



JMU team physician B. Kent Diduch, MD, far right, reviews a football player's X-rays with Tom Kuster, JMU assistant athletic director of sports medicine, and RMH radiologic technologist Ashley Lam, during a recent JMU football game. As part of the JMU-RMH Collaborative, JMU Athletics and RMH Imaging Services are now partnering to make X-rays available onsite at certain JMU sporting events.

Culture of collaboration

JMU-RMH Collaborative is a win-win for broader community

By Karen Doss Bowman

Kitty Pitsenbarger, RN, gets discouraged when her patients in the RMH Ambulatory Surgery Center come out of surgery dealing with nausea. Her desire to find alternatives to the typical anti-nausea medications led Pitsenbarger and some of her fellow ASC nurses to become interested in testing an idea they had heard about at other healthcare facilities. That idea was to use scopolamine patches, often used to treat motion sickness, to relieve post-surgical nausea.

As a seasoned nurse with 12 years' experience, Pitsenbarger is well aware of how to address patient needs. Figuring out how to conduct a research project, however, was daunting. Thanks to the JMU-RMH Collaborative, she and other ASC nurses have joined forces with their research-oriented nursing colleagues at JMU to engage in evidence-based practice (EBP). EBP is part of a growing international movement that promotes the gathering and analysis of scientific data to identify and apply best medical practices.

"Our goal is to make patients as comfortable as we can while they're here," Pitsenbarger says. "Their outcomes should be positive. It's about better patient care."

The EBP program is just one of many exciting projects that have emerged from the JMU-RMH Collaborative. This initiative, launched in January 2007, strives to "create a climate that fosters innovation together," according to its mission statement. The partnership encourages JMU and RMH employees in all disciplines and specialties to engage in cooperative projects, bringing together the talents and expertise of some of the community's brightest and most creative leaders.

The hospital's Nursing Clinical Ladder Recognition Program offers incentives to encourage nurses to engage in EBP research projects. These projects not only have the potential to improve care at RMH, but also to cut costs—always an important consideration. One group,

for example, is examining how to assess pain in patients who are unable to communicate because of a mental impairment, such as Alzheimer's disease. And nurses in the Critical Care Unit recently completed an evaluation of monitoring equipment used on sedated patients to determine which are the most reliable for various medical scenarios.

"These projects improve patient care and patient outcomes through the conscientious use of current evidence and best practices," says Leslie Ney, RN, chair of the Nursing Clinical Ladder Recognition Program.

Because nurses work on the front lines, they often have insight into areas where patient care could be improved. By working with nursing faculty at JMU—whose professional responsibilities include scholarship—they can engage in studies that may have practical application for patients, says JMU nursing professor Margaret Bagnardi, RN, MSN, EdD. She has led seminars for RMH nurses on how to conduct research and prepare presentations, and has helped with data analysis.

"Nurses at the bedside are able to tell us what is important to research," says Bagnardi, who also is a part-time nurse in the RMH Critical Care Unit. "We are creating those links between practice and academia. The end result is that we can bring patients the most current, research-based care available."

Adds Donna Hahn, vice president, Acute Care Services and chief nurse executive at RMH, "It has been amazing to see the passion of our RMH professional nurses merge with the scientific expertise of our JMU partner, Margaret Bagnardi. Nurses from all areas of practice, both within patient care and academia, went into nursing to help patients get well. This collaborative is making that flame burn brighter. These beginning efforts have opened a path for the development of an Evidence-Based Practice and Research Nursing Council at RMH where Margaret will continue to share her expertise."

Finding common goals

Partnerships between RMH and JMU are not a new idea, says RMH president and CEO Jim Krauss. One of the longest-standing cooperative projects between the two institutions began in the 1970s, when the RMH School of Nursing was moved to then-Madison College. Since then, RMH has been a clinical education site for the program, and other JMU healthcare programs have been added throughout the years. But the JMU-RMH Collaborative represents the first official effort to actively generate new ideas for joint projects that match the missions and the priorities of both institutions.

"Collaboration efforts between RMH and JMU go back decades. However, these were individual activities and never looked at as a broader relationship," Krauss says. "This formal collaboration effort began without having specific projects in mind, building upon a relationship of past successes."

The idea for the JMU-RMH Collaborative arose about five years ago. JMU administrators and faculty were interested in developing a formalized process for encouraging collaboration between professionals at both institutions. Their vision was to develop a proactive approach that would identify needs and opportunities for partnerships in new programs and activities beyond the traditional health-related services.

These could include academic disciplines such as computer science, business, music, art, alternative energy and environment, says Jerry Benson, PhD, vice provost for Science, Technology, Engineering, Mathematics, Health and Human Services. JMU Athletics, for example, has teamed up with RMH Imaging Services to offer medical imaging services for JMU athletes. That means an RMH X-ray technologist and imaging equipment are available onsite at JMU games to evaluate injuries that occur during competition.

"We wanted to change the JMU-RMH relationship from RMH

simply being a clinical site for our [healthcare] programs to being a true partnership," Benson explains. "We could look more at the win-win for all involved—how our students would benefit from real-life learning opportunities, how RMH would benefit from involvement of our students and faculty, and how the community would benefit from activities that might expand or improve existing services."

The Collaborative has spawned a number of successful projects that benefit the community as well as JMU and RMH. For example, the Harrisonburg Community Health Center, a primary care practice for children and families, improves access to healthcare by offering services on a sliding fee scale. The Newborn Hearing Screening Program gives JMU audiology students the opportunity to perform infant hearing screenings on newborns in the Family BirthPlace. And JMU professor Wayne Teel, PhD, led the Wetlands Remediation Project to assist RMH in evaluating the wetlands on its new campus.

The Collaborative's steering team, with eight members representing both RMH and JMU, seeks projects that meet the strategic needs of both organizations, says Emily Akerson, the team's chair and associate director of JMU's Institute for Innovation in Health and Human Services. The steering team evaluates all project proposals to determine if they match the missions and priorities of both organizations. Once a project is approved, the team works to secure the appropriate resources and introduce potential project leaders to other experts with similar interests.

"We want to advance the goals of RMH while providing opportunities for student learning and faculty development," Akerson says.

Everyone wins

As the JMU-RMH Collaborative enters its third year, enthusiasm for the "culture of collaboration" is catching on, Akerson says. There currently are 35 active projects and more than 50 proposals being considered. Each fall, the group hosts "Collaboration After Hours," a networking event where attendees can brainstorm about new project ideas. The annual spring celebration recognizes successful projects and promising new initiatives.

"When we communicate how much is happening through collaborative initiatives, people can begin to imagine what they might want to do in the context of an initiative together," Akerson says. "That gives energy to people who've been thinking about doing something."

As budgets get tighter, and resources become scarcer, the Collaborative gives RMH and JMU an opportunity to work together to find creative solutions. Hospital staff benefit from access to scholars aware of the latest research developments in their fields, while JMU faculty and students gain hands-on learning and research experiences.

"The Collaborative gives students the opportunity to participate in real-world problems and find solutions, so their learning is enhanced," says Sharon Lovell, PhD, interim dean for JMU's College of Integrated Science and Technology. "For faculty, it gives greater opportunity for research and outreach in terms of sharing information, and also facilitates their learning and professional development."

But the community stands to gain the most from the Collaborative, since these projects may allow RMH to offer services that previously were unavailable.

"We have access to a breadth of resources to advance key projects that can improve the health of the community—projects that would otherwise be very expensive, or even unobtainable," says Kay Harrison, steering team member and RMH vice president for business development. "JMU and RMH both contribute to and benefit from the local community. This Collaborative harnesses the power of both of these organizations to make our community a better place to live."

Editors' note: To learn more about the Collaborative, visit its Web site at www.jmu.edu/rmb-jmu.