

# PIN POINT

VOLUME 3 NUMBER 3

Fall 2011

The Newsletter of  
Partners Investing in Nursing's Future

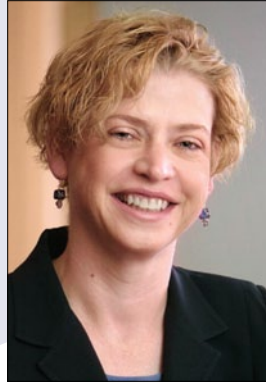
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**"If you want to go fast, go alone.  
If you want to go far, go together."  
—An African Proverb**



PARTNERS INVESTING IN NURSING'S

future



## THE PIN DOGPACK

FOR ANYONE WHO has ever owned a "working" dog (or seen the movie *Babe*) you may understand some of the genetic abilities of a Border Collie or Australian Shepherd. I had two of these dogs, and both are gone now ("retired from life" I like to say). Each of my dogs had a different temperament. Roy was always in front running back and forth. We used to say he walked twice as far and twice as fast as we did. His brother Robert walked behind, gently nudging us along by his presence. We were

being herded and we didn't even know it.

Most people tend to lump working dogs together as "sheepdogs" or "herding" dogs but each breed tends to have specific qualities necessary to move livestock from one place to another. The Border Collie is often known as a "header." These hyperactive, wiry, fast and determined dogs get in front of the sheep and use the "strong eye" to stare down the animals, basically scaring them to move away from the dog. These dogs are used to lead the herd in a particular direction (mostly through negative reinforcement).

Other breeds, like the Kelpie or Australian Cattle Dog are known for being "heelers." They are prized for their small size, quick movements. They move the herd by slipping in and out of the herd sections, biting at the sheep's legs and barking. These dogs may not actually even know where they are headed; they simply are in charge of keeping the momentum going.

"Back" dogs run along the back of the herd, keeping the sheep in formation, mostly by barking. Back dogs are actually forceful followers of the herd. Finally, there are "tending" dogs – think Sam Sheepdog from *Looney Toons*. These dogs act like living fences, protecting the animals from wandering off or being cut out from the herd by predators.

So, which of these dogs is the leader?

Some might argue that the shepherd is the leader. A shepherd could probably manage ten or twenty sheep, but can one person move a larger herd without help? Without the dogs working together helping the shepherd, results would be pretty disappointing. Reliance on the header would also be a mistake. The header may be in front to direct the movements of the herd, but without the heelers, the back dogs and the tenders, the herd would likely stop, scatter, wander off or worse. Good results are achieved not through the skills of one, but accomplished through the shared work of all.

Traditional leadership theory focuses on the relationship between the leaders and the followers. The prevailing wisdom is that we just need stronger, visionary leaders who can inspire others to action. But sometimes, no matter how hard leaders try, some people end up going in different directions, while some just sit there doing nothing. "Herding cats" is the most common catchphrase for what happens. Unlike sheep, cats want to go where they want to go, are easily distracted and are generally not intimidated by the "strong eye."

The Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, envisions a nation where all Americans have access to high-quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. That is a tremendous vision, brought about by two years of study, volumes of data and the hard work of many nursing professionals. But the vision alone is not enough.

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PHOTO: C. MacMillan

## PIN MAKES 11 NEW INVESTMENTS

On August 30th, the newest cohort of PIN partners was announced, marking the sixth year of PIN funding. Two types of grants were awarded this cycle: synergy and implementation. These awards were designed to meet the needs of different partnerships and collaborations to develop, extend, and expand strategic projects that are consistent with the IOM *Campaign for Action* recommendations and with the philosophy and programmatic goals of the PIN program.

With the addition of the newest cohort, PIN has invested more than \$14 million in local partnerships establishing over 220 funding partners in 37 states and the island territories of the Western Pacific and creating more than 500 local partnerships.

Below is a list of new partners and their areas of focus:

### 1. Arkansas Community Foundation (Arkansas)

*Planning for Workforce Development in Geriatric and Long-Term Care in Arkansas* will improve the educational preparation of registered nurses caring for frail older adults, promoting a seamless academic progression for nurses to achieve higher levels of education and to specialize in the care of the older adult.

### 2. Community Foundation for the Land of Lincoln (Illinois/Iowa)

*Academic Pathways and Leadership in Nursing* seeks to create a sustainable regional collaboration to increase educational capacity and support for BSN completion, enhance nurse leadership competency and investigate increased capacity for doctoral level nurse education in northwest-central Illinois and eastern Iowa.

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Channeling the diverse viewpoints, strategies and skills into collaborative partnerships to move the issues in health care to achieve such a vision sometimes feels like herding cats. The goal of PIN has always been to develop the commitment of a group of important actors from diverse sectors to a common agenda to achieve outcomes. It is challenging work, but the power developed through the dedication to a PIN partnership and persistence towards the goal will enable us to move the herd in the right direction. The PIN community is our own “working dog” pack, and we are leveraging more than 500 partners and \$30 million to ensure that the vision is achieved.

JUDITH WOODRUFF, J.D.  
DIRECTOR OF WORKFORCE DEVELOPMENT,  
NORTHWEST HEALTH FOUNDATION

## THE FUTURE OF NURSING: CAMPAIGN FOR ACTION RESEARCH AGENDA

THE FUTURE OF NURSING: *Campaign for Action*, a collaboration between the Robert Wood Johnson Foundation (RWJF) and AARP, is working to advance comprehensive change in health care by fully utilizing the expertise and experience of all nurses. Launched in November 2010, *Campaign for Action* builds on the 2010 Institute of Medicine (IOM) report, “The Future of Nursing: Leading Change, Advancing Health.”

It is the Campaign’s goal that every patient should have a well-prepared nurse available to provide that care, now and in the future. Yet the issues confronting the nursing profession cannot be considered in isolation from the challenges that other health professions face. For that reason, the *Campaign for Action* will enlist every health professional, policy-maker, payer, business executive, licensing body, educational institution, foundation and consumer advocacy group.

To that end, RWJF is coordinating a unique, multi-funder initiative to identify, generate, synthesize and disseminate evidence essential to informing efforts to implement the recommendations outlined in the IOM report. The purpose of this activity is to increase and focus national attention on a common research agenda related to the IOM recommendations and to facilitate and coordinate funding activity across a range of funders of nursing research. Please visit [www.thefutureofnursing.org/research](http://www.thefutureofnursing.org/research) to view a comprehensive list of national research priorities to accomplish this goal.

Proposals submitted in response to this opportunity will be reviewed by RWJF based on: 1) consistency with the research agenda; 2) potential to advance knowledge to support implementation of the IOM’s recommendations and 3) methodological rigor. Proposals that meet established criteria will be shared with members of the Funders’ Community for funding consideration. Applicants will be informed of the status of their proposal within one month of submission.

RWJF is currently accepting recommendations for funders who may be interested in joining the Funders’ Community. Please email Heather Kelley-Thompson ([hkelley@nursing.upenn.edu](mailto:hkelley@nursing.upenn.edu)) to submit your recommendations for funders to join the initiative. Please also contact Heather if you have research questions you would like submitted for the list of topics.

## 2011 ANNUAL MEETING UPDATE

THIS YEAR'S ANNUAL MEETING is fast approaching and we are excited to update you on the interesting sessions we have planned.

To kick things off, Emilio Pardo, Chief Brand Officer at AARP, will serve as our keynote speaker. Emilio has over 17 years of development and management experience with nonprofit, corporate and governmental organizations, and is currently responsible for creating, coordinating and integrating all brand-related plans from across the AARP enterprise. During his session, Emilio will challenge you to shift your views of the workforce diversity and cultural competence paradigm that currently defines the need for diversity as a "should" because it's fair and equitable and not necessarily because of the role it can play in increasing access to high quality health services.

On Thursday, we will be joined by Michael Margolis, Founder and President of Get Storied, Inc. During this session, you'll be introduced to storytelling frameworks you can use to engage stakeholders, and boost the perception of your PIN partnership. You will learn:

- What's missing from most social change storytelling (and what do about it)
- Specific storytelling themes about nursing
- Why the story begins with you as the messenger (your personal story)
- How to establish a meaningful connection with any audience

Michael will also coach you through hands-on sessions, where you will learn specific storytelling techniques for fundraising around the story of your PIN partnership. You'll work with your project partners and create a story blueprint of key elements to incorporate into your materials, website and social media.

You will also have the opportunity to:

- Hear from your fellow PIN partners whose projects focus on the issue of diversity
- Receive an update from Susan Hassmiller on *Campaign for Action* activities and what to expect moving forward
- Listen to a panel discussion on sustainability
- Hear from Sherril Gelmon and Linda Norman, PIN evaluators, on learnings from the completion of the first two PIN cohorts

As always there will be numerous opportunities for networking and learning from others in between sessions.

We look forward to seeing you in Santa Ana Pueblo, New Mexico. For more information, visit the annual meeting page on the PIN Community wiki at *Partners in Nursing > PIN Business > 2011 PIN Annual Meeting* or email Renee at [renee@nwhf.org](mailto:renee@nwhf.org). For those of you unable to attend, we will share and post highlights on the PIN Community wiki page as well.

## WIKI WISDOM... TIPS AND INFORMATION FOR UTILIZING THE PIN WIKI

### Check it out!

We've created a new page for all things annual meeting! Visit the 2011 PIN Annual Meeting page for current information and updates about this year's meeting. Go to: **Partners in Nursing > PIN Business > Annual Meeting of the PIN Community > 2011 PIN Annual Meeting.**

Check out the 2010 Colorado PIN partner's web page! The *Care and Career Transitions: Innovations in Home Healthcare, the Missing Link* wiki pages are up and colorful. They used photos, tables, and created sub-pages for their project activities. This is just one of the many creative uses that your PIN colleagues have come up with for their projects on the wiki. Feel free to personalize your project's wiki pages!

### Did you know...?

...The site map is a great tool when looking at the PIN website or wiki? The site map gives you a bird's eye view of all the pages of a website and a sense of its contents. It shows you the main pages and subpages created throughout the site. In some cases, it's faster to get to a page through the site map than to click through the tabs, or in the case of the PIN wiki, the left column. Try it. On the PIN wiki, click on "Tools" in the top menu bar and then click on "Site Map."

### Questions, ideas or feedback about the PIN community wiki?

Contact Jennifer at [jennifer@nwhf.org](mailto:jennifer@nwhf.org) or Renee at [renee@nwhf.org](mailto:renee@nwhf.org) for assistance.



## 2011 ANNUAL MEETING

WHEN: October 5-7

WHERE: Hyatt Regency Tamaya Resort  
and Spa in Santa Ana Pueblo,  
New Mexico  
[http://www.tamaya.hyatt.com/  
hyatt/hotels/index.jsp](http://www.tamaya.hyatt.com/hyatt/hotels/index.jsp)

[LEFT] Indian Pueblo Cultural Center,  
Contemporary Art Gallery in Albuquerque, New  
Mexico. PHOTO: [www.itsatrip.org](http://www.itsatrip.org)



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**3. Con Alma Health Foundation (New Mexico)**

New Mexico Nursing Diversity Partnership will work to increase the diversity of the nursing workforce in New Mexico by supporting the development of Hispanic and Native American nurses including additional education and training to improve practice and leadership skills.

**4. Daisy Marquis Jones Foundation (New York)**

Long Term Care Leadership Academy will be established at the St. John Fisher College Wegmans School of Nursing to expand programming and training in long-term care to all nursing students and long-term care nurses in the Rochester region.

**5. Jonas Center for Nursing Excellence at the Jewish Communal Fund (New York and North Carolina)**

RIBN Expansion in New York City and North Carolina will expand the RIBN (Regionally Increasing Baccalaureate Nurses) model, an educational track that joins community college nursing programs with four-year programs to provide seamless academic progression between AAS and BS degrees in nursing.

**6. Massachusetts Senior Care Foundation (Massachusetts)**

Care Transitions Education Project (CTEP) will prepare and empower nurses to be more effective care transition leaders in the state and demonstrate nurse-lead quality improvement in care transition practice and work processes that result in positive change.

**7. Richmond Memorial Health Foundation (Virginia)**

Partnership for Progression: Inspiration for Aspirations will establish sustainable partnerships between and among educational institutions and their community partners to create seamless academic progression for nurses to transition from associate's degree to baccalaureate programs and to increase local investment in local nursing workforce efforts.

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Darlene Curley

**PARTNER HIGHLIGHT:**

**An Interview with Darlene Curley, Executive Director, Jonas Center for Nursing Excellence**

REGIONALLY INCREASING BACCALAUREATE NURSES (RIBN) is an implementation grant that will expand the RIBN model in New York City and North Carolina. The model creates an educational track that joins community college nursing programs with four-year programs to provide seamless academic progression between AAS and BS degrees in nursing.

**How did work on your previous PIN project help you to create your latest project?**

The overwhelming success of the pilot RIBN program encouraged the Jonas Center to fund PIN 6. The original project was to develop an ADN to BSN curriculum at one community college and BSN program at City University of New York (CUNY) in NYC, and at one community college and one BSN program in rural North Carolina. It also required that NYC and North Carolina partners collaborate on common goals and share successes and challenges. In a very short time, the programs are up and running! In fall 2011, over 20 students are enrolled in the RIBN program in both CUNY and North Carolina. Both programs are now permanent student curriculum options. The Jonas Center felt that they should be expanded. The goal of PIN 6 RIBN is to expand to all students in the 13 nursing programs at CUNY, and Statewide expansion to all community college students in North Carolina. Of course, the ultimate goal is national expansion.

**What are the lessons learned from your original PIN grant that will you use in your PIN 6 grant?**

One lesson learned is the time and commitment it took to get the programs up and running was much greater than the original funding supported. PIN 6 partners are reaching out for other funding to support staff time to continue the program expansion.

Also, the students both applying and enrolling in the program had specific backgrounds and characteristics that responded positively to additional student support services. Many of their challenges were unrelated to their academics, but crucial to their success in the program. Both NYC and North Carolina hired "success advocates" to be available to students interested in and enrolling in the program.

Another challenge was the time and expense necessary to assemble the entire faculty during the year to discuss the program and define goals. PIN 6 will rely on electronic communication, such as webinars, to increase communication and reduce costs.

**Your project has a rural/urban juxtaposition. How have you addressed education-related issues in both settings?**

The rural/urban partnership is one of the major strengths of the program and in some ways the greatest success. Nationally, there are several models for seamless ADN to BSN nursing education programs; however, they are often seen as "site specific," "locale specific" or "state specific." RIBN has been successful in one of the most rural areas of our county

and the most urban area, which makes the model readily embraced to replicate and scale up nationally. The partners were surprised that they had much more in common than expected in the areas of curriculum redesign, faculty development, student strengths and challenges, and school collaborations. The partners identified common areas to address which joined them together, but found individual solutions to reach common goals.

**How is your project helping to advance the recommendations laid out in The Future of Nursing: Campaign for Action report?**

The RIBN project directly addresses the recommendation to increase the percentage of nurses with a BSN degree to 80% by 2020. The original grant addressed this issue, because it was seen as an important issue to advance nursing. The emphasis on this issue by the IOM solidified the support of the Jonas Center for Nursing Excellence to continue funding in PIN 6.

**PARTNER HIGHLIGHT:**

**An interview with Pamela Hoyt-Hudson, International Global Nursing Coordinator, Dreyfus Health Foundation and Florence Peter, Nursing Program Chairperson at College of the Marshall Islands, Pacific PIN**

THE ROGOSIN INSTITUTE/DREYFUS HEALTH FOUNDATION is partnering with collegiate nursing programs in the six U.S. Affiliated Pacific Island jurisdictions (USAPI) on a PIN Synergy grant. The grant will utilize Dreyfus' Problem Solving for Better Health™ (PSBH™) approach to help strengthen the nursing education infrastructure in the Northern Pacific region through partnerships and leadership development for nursing faculty.

**Your PIN 6 project brings together two previous PIN projects. How did you come to collaborate on this new project?**

**PAM HOYT:** Judith Woodruff came back from a site visit in the Marshall Islands and prior to the 2008 annual meeting encouraged us to connect with the team from the Pacific. DHF and Pacific partners first met and spoke with each other during the California annual meeting and then again in Idaho. In Washington, DC we continued to exchange information about our respective projects. Over the course of these interactions, it seemed there was a common thread between the two groups, as well as a willingness to learn from each other and try new things.

After the December meeting, I wrote to Cathy Wasem and Wilson Hess (our original point of contacts with their team) to determine if they were interested in collaborating on a PIN 6 project. RI/DHF, together with several key Pacific team, partners came to the conclusion that we have a unique arrangement and really feel like we were meant to come together on this.

**What are the lessons learned from your original PIN grants that will you use in implementing the PIN 6 grant?**

**PAM HOYT:** We're a NY-based foundation trying to work in various parts of the United States, or the world for that matter, which can be a challenge. It's that 'getting to know you,' cultivating trust, and ironing

>> We can't impose strategy on another region if we don't understand the local needs and issues.

out the kinks from the beginning that is essential. We can't impose strategy on another region if we don't understand the local needs and issues. We had to figure out how to establish trust and roles and responsibilities as early on in the work as possible. The Foundation could be more of a facilitator to strengthen existing local leadership and accelerate their progress towards common goals. Many of our key partners in Mississippi have come to value the PSBH™ process in much of their work, and internalized the idea of being "problem solvers."

**FLORENCE PETER:** Communication is key to the success of this type of project and this will be a challenge because we will be communicating across 12 time zones and the dateline, we have limited telecommunication infrastructure in the Pacific, and there are over 10 different languages spoken in our region. We learned in our first grant that project managers must be particularly mindful of being precise, using time effectively and being sensitive to the cultural nuances. Because the input of all partners is important, project managers will be spending much of their time getting input from partners as well as following-up with each member to get and keep everyone involved. "Hand in hand, step by step," will work best in this project due to great distances and different time zones in this area.

One of the other key lessons learned from our first project was the 'power of partnerships.' Our initial PIN grant enabled all the nursing programs to work together as a group. In fact, we have constituted ourselves as the Pacific Island Network of Nursing Education Directors (PINNED). Working together and working with our other partners enabled us to accomplish things we wouldn't have been able to accomplish otherwise.

**How does Problem Solving for Better Health™ program adapt to the different places it's being implemented? Do you foresee any challenges in the U.S. Affiliated Pacific Islands (USAPI) ?**

**PAM HOYT:** Typically the Problem Solving for Better Health™ program is applied in academic and hospital settings and the community. The benefit of the model is it can be modified and applied in whatever setting that fits the local circumstances. We really turn to the partners to see how they think it fits them and what target audiences make the most sense from the beginning.

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**8. The Rogosin Institute / Dreyfus Health Foundation (New York with U.S. Pacific Islands)**

*Expanding PIN Synergy in the Pacific* will strengthen the nursing education infrastructure in the Northern Pacific region through partnerships, utilizing the participative Problem Solving for Better Health™ approach, and will also support leadership development for nursing faculty.

**9. The Faye McBeath Foundation (Wisconsin)**

*Workforce Data and Mental Health Redesign: Nursing's Voice* will create a new, replicable model of workforce data collection and analysis to better project the skills needed in nurses of the future, and in particular to identify the nursing workforce needs in mental health services in Milwaukee.

**10. Tufts Health Plan Foundation (Massachusetts/Rhode Island/New Hampshire)**

*Building a Regional Institute for Inter-Professional Education* will support the development of a regional learning community linking Inter-Professional Education (IPE) partnerships, including nursing, medicine, pharmacy and social work across Massachusetts, New Hampshire and Rhode Island.

**11. Wyoming Community Foundation (Wyoming)**

*Nursing Education and Leadership in Wyoming* will transform nursing education in the state through a shared, competency-based curriculum and will promote leadership development for nurses at all levels in a variety of settings, including isolated rural nursing.

For example, when Dreyfus first started working in Mississippi, it was a community application. When the 2006 PIN grant was awarded, we had the chance to work with nursing faculty and nurse managers in the region. So it was a specific target audience that dealt with nurse workforce issues. That's the beauty of the model. It's an organic process. It identifies local problems and the specific target audiences can be chosen by the partners themselves.

In terms of challenges, one thing I have noticed already is that there are so many different partners in the Pacific. It's not just the Marshall Islands, it's Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, Palau and the Federated States of Micronesia. We need to think through how to portray the partnership completely to give value to all the different jurisdictions involved. It's still taking me time to get my head around all the partners and the roles that they play and the needs they have, in order for us to be as helpful as we can from a facilitation standpoint.

**FLORENCE PETER:** As an organic model, the PSBH™ process will be able to be adapted to fit each island community as well as the region. Maintaining ongoing dialogue among key partners will be a challenge and must be addressed early on in the project.

**How is your project helping to advance the recommendations laid out in The Future of Nursing: Campaign for Action report?**

**PAM HOYT:** The two that stand out in my mind are advancing nursing faculty capacity and nursing education to increase the number of BSN graduates. Also, tapping into existing nursing leadership and helping them expand their capacity and reach more nurse leaders in their region.

**FLORENCE PETER:** In the Pacific, where educational opportunities have been limited, the PIN 6 project will enable us to better maximize our limited resources and through partnering design a regional educational system that fosters seamless (or as seamless as possible) academic progression. This is particularly important given that in some jurisdictions fewer than 5% of nurses have had an opportunity to obtain a BSN. In addition, the opportunity for nursing program directors to learn the PSBH™ process and be able to share it with our service partners as well as with our communities, will strengthen and foster nursing leadership capacity and help nurses assume a transformative role in their communities.

**PARTNER HIGHLIGHT:**

**An Interview with Carolyn Blanks, Executive Director, Massachusetts Senior Care Foundation and Kelly Aiken, Director of Healthcare Workforce Initiatives at the Regional Employment Board of Hampden County**

THE CARE TRANSITIONS EDUCATION PROJECT (CTEP) is a PIN implementation grant designed to prepare and empower nurses to be more effective care transition leaders in Massachusetts and demonstrate nurse-lead quality improvement in care transition practice and work processes that result in positive change.





**Carolyn Blanks**

**How did work on your previous PIN project help you to create your latest project?**

**CAROLYN BLANKS:** Our previous PIN project was really about creating a nursing workforce strategic plan for Western Massachusetts—bringing together partners in education, service and workforce development to ensure that the region would have an adequate supply of diverse, qualified nurses to deliver quality patient care in all settings. As we revisited that plan over the past year, it became clear that care transitions were an area we wanted to focus on. We hosted a regional forum on care transitions last December, bringing together nurses from all of the region’s care settings and nursing programs. People were uniformly enthusiastic and excited about this opportunity to really coalesce nurses around this issue. Consequently, when the PIN opportunity presented itself, we knew care transitions was the perfect vehicle to cultivate nursing leadership at all levels, across

service settings and academia, from nursing students to experienced nurses, in order to improve the quality of care.

**KELLY AIKEN:** We were a 2006 partner and our major deliverable was our strategic plan. Our partnership continued to meet and sustain itself after our initial funding which led to a focus on care transitions. As the economy declined, we realized that new nurses were not excited to work in other care settings. Improving care transitions has served as a galvanizing theme that brings together more partners from across the care continuum. With health care reform and the introduction of accountable care organizations, this has really put care transitions at the forefront for our employer partners. Education is something that has always been looked at, but, they really want to understand how to educate both new and seasoned nurses to jump in and be able to lead care transitions. So, our new project has really been an evolution from the last project to where we are now since there was the gap between PIN projects.

**What new partners were brought on board and how did you come together with these organizations?**

**CAROLYN BLANKS:** At the state level, we brought in one of our sister organizations, the Home Care Alliance of Massachusetts, whom the Foundation has partnered with on other nurse education projects, and who is particularly interested in helping to develop the care transitions curriculum. Another new strategic partner is the Massachusetts Coalition for the Prevention of Medical Errors, a public/private partnership whose mission is to improve patient safety and eliminate medical errors across the state. I sit on their Board, which has identified care transitions as a key strategic priority, and they will work closely with us throughout the duration of the project to provide technical assistance and ongoing coordination with other statewide efforts on care transitions, as well as statewide dissemination of our work. There are many different projects focusing on care transitions

in the state right now. We are very much part of the mix in both learning from, as well as informing care transitions work going on statewide.

**KELLY AIKEN:** At the regional level, we have new funding partners—the United Way of Pioneer Valley, for example. They can really see how our work now touches their strategic priorities which are health, income and education, and workforce development is the thread that ties through all three. So, they view this project and our broader Health Care Workforce Partnership of Western Massachusetts as being a vehicle for implementing their strategic priorities. It’s really been a convergence of regional players around this project as it sits within our broader partnership.

The partnership itself is also a match funder because we have a co-investment model that has been sustained over the last 4 years thanks to the Davis Foundation, the original lead for PIN 1. Each year they put a match grant on the table and then each of our partners—academia, service and workforce development—put a cash match to that to support the partnership’s infrastructure. That has really helped to keep the momentum of the partnership moving forward and keep partners at the table as co-investors.

We have been able to bring in additional partners at the programmatic level too. There is incredible energy around care transitions and reducing avoidable hospital readmissions. Everyone is trying to understand implications from an organizational and workforce development perspective—what do our incumbent and new nurses need to know to be able to lead effective care transition teams and to improve communication and collaboration across the continuum and within their own inter-professional patient care teams. We now have home care and primary care at the table but we are still working on bringing in other partners—in particular physicians and other types of occupations—but have outreach strategies in place for doing that.

**CAROLYN BLANKS:** At the state-level, we’ve also spoken with the Board of Registration of Nursing who were extremely interested in the project. So now it’s a question of how do we further engage them moving forward.

**What are the lessons learned from your original PIN grant that will you use in your PIN 6 grant?**

**KELLY AIKEN:** Initially we relied on a relatively small group of nurse leaders to move our PIN 1 project forward. With our new focus on care transitions, not only does it broaden our organizational partners, but it really allows us to go deeper into the individual organizations and work with a broad array of leaders. Instead of going narrow and deep, we’re going broader in terms of the number of people we can rely on to get the work done.

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## KEY DATES

### OCTOBER 2011

PIN 2011 Annual Meeting  
(Santa Ana Pueblo, NM)  
October 5–7

American College of Nurse Practitioners  
National Clinical Conference (Denver, CO)  
October 5–9

American Academy of Nursing Annual  
Conference and Meeting (Scottsdale, AZ)  
October 13–15

National Gerontological Nursing  
Association Annual Convention  
(Louisville, KY)  
October 13–16

American Psychiatric Nurses Association  
Annual Conference (Anaheim, CA)  
October 19–22

American Assembly for Men in Nursing  
Annual Conference (Lexington, KY)  
October 20–22

Grantmakers in Aging Annual Conference  
(McLean, VA)  
October 26–28

National Student Nurses' Association  
Mid-Year Conference (Memphis, TN)  
October 27–30

Sigma Theta Tau International Biennial  
Convention (Grapevine, TX)  
October 29–November 2

American Public Health Association  
Annual Meeting (Washington, DC)  
October 29–November 2

### NOVEMBER 2011

American Association of Critical-Care  
Nurses Conference (Las Vegas, NV)  
November 9–12

We also had tensions at the beginning of PIN 1 between our AD and BD programs and acute care and long term care. We brought in a cultural competency consultant to help us remove those barriers. This brought forth the need to focus equally on process, relationships and results. That is how we are planning to implement this project. We know we have new partners so we have to revisit guiding principles of our partnership and how we interact with each other.

We were challenged in PIN 1 to get the attention of senior industry and education leaders. We were able to get their full support by developing a business case and linking what we were doing to actual dollars and showing the economic impact of our strategies. We feel we are able to do this again because improving care transitions is linked to payment reform and the implementation of accountable care organizations. Tying workforce development strategies to financial and economic issues is absolutely the way we keep the attention of our senior leaders.

#### How is your project helping to advance the recommendations laid out in *The Future of Nursing: Campaign for Action* report?

**CAROLYN BLANKS:** As Massachusetts leads the nation in providing universal access to health care, our project will bring nurses to the forefront in leading change to improve care transitions for patients and their families, a key recommendation of the report. Through developing and providing curricula that will impact, nursing students to nurses with many years of experience, across nursing education and service settings, we are also promoting lifelong learning. Education really goes hand in hand with leadership.



PARTNERS INVESTING IN NURSING'S

*future*

NORTHWEST HEALTH  
FOUNDATION

*The Community's Partner for Better Health*



Robert Wood Johnson Foundation