funding mechanisms around clinical services such that the ERRN program may require some reformulation to adapt to changing reimbursement policies.

Acknowledgment

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