

Clinical Placements Committee Proposal for the Massachusetts Centralized Clinical Placement Management System and Clinical Placement Processes

December 2023

Executive Summary

Clinical education is how new nurses are trained and educated to enter the workforce and is a key factor in the quality of nursing education. The clinical education component is predominantly accomplished through nursing students' clinical hours in the patient care setting. Healthcare organizations (HCOs) like acute care hospitals and long-term care facilities most often serve as the site for these clinical placements.

Each semester, nursing schools place students in HCOs for clinical rotations to provide students with the necessary education to translate nursing theory into clinical practice. Clinical rotation availability is determined by many factors including:

- Clinical spot availability determined by the HCO
- Faculty to direct the clinical education
- Student schedules

Additionally, each clinical student must go through an administrative process, usually varying at each HCO, to ensure compliance with standards of infection prevention, patient privacy, and healthcare and educational institution policies. Many placements require multiple steps of student clearance, and less available HCO clinical placements often require applications to multiple facilities. Clearance processes must be completed for each application, equaling significant time and resources to secure just one clinical placement. Any number of these factors can limit the number of available clinical placements, which makes this process arduous and time-consuming.

Current System: Historical Perspective and Functionality

In 2006, the Massachusetts Department of Higher Education supported the development of the Centralized Clinical Placement System (CCP) within the commonwealth. The CCP provides a secure web-based system that allows education programs and HCOs the ability to manage and track clinical requests and placements for students. The CCP serves as a platform and does not govern clinical placements or processes surrounding placements.

Since 2006, the CCP has been adopted by four additional states: Maine, New Hampshire, Rhode Island, and some schools within Vermont. To date, there are over 230 educational programs and HCOs that utilize the CCP, and the system manages approximately 45,000 student slots per year. The CCP operates on a fee-for-use system collected from academic centers and HCOs. Every year since 2006, the CCP has improved and enhanced features based on needs and user feedback.

Opportunities for Improvement

In 2019, the Healthcare Collaborative in Massachusetts began work on an initiative to strengthen the nursing pipeline by improving clinical placements. Through this work, questions and concerns began to emerge regarding clinical placements, the CCP, and the mutually exclusive nature of each entity. These included:

- Lack of universal adoption of the CCP across the commonwealth
- Increased administrative burden on both educational programs and HCOs, potentially limiting the availability of clinical placements
- Questions about the CCP's functionality
- Opportunities for improvement through the adoption of a new system
- Overall frustration with the clinical placement processes outside the scope of the CCP

Examining Other Clinical Placements Systems

Through the National Forum for State Nursing Workforce Centers, four states were identified that had clinical placement processes that were recognized in the industry as best practices (Hawaii, Connecticut, Mississippi, and California). Each of these states has its own unique clinical placement system being utilized in their state and adopted by several additional states. Furthermore, each state has clinical placement processes in place which has fostered greater availability of placements and decreased administrative burdens on schools and care sites.

The systems and processes of each of the four states were reviewed at length and on multiple occasions to gain answers to the following questions:

- What are the best practices for clinical placements?
- What are the key features of a highly efficient clinical placement system?
- Should Massachusetts replace the current CCP with a system already in use in other states?

Additionally, the committee undertook an in-depth review of the current state of the Massachusetts CCP, which included a comprehensive review of the system, processes of HCOs and educational institutions regarding clinical placements, dialogue with current CCP technology staff, and end-user interviews from both the HCO and academic arenas. These findings were compared to the standard high-reliability systems throughout the industry and within the commonwealth.

Key Findings and Recommendations

The clinical placement systems all operated with the same basic elements. Many elements already exist to some degree within the current Massachusetts CCP but are strategically underutilized within the end-user community. However, each state, in addition to a highly functioning system, has high-reliability processes that HCOs and educational institutions have adopted to ensure clinical placements move forward seamlessly each semester with the most available site facility opportunities.

The Clinical Placements Committee recommends that the commonwealth update the current CCP system and that key changes be made to the system to promote knowledge, ease of use, and access. Additionally, strategic changes should be made around clinical placement processes beyond the scope of the CCP so that clinical education opportunities for students can be enhanced and resources can be utilized more appropriately.

The Clinical Placements Committee recommends the following changes to the CCP system and processes used by HCOs and educational institutions to manage clinical placements within the commonwealth:

Intervention	Explanation
Mobile Accessibility	The current system does not allow full functionality to users using a cell phone. This creates an access disparity as some students may not have full access to laptops, desktops, or internet service. Making the CCP mobile-responsive or creating a CCP app to optimize the mobile experience creates greater access and ease of use for the end-users.
Training	The functions of the CCP are not being fully optimized by end-users. The committee recommends a CCP online training center with video tutorials for an overall review of basic functions and easily accessible tools for training, problem-solving, and overall education of system capabilities.
Data Utilization	The current CCP system hosts data for both educational programs and HCOs. Data can be obtained that offers the HCOs an overview of clinical schedules and opportunities for additional clinical placements. This data is not currently being reported, and the committee could find no end-user that was aware of the available data or using it to manage clinical opportunities. The Committee recommends: • Facility-specific data be made available to HCOs and educational programs each semester as a guide to enhancing clinical education • Generalized semester-by-semester data dashboard published on the CCP website

- Calendar-year dashboard available to key stakeholders and governing bodies and published on the CCP website

Website Redesign	Currently, the website for CCP is inadequate to host the recommended system modifications, a training center, and a data dashboard. The CCP should be moved to a new platform with a rewrite of the current CCP site code. This will incorporate the new features recommended by the committee as well as give the CCP an enhanced look, functionality, and improved user experience.
Standardize Usage	The CCP should be the recommended and required platform for clinical placements across the commonwealth. By incorporating best practices into clinical placements, the CCP's universal adoption creates a unified method by which to approach and improve clinical placements equally for all students in the commonwealth.
Paperwork Standardization¹	The varied and burdensome process for students to enter clinical placements does not optimize the use of staff resources, which passes unneeded expenses on to the student. Paperwork for student clinical experiences should be standardized across the commonwealth and standardized clinical credentialing requirements should be adopted according to the most current guidelines from the Massachusetts Department of Public Health as well as the best and standardized practices for Human Resource Management. Educational institutions should keep records of student paperwork, and students should be placed in clinical settings via an approved Clinical Passport that attests to the appropriate needed paperwork and verifications on file. This standardizes student placement and relieves significant administrative burdens on educational programs and HCOs, likely producing more available clinical rotations.
Ongoing PI Process	Oversight of the CCP is divided into regions, and CCP staff meets with regional representatives every quarter. The committee recommends continuing these meetings as a formalized process improvement (PI) initiative with full engagement from HCOs and educational institutions as well as the reporting of key data points from CCP. This formalized PI process can then address the ever-changing world of healthcare, student needs, and technological advances to ensure that the CCP is an ever-improving, evolving, and

¹ Paperwork standardization is outside of the scope of the CCP. However, the CCP will continue to serve as a platform to facilitate the exchange of clinical credentialing requirements of specific HCOs and accessibility to standardized paperwork as well as a Clinical Passport for students.

effective mechanism to serve students, educational programs, and HCOs.

Moving Forward

Pervasive staffing shortages as well as experienced nurses leaving the profession combined with the lack of clinical faculty make clinical placements and preceptorships a growing problem. The Clinical Placements Committee appreciates these continued challenges and fully understands that changes to the CCP and surrounding processes are only one measure that can be employed to both sustain and improve the nursing workforce across the commonwealth.

Resources

California Centralized Clinical Placement System: <https://centralizedplacements.org/>

Connecticut Center for Nursing Workforce: <https://www.ctcenterfornursingworkforce.com/>

Hawaii State Center for Nursing: <https://www.hawaiiicenterfornursing.org/collaboratives/clinical-placement-cycle/>

Jafarian-Amiri SR, Zabihi A, Qalehsari MQ. The challenges of supporting nursing students in clinical education. J Educ Health Promot. 2020 Aug 31;9:216. doi: 10.4103/jehp.jehp_13_20. PMID: 33062749; PMCID: PMC7530418.

National Forum for State Nursing Workforce Centers: <https://nursingworkforcecenters.org/>

Nielsen AE, Noone J, Voss H, Mathews LR. Preparing nursing students for the future: an innovative approach to clinical education. Nurse Educ Pract. 2013 Jul;13(4):301-9. doi: 10.1016/j.nepr.2013.03.015. Epub 2013 Apr 13. PMID: 23591129.

Massachusetts CCP: <https://www.mass.edu/mcncps/welcome.asp>

Mississippi Center for Quality and Workforce:
<https://www.mhanet.org/Online/Online/MCQW/Home.aspx>

Mississippi Clinical Placement:
https://www.mhanet.org/Online/Online/MCQW/Clinical_Placement.aspx

Addendum to Clinical Placements Committee Proposal for the Massachusetts Centralized Clinical Placement Management System

Mobile Accessibility

The current system does not allow full functionality for cell phone users. This creates an access disparity as some students may not have full access to laptops, desktops, or internet service. Making the CCP mobile-responsive or creating a CCP app to optimize the mobile experience creates greater access and ease of use for the end-users.

Key Elements	Implementation	Cost/Challenges
• Ensure all elements of the CCP website are accessible via a mobile device. • Pathways include entire site mobile optimization with the option of creating a CCP app.	• Mobile optimization of the entire site would promote accessibility and be a one-time upgrade. • CCP app creation would need to support iPhone and Android. • Project/costs to be folded into the entire website upgrade. • Need for outside contract vendor.	• Mobile optimization of the entire site would be a one-time cost estimated at \$200,000 with no appreciable increase in monthly maintenance. • App creation is estimated to cost \$500,000 and add \$50,000 per year to operational costs for maintenance.

Training

CCP functions are not being fully optimized by end-users. The committee recommends creating a CCP online training center with video tutorials to provide an overall review of basic functions and easily accessible tools for training, problem-solving, and overall education of system capabilities.

Key Elements	Implementation	Cost/Challenges
• Ability for 24/7 user access. • New user orientation broken down into chapters via video and digital material. • Video tutorial (i.e., step-by-step guide) of CCP system. • Video tutorial of key CCP features with quick tips and reminders. • Digital CCP documents reflecting key educational elements as listed above. • Maintenance plan for new features, revisions, and updates. • Need specific training on data management/options.	• Utilize the CCP website as a host for an online learning/training center. • Videos could be created with software easily accessible to the public without professional video production needs. • Leverage free to low-cost digital platforms for hosting (e.g., YouTube, etc.). • Scripting with a clear outline and aesthetic content must be ensured. • Printed materials could be easily produced from a pre-existing database of documents and training currently utilized.	• A project manager with the necessary experience could coordinate video production, organization, and display of printed materials with attention to clear, aesthetic design. • A graphic designer would aid in the presentation of the printed materials. • Budget to include time for DHE staff to engage with the project and present teachings. • Estimated cost <\$20,000 for project initiation. • Significant costs for maintenance are not appreciable but evaluation of current staff workloads for maintenance would need evaluation.

Data Utilization

The current CCP system hosts data for both educational programs and HCOs. Data can be obtained that offers the HCOs an overview of clinical schedules and opportunities for additional clinical placements. This data is not currently being reported, and the committee could find no end-user that was aware of the available data or using it to manage clinical opportunities. The Committee recommends:

- Facility-specific data be made available to HCOs and educational programs each semester as a guide to enhancing clinical education.
- Generalized semester-by-semester data dashboard published on the CCP website.
- Calendar-year dashboard available to key stakeholders and governing bodies and published on the CCP website

Key Elements	Implementation	Cost/Challenges
• Multiple comprehensive data points currently available in CCP. • Data features are easily accessible but grossly underutilized by institutions. • Opportunity to leverage current data points to expand opportunities for clinical placements. • Facility reports to be made available each semester. • Statewide report to be produced every six months, sent to key stakeholders, and published on public websites. • Key data elements for reporting ○ Clinical setting types ○ Clinical requests requested and how many were met or unmet. ○ Total counts of placements and students ○ Regionally specific data ○ Clinical site heat maps	• Retraining is necessary for clinical sites. • Determine if there are opportunities for automated reporting. • Leverage website rebuild to enhance features with additional data reporting including automated reporting if not available in the current system structure.	• Costs could be folded into training and redesign projects. • Automation would likely eliminate the need for extra staff time allocated to data reporting.

Website Redesign

Currently, the website for CCP is inadequate to host the recommended system modifications, a training center, and a data dashboard. The CCP should be moved to a new platform with a rewrite of the current CCP site code. This will incorporate the new features recommended by the committee as well as give the CCP an enhanced look, functionality, and improved user experience.

Key Elements	Implementation	Cost/Challenges
- Updated website with a refresh of the entire CCP system providing aesthetic improvement, improved functionality, and promoting ease of use from the end-users. - The website would serve as the gateway to access the actual CCP system and include some education and user functionality. - Website may include features: - About CCP - Current CCP data - Contact section for questions or to inquire about utilizing CCP. - Training Center - What's new. - Links (e.g., nursing networks) - Faculty resource center - Clinical forms (students, affiliation agreements, etc.)	- Outside contractor/resources. - Include this initiative in the mobile accessibility project. - Recommend a needs assessment from end-users to ensure website structure and content are optimal.	- A current initiative exists to gain funding for a redo of the entire DHE site which could be incorporated into this initiative. - One-time cost for entire site upgrade: \$250,000-300,000. - Monthly maintenance cost would be comparable to current.

Standardize Usage

The CCP should be the recommended and required platform for clinical placements across the commonwealth. By incorporating best practices into clinical placements, the CCP's universal adoption creates a unified method by which to approach and improve clinical placements equally for all students in the commonwealth.

Key Elements	Implementation	Cost/Challenges
- The CCP should include all clinical placements for students in the following programs: LPN, ADN, BSN, and graduate MSN, NP, and DNP students. - Clinical placements should not be limited to acute care alone. - CCP affords no need for solicitation of preceptors from students and additionally creates a fair process by creating a matching mechanism for students and preceptors. - Platform to communicate clinical requests, clinical availability, and necessary updates.	- CCP becomes the required platform for academic institutions to request clinical placements. - CCP becomes the required platform for healthcare organizations to post clinical availability and manage clinical students. - Standardized approach to required paperwork for student onboarding. - Re-introduction of CCP with a modernized look, increased functionality, and increased accessibility. - Self-managed institutions with few clinical placements per year can receive a CCP carve out for usage.	- Perception of cost barrier despite effective cost containment and management in place. - Ensuring an affiliation agreement with the school and hospital - Need to raise awareness of the functionality of CCP. - Need to include long-term care and rehab facilities for clinical placement usability. - No appreciable additional costs with this initiative.

Paperwork Standardization

The varied and burdensome process for students to enter clinical placements does not optimize the use of staff resources, which passes unneeded expenses on to the student. Paperwork for student clinical experiences should be standardized across the commonwealth and standardized clinical credentialing requirements should be adopted according to the most current guidelines from the Massachusetts Department of Public Health as well as the best and standardized practices for Human Resource Management. Educational institutions should keep records of student paperwork, and students should be placed in clinical settings via an approved Clinical Passport that attests to the appropriate needed paperwork and verifications on file. This standardizes student placement and relieves significant administrative burdens on educational programs and HCOs, likely producing more available clinical rotations.

Key Elements	Implementation	Cost/Challenges
• Attestation format to reduce the need to reproduce paperwork. • Goal of 90% standardization among all facilities • Enhance the usage of electronic loading and e-signature capabilities in the current system. • Standardize document format to PDF/electronic based. • Determine any regulatory requirements needed and standardize those deliverables. • Vaccination and health requirements should be based on the Centers for Disease Control and MA Department of Public Health requirements. • Facility-specific requirements to move to electronic format within CCP.	• Survey HCOs to determine key elements required. • Pilot standardization among several independent HCOs or health system • Results to be compiled as a baseline for full rollout. • Consider full implementation on a regional basis	• Time factor will be required for research, implementation of the pilot, and distribution of results. • Will need support from many key stakeholders for implementation. • No definitive key costs identified but process change will require investment of time

Ongoing PI Process

Oversight of the CCP is divided into regions, and CCP staff meets with regional representatives every quarter. The committee recommends continuing these meetings as a formalized process improvement (PI) initiative with full engagement from HCOs and educational institutions as well as the reporting of key data points from CCP. This formalized PI process can then address the ever-changing world of healthcare, student needs, and technological advances to ensure that the CCP is an ever-improving, evolving, and effective mechanism to serve students, educational programs, and HCOs.

Key Elements	Implementation	Cost/Challenges
• Regular cadence of meetings. • Promote participation and engagement by healthcare organizations and organizational leadership. • Embody evidenced-based aspects of process improvement: ○ Analysis of current state (i.e., the climate of clinical placements) ○ Discuss challenges. ○ Identify opportunities. ○ Garner solutions. ○ Provide updates/future state. ○ Incorporate data. ○ Review key performance indicators.	• Leverage current regional meetings with any necessary improvements and/or additions. • Leverage appropriate groups and associations to encourage healthcare organization involvement.	• No additional operating costs. • Ensure appropriate engagement of healthcare organizations and organizational leadership.

The Clinical Placements Recommendations and Addendum proposed by the Clinical Placements Committee were presented to the full NCWS on March 14, 2024. The NCWS voted to support the recommendation with 100% of the members voting in favor of the findings.