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Case Analysis - First Year Launch and Operations

The Center for Nursing Excellence

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Documenting a Community Collaborative

The UW Center for Nonprofits and the Center for Nursing Excellence

The UW Center for Nonprofits is an academic center devoted to advancing the nonprofit sector by providing education, research and outreach. In May 2009, principals within the Center for Nursing Excellence asked the Center for Nonprofits to document the progress of a community-based collaborative -- The Center for Nursing Excellence (CNE) as it started to build its nursing skills simulation lab. . Beginning in June 2009 and throughout the following year, staff of the Center for Nonprofits observed key discussions, planning sessions and negotiations as the project advanced. Additionally, staff of the Center for Nonprofits conducted 15 interviews with the principals of the collaborative including executive leads and staff from the key partner organizations in the initiative, as well as funding partners, to better understand the initiatives progress over time.

Documentation of the initiative is intended to provide a record of the objectives the project partners had as they entered the collaborative and how their expectations were met or adjusted during the project launch. Additionally, this analysis is intended to review key aspects of the project so that other communities considering similar investments in nursing and health education can glean lessons learned from this successful collaborative experience.

Understanding Community Collaboratives

As communities strive to find solutions to a more diverse set of issues and work to maintain and improve quality of life measures, the concept of pooling resources to meet increasing needs becomes a necessity. Whether the issue is health care access, child care services, youth development, housing availability or food distribution, nonprofit organizations around the nation have been encouraged by funders and pushed by the reality of decreasing government resources to consider alternatives to meeting their missions.

While the concept of collaborating with other organizations seems a logical conclusion to combating dwindling resources, community collaboration is not easy. Collaboration is not an event. It is instead a dynamic exercise. Buzzwords abound including words like partnership, networking and cooperation. But impactful *collaboration* is a process that requires as much attention and nurturing as any relationship

intended to have tangible and sustainable outcomes. It is a process of shared decision-making in which all the parties with a stake in a solution constructively explore their differences and develop a joint strategy for action. In real collaborative relationships, there are no winners or losers. However, there is regularly the need for compromise. And that becomes possible when the parties that have come together offer important intellectual and financial assets that can make a collaborative effort possible. (1)

Despite the increasing need for evaluation of community collaboratives, there has been limited evaluation of specific cases performed. As two researchers at the University of Wisconsin- Madison recently pointed out, "despite the attractiveness of the idea, most of the literature remains of an advocacy genre. Little research and evaluation are available, and few examples of successful large-scale multiagency collaboration have been identified."[2]

The elements of a collaborative model include the following (3):

a) A cross section of organizations that are aware of the commitment up front and are prepared to meet and act regularly;

b) Commitment of organizational administrators participating in the project. While there may be a deeper volume of staff involved to advance a project, administrative leaders must be involved in integral aspects to keep the commitment focused;

c) A stated mission and set of common goals identified early in the process and reviewed and revised over time;

d) A structure which identifies specific roles that represent a fair division of labor and other resources and uses the skills of all members;

e) Shared leadership and control among invested organizations;

f) And, a plan where resources are identified and pooled and project successes are connected to feeding the long-term goal.

With these elements in mind, an analysis of the genesis and first year progress of the Center for Nursing Excellence was undertaken.

Impetus for the Initiative

The nation has been transfixed by the myriad of issues that make up the need for health care reform. One issue that directly impacts the quality and safety of care that communities and individual patients receive is that of qualified and accessible nursing resources. In many ways the mismatch between the supply and demand for nursing services is a hidden aspect of the variety of concerns regarding access to health care in the United States. Just as more patients are in need of a greater volume of services from trained nursing professionals, the ranks of these professionals are dwindling. Additionally, educating the next generation of nursing professionals has become a costly imperative that singular health and education facilities have difficulty bearing individually. This reality comes at a time when health care providers are treating a growing caseload of older adults, as well as patients with chronic illness in need of well-trained nurses.

The following 2009 data points illustrate the need for an innovative model of increasing nursing service and training capacity in Dane County and Wisconsin:

- Nearly 8,500 registered nurses (RNs) work in the Madison metro area and surrounding communities with limited resources for introductory as well as professional training.

- In Dane County, nurses are employed by five hospitals, and over 500 clinics, urgent care centers, skilled nursing facilities, hospice care organizations and home health agencies.

- One out of eight Wisconsin residents is currently 65 years of age or older, with 2020 estimates increasing to one out of six residents.

- The nursing workforce is aging with the average age of registered nurses in Wisconsin at 47.6 years old; 44% are over the age of 50.

It was with these overarching issues in mind that the Center for Nursing Excellence (CNE) was proposed and developed.

The CNE supports the integration of technology into the curriculum and professional development programs of nursing students, newly employed nurses, and experienced nursing professionals. The nursing skills simulation lab provides a venue where students convene in individual simulation labs set-up as functioning hospital rooms with computerized, life-like mannequins programmed to enable students to observe, diagnose and treat multiple patient conditions. The labs are equipped with adult, pediatric, newborn and birthing mother computerized mannequins. Students are coached and reviewed by on-site professionals who facilitate one-on-one and group hands-on education. The lab ensures that students are able to exercise critical thinking skills and practice their overall readiness for a variety of situations without jeopardizing patient safety.

The initial audience for the program includes nurses being educated and employed in the Madison, WI area. The first year of the program primarily focused on involving the nursing students from the collaborating college partner with the gradual inclusion of registered and other nursing staff from the hospital partner organizations. As the program matures, the intent is to broaden the geographic reach and accessibility of this service to other health organizations and communities interested in accessing affordable state-of-the art education for their nursing, medical and affiliated staff.

In 2009, when initial funding was sought through the Wisconsin Department of Workforce Development, the project outlined several key components which set it apart from other nursing education initiatives. Specifically the project intended to:

- Target nurses, the medical professional group which comprises the largest component of the health care workforce in the Madison WI region.

- Provide a framework for collaborative curriculum development through the shared resources of the partners, namely professors, graduate students and masters prepared clinicians. This joint curriculum would work to improve critical thinking skills, clinical competence and professional satisfaction through assessment of all new and experienced nurses at partner organizations.

- Address key challenges related to the nursing shortage, such as nursing school capacity, clinical training site availability, nursing faculty development and nursing satisfaction.

- Eventually engage a broad audience, including high school students exploring health care careers, nursing students, new nurse hires, experienced nurses and nursing faculty.

- Effectively leverage organizational resources of multiple, willing collaborative organizations.

- Offer regional providers a unique opportunity for multi-disciplinary team training in critical care areas.

While informal discussions around nursing education began in 2004 between Meriter Hospital , St. Mary's Hospital and Edgewood School of Nursing executives, the initial concept and formal proposals for funding the CNE did not fully take form before fall 2008.

Important to the progress was the fact that in 2007, a local philanthropic foundation hosted and facilitated regular discussions among nursing leaders representing 16 area nursing programs. From these meetings emerged the Madison Nursing Collaborative, a partnership of engaged and committed health care leaders, dedicated to ensuring access to exceptional patient care through the education, recruitment and retention of a diverse, highly skilled nursing workforce. The primary goal of this organization was to develop and operationalize a regional nursing center for South Central Wisconsin by the year 2012.

In an interview with one of the partner organization's representatives, she recalled that while there had been interest in pursuing a collaborative project on nursing education, conversations didn't get traction until there were different factions of the community well beyond health care providers starting to discuss the current state of nursing education and the potential for a staff shortage locally. They included potential funders, institutions of higher education, nursing and community organizations. The project partner commented, *"When it started to become a community conversation we realized that it needed to really happen. But, the funding was the issue. We just weren't sure how to make it happen without funding."*

In 2008 Edgewood College School of Nursing was provided a $155,138 grant by the Henry J. Predolin Foundation to purchase three of the mannequins described above. This critical support became a catalyst to jump start a concept into collaborative action where Edgewood College's investment in mannequins could be matched with a space investment by Meriter.

Key Partners and Development of Collaborative Relationship(s)

Key operational partners in the initiative are three nonprofit organizations based in Madison WI, each with deep history in the advancement of the nursing profession and supporting excellence in patient care. Collaborative partners include:

1. **Meriter Hospital**, a 448 bed community hospital. Closely aligned with this project was the **Meriter Foundation** which served as the driver and fiduciary agent on the lead public grant for the project. A nonprofit, tax exempt 501(c)3 public charity, Meriter Foundation is the charitable arm of Meriter Health Services and provided the staff to identify the grant opportunities and develop the grant application(s) as well as engage other potential funders.

2. **Edgewood College School of Nursing**, a private institution that enrolls over 250 undergraduate and graduate nursing students each year. As a result of the collaborative, this institution responded to the growing demand of nursing student enrollments by creating an accelerated post-baccalaureate nursing degree program that allows candidates to earn a nursing degree in 12 months of intensive program study. Edgewood was the original recipient of the grant made possible by the Predolin Foundation that enabled purchase of simulators, a critical component of the CNE.

3. **St. Mary's Hospital (SMH)**, which opened in 1912 and today is a 440 bed hospital serving 120,000 patients annually. St. Mary's Hospital is a part of St. Louis-based SSM Health Care, sponsored by the Franciscan Sisters of Mary.

The first two partners, Meriter Hospital and Edgewood College School of Nursing, provided the initial intellectual energy and resource commitments to the CNE. In fall 2008 they entered into discussions to explore the concept of the CNE motivated by the impending purchase and delivery of the mannequins but having no space to operate them nor financial resources to build-out a facility. It seemed likely that St. Mary's Hospital (SMH) which operates a similarly robust nurse education program would be interested in partnering on the project. Meriter and Edgewood quickly invited SMH to the table as a potential partner and SMH ultimately chose to join the group in July 2009 with their inclusion in the formal partnership agreement signed by January 2010.

Timeline

As the initial two partners were able to attract funding for the collaborative effort, it became clear that the timeline for development and launch of the CNE would need to be aggressive. Funding to advance the curriculum and engage students was made available July 1, 2009. The adopted timeline suggested that operations would begin within (4) months, by October 2009 in order to serve the first class of post-baccalaureate nursing program students. The project miraculously achieved this.

In addition to the aggressive timeline one of the real challenges in executing the project quickly was evident in the fact that each of the three organizations enjoyed different cultures in operations and decision making. But, in retrospect, the key objective of developing a community asset that aligned with each organizations set of priorities remained the driving force behind a timeline that drove results:

- **October 2008**

A note of importance regarding this point in time: In October 2008, the nursing workforce shortage was gathering significant attention particularly with the Wisconsin Department of Workforce Development (DWD). DWD was ready to receive new ideas to bolster the workforce. At the same time the nation's economy crashed. As a result, in the months to come, the impetus for job creation was high and local partners to this project were ready to act. During this month:

  - Edgewood College receives $260,000 grant for human patient simulators from the Henry J. Predolin Foundation.
  - Initial plan developed for a shared nursing simulation lab with Edgewood College providing the simulators and Meriter Hospital providing space. (*Note: This was not the first time the concept was discussed but the first time specific details of planning were articulated*.)
  - Meriter Foundation commits $250,000 to the concept. Edgewood and Meriter Hospital consider a 50/50 arrangement.
  - $750,000 grant application to Health Resources Services Administration (HRSA) submitted (eventually rejected).

- The Oscar Rennebohm Foundation is apprised of the plan and begins consideration of a grant to the project.
- At this point in time, the space being considered for the CNE and the nursing skills simulation lab in particular was a modest retrofit in a 1928 built elementary school owned by Meriter.

- **November 2008**
  - The Chief Executive Officers of the (3) partner organizations meet for the first time to discuss the initiative.

- **January-February 2009**
  - Meriter and Edgewood principals conduct statewide site visits to academic nursing skills and simulation labs.

- **March 2009**
  - Decision made to hire a project manager / interviews conducted by all three partner organizations.

- **April 2009**
  - In response to a survey of interest distributed by the Chief Nursing Officer at Meriter Hospital, six regional hospitals sign agreement indicating interest in human patient simulation services.
  - $569,000 grant application to U.S. Department of Labor's Workforce Innovation in Regional Economic Development (WIRED) grant program submitted through the Workforce Development Boards of South Central and Southwest Wisconsin to develop nursing skills and simulation lab. *(SMH was included as an equal partner in this grant application even though negotiations regarding a collaborative initiative continued,)*
  - Conversations with Brad and Joelle Hutter resulted in $250,000 gift to SMH and sealed that organization's ability to join the collaboration.
  - Contract/Consultant – Independent Project Manager retained.

- **May 2009**
  - $415,000 in funding from WIRED awarded. (*The project was funded to begin July 1, 2009*)
  - Henry J. Predolin Foundation site visit to see Meriter's existing mannequins and confirmation of interest in partnership.

- **June 2009**
  - Funder meets with third party to encourage involvement of St.Marys Hospital.
  - Subcommittees (*as outlined under "Development of Initiative" section of this document*) start to convene weekly.
  - Donor facilitates identification of space for lab facility and confirms support for facility build out and operationas.

- **July 2009**
  - Recommendations on Governance Structure introduced to executive committee.
  - Negotiations on specific site for lab facility completed and independent review of construction contract performed. A 5,000 square foot, custom built space becomes the

targeted location. This space includes dedicated parking and is easily accessible from a major highway.
    - Customization of space begins and is completed within six weeks.

- **August 2009**
    - Governance structure is adopted by the first two partner organizations and a lease is signed for the lab facility.
    - St. Marys Hospital funding received enabling participation in the collaborative. Administrators and staff join planning sessions. Member organizations request a change to funding designation to support project manager, case study, legal expenses and start-up costs of one lab.

- **September 2009**
    - First employees hired (1.5 FTEs) to manage lab operations.
    - Donor event held on-site at CNE.
    - Edgewood College's accelerated post-baccalaureate nursing students begin classes at CNE.
    - Training of 25 nurse educators begins.

- **October 2009**
    - $172,000 grant application to U.S. Department of Labor's Workforce Innovation in Regional Economic Development (WIRED) grant program submitted through the Workforce Development Boards of South Central and Southwest Wisconsin to develop learning management system for CNE.
    - $172,000 WIRED Innovations grant awarded.
    - First student clinical class begins at CNE.

- **November 2009**
    - First group of experienced nurses participate in training at CNE.

- **December 2009**
    - Completion of training of 25 nurse educators.
    - Public communications and media plan launched / open house event held.
    - Revised $750,000 grant application to Health Resources Services Administration (HRSA) submitted.
    - Instructor training completed on adult, child, newborn and birthing simulators.
    - CNE becomes fully operational and begins offering two simulation sessions per day for nursing students and experienced nurses within partner organizations.

- **May 2010**
    - CNE has achieved 89 sessions, served 449 nursing students, 280 experienced nurses and 23 newly employed nurses.

Development of the Initiative

The project included the work of approximately 20 executives, managers and staff across the collaborating organizations. These individuals participated in the planning and execution of key aspects of the CNE. Specifically, subcommittees were developed to drive each of the following areas:

1. Partnership Agreements (*Team Lead: Dick Keintz, Chief Financial Officer, Edgewood College*)
2. Finance (*Team Lead: Mike Lake, Finance Department Associate, Edgewood College)*
3. Facility, Equipment and Supply Readiness (*Team Lead: Amy Fluke, Independent Contract Project Manager and Joan Jacobson, RN, EdD, Director of Practice, Research and Innovation, Meriter)*
4. Lab Capacity and Specific Offerings (*Team Lead: Amy Fluke, Independent Contract Project Manager*)
5. Staff Needs and Readiness (*Team Lead: Amy Fluke, Independent Contract Project Manager*)
6. Curriculum Readiness / Instructor Needs and Readiness (*Team Leads: Renee Dorazio, RN, MSN, Meriter and Cathy Andrews RN, PhD, Coordinator of the Accelerated Post-baccalaureate Nursing Program, Edgewood*)
7. Client Servicing Policies and Procedures (*Team Lead: Amy Fluke, Independent Contract Project Manager)*
8. Back Office Policies (*Team Lead: Amy Fluke, Independent Contract Project Manager)*
9. Lab Clientele Relationship Management (*Team Lead: Wendy Hall, Provider Relations Manager, Meriter Hospital)*

Curriculum:

Each organization had previously developed curriculum to train their internal group of nurses or nursing students. Integrating the simulation aspect into the instructional outline was the primary objective of nursing instructors. Developing the curriculum for the CNE was the responsibility of lead nursing staff and faculty within the partner organizations. The investment of time and expertise of these staff was absorbed by each organization.

Faculty Engagement / Faculty Readiness:

From the outset, the partners had identified a goal of providing classroom and clinical space for the Edgewood Accelerated Nursing Program by September 2009 and that goal was met. In order to achieve this, instructor training needed to take place soon after the WIRED grant was received. The lab ultimately trained 25 instructors during the first three months of operations. As a point of comparison, most nursing schools engaged in developing similar training labs report having 4-5 instructors trained during the first year of operations. Some have indicated that it took a year just to get the mannequin/simulators out of the box and operational.

In reviewing what enabled the faculty and students to engage as quickly as they did within the lab setting, partners agree that having dedicated staff (1.5 FTEs) to facilitate sessions has made a significant difference. Additionally, a clinical resource and development committee meets regularly to review the instructional outlines and the student feedback so as to improve instructional operations.

Budget / Funding Considerations

Start-up funding required for the project was $926,500 and was obtained through multiple sources including investments by collaborative project partners, private donations and public grants. In addition to providing key staff, including several senior managers from each organization, in 2009 each partner organization provided a minimum investment of $250,000 to advance the effort.

- Meriter Hospital, via Meriter Foundation, provided a financial contribution as well as an in-kind investment of the purchase of a simulation mannequin and hospital equipment.

- Edgewood College's investment was an in-kind donation seeding the technology, equipment and facility needs of the lab operations. Part of this investment was made possible through the grant provided by the Henry J. Predolin Foundation.

- St. Mary's Hospital provided $250,000 through a private donor to the St. Marys Foundation. This final investment, in August 2009, enabled the collaborative to move forward with their plan and build out the space that was designated for the CNE.

While the collaborative partners made other significant in-kind or cash contributions to the start up of the CNE, direct financial investments will also be provided annually by each collaborative partner in the future. These financial contributions will continue to be critical to sustaining the operations and additional staff support of the nursing skills simulation lab.

Other (2009/10) funders to the project include:

- The Oscar Rennebohm Foundation with a start-up grant of $250,000.

- WI Department of Workforce Development – WIRED grant providing $415,000 and WIRED Innovations grant providing $172,000.

- Henry J. Predolin Foundation providing $155,138 to purchase three training simulators.

- Private funders, Brad and Joelle Hutter, provide $250,000 to the St. Mary's Foundation; $200,000 for facilities construction and customization and $50,000 for CNE operations..

It is estimated that the annual expenses for 2010-2013 will be $350,000 with a total four-year budget of $1,250,000. By 2013, an estimated $108,000 is expected to be derived annually from program revenue based on lab session charges paid by outside organizations scheduling use of the CNE.

Governance / Planning Structure

The six member board of the initiative was developed with legal advice and includes equal representation from the collaborative member organizations. Initially the corporation was legally formed with just two partners, Meriter and Edgewood, but written in such a manner as to allow St. Marys to join as a partner months later. The unsalaried positions include CEO, Vice President for Facilities, Treasurer and Secretary. Additional points of interest concerning the CNE governance structure include:

- The CEO is elected by the board.
- The CEO chairs the board.
- The board sets the agenda for the work of the corporation and functions of the CNE.
- Each collaborating partner organization recommends who should be appointed to the board with two members from each of the partner organizations assigned.
- Each partnering entity has one vote.
- No member organization can re-assign its participation on the board to another entity (e.g. a hospital could not re-assign its board seat to its affiliated foundation or any other group.)
- The term of the agreement of the organization will be fixed three-year automatic renewals.

As with some aspects of the progress of this initiative, understanding how well the governance structure works for the organization will become important to review over time. There were significant discussions that were required before the agreement was finalized based on one donor's insistence that the agreement emphasize that the lab scheduling consider student nurses as first priority. When setting up the structure, Margaret Noreuil, Dean, School of Nursing at Edgewood and the first President of the board indicated the following about developing the structure, "*It was challenging because we were working with three organizations and it was important to make sure the governance process fit all needs of each organization."*

Project Outcomes

Student Volume and Evaluations

As noted in the timeline, the first students to engage in training were nursing students enrolled in the Edgewood College School of Nursing. That class convened, on September 16, 2009 with students working with non-computerized simulators for the first few weeks. By October 5, 2009, the fully computerized simulators were operational and ready for the Edgewood students' sessions. The first group of experienced nurses began work in the CNE in November 2009.

In evaluations of their experience in the CNE, 72% of students rated the experience an "A", 27% a "B" and 2% a "C". The predominant opinion of the 156 respondents to date has related to their preparation in advance of their sessions within the CNE. A majority of students have indicated a desire for more preparation before they participate in their lab session. This is being reviewed by the curriculum committee for future consideration.

Back Office Functions / Procedures / Scheduling

After eight months of operation, the CNE employs 1.5 FTEs and has the capacity to serve up to 10 students in each 4-hour session.

As of June 1, 2010, the CNE has hosted 89 lab sessions. This includes 449 nursing students from Edgewood College School of Nursing, 280 experienced nurses and 23 newly employed nurses at the hospital partner organizations. Most students participate in 1-2 simulation sessions.

Additionally, the CNE has hosted 150 high school students for tours and discussions on health careers that include nursing, respiratory therapy, mid-level providers and other health related professions.

The four year operational plan anticipates growing the enterprise from 286 lab sessions in year one to 534 by 2013. That growth would reflect an increase to a total of 4,272 students participating in a session at the CNE by 2013. General hours of operation are 7:30 am – 4:30 pm with the likely expansion of hours as the simulation lab serves students and professionals from a larger geographic area.

As of June 2010, the lab is prepared to enroll students from outside the collaborative partner organizations. Currently, and as examples, contracts with county-based emergency medical technician units are being reviewed. Additionally, interdisciplinary clinical teams, including physicians, have used the lab for emergency response training. The approximate cost for use of the lab is $90 per student for each four-hour session.

Recommendations for Future Projects / Lessons Learned

One of the critical points to consider regarding this community collaborative is the aggressive time frame originally outlined for program launch. To reiterate, the formal proposal for the CNE was conceived and executed in a matter of months. While discussion of the concept had taken place in the past, from the time the WIRED grant was awarded to the time the CNE was in operation was a mere four months.

With that in mind, some of the lessons learned in this community project may be even more critical than projects which enjoy a more relaxed timeline. There are four key areas that this analysis highlights as lessons worthy of consideration during the CNE's first year of operation:

1. Project Management

A clear theme became evident in each interview conducted on this project: The critical value of having an independent project manager committed to keeping the initiative organized, on time and focused was a key part of the success in meeting its launch timeline. In the case of the CNE, operations were proposed to begin three months after funding became available. Having full-time dedicated project management became an imperative to successful engagement of all partners as well as the organizing and management of working subcommittees.

The independent project manager for this effort was a contracted consultant who was employed full-time for six months (April – October 2009). This required that a partner organization make the initial investment in retaining the project manager before the grant became available.

It is important to note that the project manager that was hired did not have a background specific to managing health related initiatives. Core responsibilities of the Project Manager on the CNE initiative included:

- Organizing and, in many cases, chairing subcommittee meetings of the key partners concerning all operational issues from facilities planning to curriculum development to finance.

- Serving as the primary liaison on the facilities development between the health care partners and the construction team preparing the space.

- Regularly providing updates and reports to the senior planning team on progress concerning each of the key operational areas.

Interviews with the Project Manager and senior team yielded another common theme: Key to this role was the fact that the Project Manager had open access to all project partners and would call upon partners regularly for information or with requests for assistance in engaging their organizational resources for both planned and last-minute needs. She had the full support of the key stakeholders.

This is an important aspect of one of the lessons derived from this collaborative project. So often, well meaning partners come together with a vision of improving a system of service. However, equally often and particularly in collaborative circumstances, it becomes difficult to identify who has direct responsibility for advancing key deliverables or other aspects of a project. Such lack of focus cannot only

be disabling to projects but in some cases can completely dilute the originally strong and able intentions of well meaning and enthusiastic partners. The CNE avoided any question about who was driving results by making a temporary yet critical investment in a point person to accomplish this.

Two other aspects of project management that surfaced as key to the ongoing continuity and success of this project:

a. The project manager was employed and committed to the project for six months. In interviews that were conducted following that time, there was some concern about whether the level of support that the group had enjoyed from this role would continue in another form. In the words of one stakeholder, "*In the absence of authority, you have an erosion of responsibility.*" The immediate concern was that progress on the CNE would stymie without the Project Manager at the helm. The recommendation is that the collaborative employing a project manager should consider the plan for transitioning responsibility back to the partners if partners are to maintain a sense of continuity and confidence in how the project moves forward.

b. It is essential to note that while the Project Manager was able to best organize the resources, including time spent by partners on the project, the time invested by individual partners on the effort remained significant. Some senior managers involved in the effort estimated that between 25-30% of their time was spent on CNE related work during the six months preceding launch of the lab. Time invested included CNE large group and subcommittee meetings, information gathering and strategizing sessions. One of the senior managers on the project team offered, "*I worried at times about how involved my schedule would allow me to be. I was concerned that my comfort in delegating some of the tasks and meetings to my staff might be perceived as a lack of interest on my part.*"

2. The Role of a Catalyzing Organization

As health care organizations face new challenges associated with declining resources and increased requests to serve their communities, it is evident that meeting the challenge will only be realized by organizations who consider how to pursue alternative streams of funding and invest their resources differently. Such is the case with the role that the Meriter Foundation played in catalyzing the CNE.

The Meriter Foundation enjoys great recognition in the greater Madison community for providing charitable contributions and other support to a variety of community health focused organizations and projects. It has long been a well-respected philanthropic arm of Meriter Health System and supports community benefit health programs sponsored by Meriter Hospital.

Upon the retirement of Meriter's President and CEO, Terri Potter in 2007, the Foundation was able to raise gifts in honor of Potter's lengthy service in the amount of $250,000. Potter requested that this fund be focused on advancing nursing education within the organization.

At the time, the Foundation was welcoming new leadership, with a new President to the organization in late 2007. As a renewed organization considered its future focus, Meriter Foundation recognized the potential the Potter fund had to attract other gifts as well the opportunity to reframe the scope of philanthropy the Foundation could provide particularly as it related to contemporary and changing community needs. Ultimately this renewed vision would enable the Meriter Foundation to pursue leveraging federal and regional funding sources in addition to more typical private gifts in the name of building capacity for nursing education.

In fall 2008, Meriter Foundation, in partnership with the stakeholders at the School of Nursing at Edgewood College, applied for federal support to advance the CNE. In two weeks time, the Meriter Foundation team started and submitted a $750,000 Health Resources Services Adminstration (HRSA) grant application (October 2008). This was a team with no previous experience in generating federal funding requests. While that initial 100-page application did not receive funding, the exercise in looking beyond typical funding sources allowed Meriter Foundation to reframe internal expectations for who their future funding partners should be. The CNE concept was revived just a few months later when another application was submitted and funding was made available through the U.S. Department of Labor's Workforce Innovation in Regional Economic Development (WIRED) grant program administered through the Wisconsin Department of Workforce Development. Funds provided totaled $415,000 in June 2009. This was followed four months later by a second application to this funding body in a different category of funding which granted an additional $172,000. Two gifts from private funders followed, each for $250,000.

The team at Meriter Foundation recognized a few key factors that would make this collaborative initiative possible:

a. Nurses represented the largest workforce at Meriter Hospital and the challenges of training both new and experienced nurses was a burning platform for all local health care organizations. Meriter and SMH each employ approximately 1,100 nurses and invest significant resources to orient and provide on-going professional training to this key labor force;

b. Meriter Foundation principals requested and received unconditional support from Meriter Hospital senior leaders to move forward with establishing a collaborative relationship with other health partners, including a competitor, to pursue previously unexplored granting sources;

c. Recognition that different funders may be more willing to provide funds to collaborative partners rather than a singular organization advancing an initiative. By not requiring that all funds funnel through one organization, the possibility of deeper funding opportunities increased. "*In philanthropy you are looking to excite passion and imagination,*" says Fran Petonic, President of Meriter Foundation, in retrospect.

In addition to recognizing that a team of collaborators may have more to gain in terms of investors, an additional lesson learned by this example is to embrace new challenges outside your usual role. The fact that the Meriter Foundation staff had never pursued a federal grant didn't intimidate their willingness to try and try again, the second time successfully. Ultimately, in conversations with Meriter executives, it became evident that this willingness to stretch enabled senior leaders within the organization to see their Foundation in a new and valuable light to advancing operational challenges.

Additionally, the Foundation's colleagues within the Meriter system have indicated that the investment the Meriter Foundation made in pursuing the WIRED grant helped raise awareness system wide for the need for technology-advanced nursing education. *"This money is going to a "Center for Nursing Excellence," commented Carolyn Krause, Director of Patient Care and System Support, Meriter Nursing Services. "That has engaged the senior leaders in our organization and our board in the importance of nursing."*

3. Establishing Trust in Partners

The hallmark of fully functional collaborative projects lies in the trust that exists between the partners. "Leaving your logos at the door," is an important element collaborators must consider if they are to set aside organizational interests in pursuit of creating a greater vision and plan together. Beyond setting aside personal organizational agendas, it becomes critical that collaborative partners accept the contributions that each organization brings to the table as equally valuable.

In discussions with the CNE partners it is evident that they enjoy a great deal of trust in the working relationship they share. Undoubtedly some of this is due to the fact that there have been multiple previous interactions that allow them to understand and accept the individual culture of each organization and how those factors may impact decision making together. Even as the third operational partner, St. Marys Hospital, came to the table after some initial project decisions had already been made, there was no evident concern on the part of any of the organizations about integrating those new ideas and people in the process.

In talking with these collaborative partners about the dynamic of working with each other, the terms "nimble", "agile", "trustworthy" and "cooperative" came through regularly about all partners in the discussions. The differences in the partner organizations' cultures and structures, at times, challenged the speed with which decisions could be made. This created tension at various points in the center's development. Yet, it was important to recognize that barriers to making firm commitments were a function of the complexity of bringing three diverse organizations together and not a reflection of commitment or valuing of this important project by the partners. It is a reason why regular, even informal, communication among collaborative partners and potentials becomes critical to building trust. In the end, the partners in this effort operated for a year with no legal commitments. However, regular status checks among partners enabled trust to be developed and served as a placeholder until the time was right to become legally connected.

While other collaborative efforts had been pursued by some of the partners in the past (i.e. Turville Bay MRI & Radiation Oncology Center, Parish Nurse Program, Health Check Coalition –EPSDT Well Child Exams, Dane County Health Council), the CNE is considered one of the first and largest collaborative efforts to advance nursing education in the immediate region. St. Marys Hospital Vice President, Joan Beglinger and a member of the new CNE board remarked "*I remember years ago hearing Leland Kaiser (Health Care Futurist) say 'even though we are competitors, we can find zones of collaboration'. This is one of those. We can do this far more effectively together than separately.*"

The lesson from this initiative is that by starting the conversation, even with small projects or informal discussions on common issues of concern, the opportunity to leverage collective assets becomes much more possible. In time, deeper future collaborative enterprises can result. As in any sustaining relationship, trust must be built not bought. Trust is established between (even potential) collaborative partners by sharing information and ideas over time. It may take one organization to get out in front and share their ideas or information first. But, the process requires engaging others early and staying active together over time.

4. Bridging Relationships

While collaborative partners ultimately make decisions together, having the support and counsel of other interested stakeholders can prove invaluable. In the case of this community collaborative, one of the

funders had, in the past, funded all three organizations. As such, the funder could see potential linkages to this project elsewhere in the community and worked hard to engage new funders.

The "ask" made to funders from the collaborating organizations is an important one. However, when the opportunities are outlined by a current funder and discussions led by that funder, the conversation takes on a new tone. Funders, serving as ambassadors of the collaborative, can link new funders to "proven investments"and can outline the potential impact of their funding partnership. Beyond making requests for financial resources, some projects are aided by stakeholders who can help broker and cement relationships over time.

The Oscar Rennebohm Foundation(ORF) , played this key role as a "connector" for the CNE. Principals with the ORF reached out to other possible funders and engaged their interest and resources. Identifying nontraditional, potential funding partners, including some who provided in-kind gifts such as lease arrangements, proved most valuable to advancing the collaborative, particularly during the early months of development.

ORF also regularly stoked the energy of the collaborative partner organizations during periods when momentum seemed to wane. Principals with ORF seemed to intuitively know when "circling the wagons" was needed and did it. As outlined previously, different organizations have different cultures, policies and protocols in regard to entering into contracts and business relationships. The different corporate structures of the partner organizations resulted in different approval requirements for the various steps necessary to create the center. In the case of this collaborative, the ORF continued to call parties together to encourage updates among them while each organization worked through its approval processes. This approach proved to be very helpful in keeping the partners engaged, as the entire approval process took well over a year to complete.

The lesson here is to recognize that funders and other community stakeholders can be part of your evangelical team advocating on behalf of your collaborative efforts. Educate, engage and enlist their help in opening new doors and starting as well as closing conversations on your behalf. They can serve as some of your most devoted community organizers.

Future

As previously indicated, too few community-based collaboratives have been studied to understand what enables them to truly yield future sustainability.

In this case, all three organizational partners indicate that they see this initiative as seeding an effort that will encourage them to consider other collaborative opportunities in the future. In discussions with the project partners regular references to additional clinical, interdisciplinary team-based educational opportunities are being considered. The possibility of the CNE increasing capacity to serve a larger clinical group of professionals is clearly part of the collaborative vision.

Even within the first several months of operation, the associated staff are considering areas that go well beyond nurse training. One nursing manager indicated that she had met new colleagues within the partner organizations that she was very interested in continuing to work with. *"Since working on this*

project, we've been talking about doing some analysis concerning nursing hours in our organizations and sharing data. We could even use this information as new legislative proposals come forward. I feel much more connected to these other organizations and I will be comfortable reaching out to them and learning from them."

Another member of the steering group shared the following about learning with and from collaborative partners, "*What makes this richer is that as health care organizations, we have different operating methods. We have a lot to learn from each other. We can help each other with our Epic (software) Systems and shared governance models just to name a few things. The fact is, we are all here to help make our community the best it can be for all of our patients. They are our patients together.*"

Notes:

(1) Scott London, "Community and Collaboration", 2008 london.com/reports
(2) 1. Julie. White and Gary Wehlage. "Community Collaboration: If It Is Such a Good Idea, Why Is It so Hard to Do?" *Educational Evaluation and Policy Analysis*, Vol. 17, No. 1 (Spring 1995), p. 23.
(3) Jeanan Yasiri and Tom Blinn, "Tackling the Uninsured Puzzle: Collaborating for Community Care" 2001.

Further Resources and Reading on Nonprofit Collaboration

- The Foundation Center offers a wealth of resources on nonprofit collaborations, including a database with examples of different collaboration models. http://foundationcenter.org/gainknowledge/collaboration/
- This article by Francie Ostrower candidly outlines not only the potentials, but also the pitfalls of partnerships, including lessons learned. http://www.ssireview.org/articles/entry/the_reality_underneath_the_buzz_of_partnerships
- This case study by Julie White and Gary Wehlage explains the disparity between theory and practice in community collaboration by analyzing issues that plagued a collaboration around the issues of at-risk youth. http://www.eric.ed.gov/PDFS/ED364992.pdf
- The book, *Tackling the Uninsured Puzzle,* by Jeanan Yasiri and Tom Blinn, identifies methods that health care executives and physician leaders can employ in addressing issues of the uninsured. http://www.amazon.com/gp/search?index=books&linkCode=qs&keywords=1568291299

- *Strategic Dynamics* by Janice Hirota is a case study of the dynamics of developing, practicing, and refining a collaborative effort between nonprofits to initiate a new program. http://www.chapinhall.org/research/report/strategic-dynamics
- The Collaboration Forum website includes resources for collaboration such as articles, presentations and collaboration stories. http://www.collaborationslo.org