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Featured Article

Sustaining a Statewide Simulation Alliance

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consortiums;
sustainability

Abstract

Background: A central component of successful simulation alliances is planning for sustainability. Consistent long-term funding provides predictable resources with which to conduct operations, develop simulation assets, identify best practices, and advocate for the expert use of simulation in healthcare education and practice. However, little has been published on revenue models for simulation alliances. The purpose of this report is to describe the sustainability plan for the California Simulation Alliance (CSA).

Methods: Utilizing various types of revenue streams, such as industry partnerships, subscription fees, and educational courses, the CSA has been able to sustain the alliance.

Results: A reputable statewide simulation alliance of over 4,000 members sustained with no outside grant funding for eight years.

Conclusions: Planning for sustainability of a simulation alliance is an important task that should be undertaken well in advance of its formation. Developing multiple funding streams improves cash flow and should be an early focus of activity.

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Introduction

Simulation has transformed health care education and been identified as a teaching modality that enables schools of nursing to increase educational capacity, strengthen the quality of nursing education, and facilitate the transition of new graduates into their roles as new nurses, thereby promoting improved safety in the care of patients in hospitals (Waxman, Nichols, O'Leary-Kelley & Miller, 2011). Because the rapid adoption of this method is a

relatively recent phenomenon in health care, collaborative efforts at the state level are continuing to increase in number since the formation of the Oregon Simulation Alliance (OSA) in 2003 (Oregon Simulation Alliance, 2015). The California Simulation Alliance (CSA) was formed in 2008, and similar alliances or consortia currently exist in a number of states, including Florida, Tennessee, Mississippi, Hawaii, and Indiana. (Palaganas, Maxworthy, Epps, & Mancini, 2015). Statewide alliances can be expected to emerge in new settings over the coming years (Table 1).

A central component of successful simulation alliances is planning for sustainability. Consistent long-term funding provides predictable resources with which to conduct

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operations, develop simulation assets, identify best practices, and advocate for the expert use of simulation in health care education and practice. However, little has been published on revenue models for simulation alliances. The purpose of this report is to describe the sustainability plan for the CSA. The purposes of the CSA include:

Key Points

- Simulation alliances, networks, and collaboratives are emerging throughout the United States.
 - A central component of successful simulation alliances is planning for sustainability.
 - The California Simulation Alliance is one example of a sustainable alliance leveraging existing grant funding without its own grant funding.
- Conducting educational simulation courses to prepare faculty to teach using simulation,
 - Enhancing and fostering the development of simulation as a modality for transforming health care education,
 - Sharing best practice models,
 - Conducting interorganizational research,
 - Connecting people and facilities,
 - Negotiating contracts with vendors for pricing agreements, and
- Being the “voice” for simulation with the state board of registered nurses.

Planning for Sustainability

Jeffries and Battin (2012) identify several potential funding resources for simulation centers and consortia: private and public grants, membership fees, fees for service, cash contributions, support from community organizations, endowments, and leveraging partner resources. The CSA has experience with the first four listed resources and four others.

Private and Public Grants

Private and public grant funds were pivotal to the initial development of the CSA. In California, the statewide simulation alliance began with the Bay Area Simulation Collaborative (BASC), which built on the success of

HealthImpact, formerly known as the California Institute for Nursing and Health Care in establishing effective academic-service partnerships in nursing to address workforce issues in the San Francisco Bay Area. The BASC was funded from 2006 to 2009 by the Gordon and Betty Moore Foundation, which also partially funded three regional simulation centers in the Bay Area. The BASC established governance, structure, and processes as a demonstration project, focusing on faculty development, scenario development, and research (Table 2).

The community benefit division of Kaiser Permanente Southern California funded the replication of the BASC model by HealthImpact in the Los Angeles area in 2010-2013. That project resulted in the formation of the Southern California Simulation Collaborative (SCSC). The San Diego Simulation Collaborative was funded by the California Employment Development Department. The BASC initial funding was also leveraged to launch the CSA in 2008. The CSA currently includes seven regional collaboratives.

Membership Subscription Fees

The year after its formation and on the advice of the OSA, the CSA introduced subscription membership fees. Annual fees of \$75 for individual subscribers and \$350 for facility subscribers were intended to be nominal, and they increased slightly in 2016 but remain affordable. Over the next few years, annual out-of-state subscriber fees were added at \$350 for individuals and \$1,000 for facilities, which also increased slightly in 2016.

Subscription-based business models provide the greatest value to customers and organizations (Burlingham, 2015). CSA subscribers have complete access to a growing library of scenarios. In addition, they receive preferred pricing for all CSA educational courses, networking events, and an annual simulation conference. Subscribers have access to a statewide simulation center directory, simulation survey data, tools and templates, and a comprehensive simulation bibliography. Subscribers also have the ability to post job openings and announcements in the bimonthly newsletter that currently goes to 4,000 recipients and in CSA e-mail “blasts.” Finally, facility (hospital and academic institution) subscribers in California have access to CSA-negotiated preferred pricing agreements with vendors.

More than 50 institutions and >100 individuals are subscribers. For the alliance, this business model provides predictable annual revenue and acts to smooth demand because subscribers have continual access to products and services they need.

Fee-Based Courses (Fees for Service)

Shortly after launching the subscription membership program, the CSA began offering fee-based simulation educational courses. The goal of all courses is to “train the

Table 1 Key Alliances and Abbreviations

Bay Area Simulation Collaborative	BASC
Southern California Simulation Collaborative	SCSC
California Simulation Alliance	CSA
Oregon Simulation Alliance	OSA
California Institute for Nursing and Health Care	CINHC

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